EXTENDED TO MAY 15, 2020

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Open to Public

X Yes

No

Form 990 (2018)

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service 2019 and ending JUN 30, A For the 2018 calendar year, or tax year beginning JUL 1. 2018 C Name of organization D Employer identification number Check if Address NORTHERN NEW JERSEY COMMUNITY FOUNDATION Name change 22-3603171 Doing business as]initial return Room/suite Number and street (or P 0. box if mail is not delivered to street address) E Telephone number Final return 128 (201) 568-5608 ONE UNIVERSITY PLAZA 345<u>,6</u>16. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende return HACKENSACK, NJ 07601 H(a) Is this a group return Applica-JYes X No F Name and address of principal officer MICHAEL SHANNON for subordinates? pending → 0.7 6.3 H(b) Are all subordinates included? 154 SAINT NICHOLAS AVE., ENGLEWOOD, Yes Tax-exempt status X = 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(h) or If "No," attach a list (see instructions) J Website: ► WWW.NNCF.ORG H(c) Group exemption number K Form of organization: X Corporation Association Other > Year of formation: 1999 M State of legal domicile: NJ Trust Part I | Summary Briefly describe the organization's mission or most significant activities NORTHERN NEW JERSEY COMMUNITY Activities & Governance FOUNDATION (NNJCF) IMPROVES COMMUNITY LIFE THROUGH WORK IN Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 1 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 38 7h **Prior Year Current Year** 174,783 332<u>,585</u>. Contributions and grants (Part VIII, line 1h) Revenue 7,557. Program service revenue (Part VIII, line 2g) 8,213. 1,075. 4,818. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 183,420 345,616. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 5,450. 14,100. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) Ο. 37,928. 51,605. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) O 0. 19,483. **b** Total fundraising expenses (Part IX, column (D), line 25) 100,469 133,417. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, columnity) 199,122. 143,847 39,573**.** 146,494. Revenue less expenses Subtract line 18 from line 12 Assets or Balances RS-OSC **Beginning of Current Year End of Year** 120,685 301,839. 20 Total assets (Part X, line 16) APR 1 0 2020 0 ο. 21 Total liabilities (Part X, line 26) Net / 685. 120, 839. 22 Net assets or fund balances Subtract line 21 from line 3 Part II Signature Block Under penalties of perjury, I deelage that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Under penalties of perjury, I deelage that I have examined this return, including accompanying control true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign MICHAEL SHANNON, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature PATRICK F. HEENEY, CPA PATRICK F. HEENEY C|03/18/20| self-employed P00020980 Paid Firm's name STEVEN T. CIRILLO, CPA LLC Firm's EIN 22-3780134 Preparer Use Only Firm's address 345 KINDERKAMACK ROAD, SUITE C Phone no. 201-666-4477 WESTWOOD, NJ 07675

LHA For Paperwork Reduction Act Notice, see the separate instructions CONTINUATION SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT

May the IRS discuss this return with the preparer shown above? (see instructions)

22-3603171

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	<u></u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	_5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?		į	
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u> _
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	_13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			٠
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٦,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_16_		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			٦,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			17
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		X_
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	ı

NORTHERN NEW JERSEY COMMUNITY FOUNDATION 22-3603171 Form 990 (2018) Part IV Checklist of Required Schedules (continued) Ye<u>s</u> No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 23 X Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K If "No," go to line 25a 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 26 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 280 X X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes." complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

- Part V, line 1
- 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
 - b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V, line 2
- Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2
- Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
- Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	5			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	porta	ble gamıng			
	(gambling) winnings to prize winners?			1c	Х	

X

X

Х

Х

34

35a

35b

36

37

38

Part V

28 Enter the number of employees reported on From W-3, Transmittal of Wage and Tax Statements, Med to the calendar year employ with or within the year covered by this natur. It is all east one is reported on line 2a, did the organization file all required federal employment tax returns? A bit is least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of rines 1 and data gengers than 550, your may be required to effect fee metructions) B bit if Yes, 1 said the organization for for this year? W five 1 time 3b, provide an explanation on Schedule 0 A tarry time during the calendar year, did the organization for every a financial account in a foregric country (such as a bank account, securities account, or other financial account)? B if Yes, 1 the thin is marked from 600 for FindCRN Form 114, Report of Foregri Bank and Financial Accounts (FBAR) S Was the organization a party to a prohibited tax shelter fransaction at any time during the tax year? Sa Was the organization or party to a prohibited tax shelter fransaction of it if Yes 1 to line 5 are 5b, did the organization that was or is a party to a prohibited tax shelter fransaction of it if Yes 1 to line 5 are 5b, did the organization that it was or is a party to a prohibited tax shelter fransaction of it if Yes 1 to line 5 are 5b, did the organization that were not tax deductibles of anhabatic contributions? B if Yes, 1 did the organization make annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of anhabatic contributions? C of an organization solicity and profit yes account on the year of the goods or services provided? D if the organization receives a payment in excess of \$55 and perty as a confribition and partly to goods and services provided? D did the organization sell-certain excess of \$55 and perty as a confribition and partly to goods and services provided? D did the organization sell-c				Yes	Νo
b) If a least one is reported on lane 2a, did the organization file all required federal employment tax inturns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes, "has it filed a Form \$90.7" for this year? If "No" is the 90, provide an explanation in Schedule O 3b If "Yes, "and it filed a form \$90.7" for the year? If the year of the 100 or the 100 or the financial account in a foreign country (such as a bank account, securities account, or other financial account in original country (such as a bank account, securities account, or other financial account in a foreign country. See instructions for filing requirements for FinoCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR) Si Was the organization a party to a prohibeted tax sheller transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibeted tax sheller transaction? 5c If "Yes" and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the end capital country in the second of the companization in the second of the second	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fine (see instructions) 3		filed for the calendar year ending with or within the year covered by this return 2a 2			
3.a Dut the organization have unrelated business gross income of \$1,000 or more during the year? 4.a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5.a Was the organization or foreign country? 5.a Was the organization or foreign country (such as a bank account, securities account, or other financial account)? 5.a Was the organization or foreign country (such as a bank account, securities account, or other financial account)? 5.a Was the organization or foreign country (such as a bank account, securities account, or other financial accounts (FBAP) 5.a Was the organization or foreign country (such as a bank account, securities and any time during the tax year? 5.b Was the organization that organization that it was or is a party to a proribided tax shelter transaction? 6.b X Y Comment of the organization that it was or is a party to a proribided tax shelter transaction? 6.c Was the organization have annual gross receipte that are normally greater than \$100,000, and did the organization solicit any contributions hat were not tax deductible? 6.a Obes the organization have annual gross receipte that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 6.a Uniform that the organization should write organization should write organization and partly for goods and services provided? 6.b Was the organization receive a payment in excess of \$75 made party as a contribution of any party as a party of a personal benefit contract? 7.b Did the organization received a contribution of any part	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_X	
b if V*es,* has a filed a Form 990-T for the year? if 'No' to Me Sb, provide an explanation or Schedule O 4 A ray time dump the calendary exe, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if 'Yes,* did for the name of the foreign country (such as a bank account, securities account, or other financial account)? See instructions for fining requirements for FincQEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b Us day tax bubb party notify the organization file Form 8868-7? 5 b Us any stochibutions that were not tax deductible as charitable contributions? 5 b If 'Yes,* did the organization in morbide with every solicitation an express statement that such contributions or gifts were not tax deductible? 5 b If 'Yes,* did the organization in excess of \$15 made party is a contribution and party for goods and services provided? 5 b If 'Yes,* did the organization notify the donor of the value of the goods or services provided? 5 b If 'Yes,* did the organization notify the donor of the value of the goods or services provided? 5 b If 'Yes,* did the organization sell, exchange, or chrievwise depose of tample personal property for which it was required to the Form 8282? 5 b If 'Yes,* did the organization sell, exchange, or chrievwise depose of tample personal property for which it was required to the Form 8282? 6 b If the organization during the year purpose of the value of the gradient of the property of which it was required to the Iron 8282? 6 b If the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 c X 9 b If the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 c X 10 b the organization durin		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		.	
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 Was the organization from the foreign country 5 Was the organization from the organization file form 88617 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file form 88617 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization flow organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chariable contributions? 6 If "Yes," did the organization neclude with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 Organizations that may receive deductible contributions under section 170(c). 1 If "Yes," indicate the number of Forms 8282 filed during the year. 1 Organizations that may receive apparent in excess of \$75 made partly as contribution and partly for goods and services provided to the Form 8282? 1 If "Yes," indicate the number of Forms 8282 filed during the year. 2 Did the organization neceive any funds, directly or indirectly, to pay premums on a personal benefit contract? 7 EX. 7 Did the organization neceive any funds, directly or indirectly, to pay premums on a personal benefit contract? 7 EX. 7 Did the organization neceive any funds, directly or indirectly, or a personal benefit contract? 7 EX. 7 Did the organization neceive any funds, directly or indirectly, or a personal benefit contract? 7 EX. 7 Did the organization neceive any funds, directly	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
triancial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See in Struction a party to a prohibited tax shelter transaction at any time during the tax year? b Did any texable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line Sa or Sb, did the organization file form 8886-17 a Does the organization and party for goods and did the organization solicit any contributions that were not tax deductible as charable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? Organizations that may receive deductible contributions under section 170(c). a bit the organization receive apywish in excess of \$75 made party as a contribution of party for goods and services provided to the payor? Texts," indicate the number of Forms 8282 filed during the year Ord the organization received an oritherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Ord the organization received a contribution of qualefied reflectually property, did the organization file Form 899 as required? If the organization received a contribution of qualefied reflectually property, did the organization file Form 899 as required? The sponsoring organization maintaining donor advised funds. Ord the sponsoring organization maintaining donor advised funds. Ord the sponsoring organization make any taxable distributions under section 4966? Section 501(c)(t)?) organizations. Enter a hinterior sponsoring organization make any taxable distributions under sectio	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
b if "Yes," either the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization aparty to a prohibited tax sheller transaction? 5b Was the organization polity the organization file form 8886-77 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X 6b Will "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization and supplementation of the value of the goods or serveces provided? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? if if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 if if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 7 No. 5 Sponsoring organizations maintaining donor advised funds, or other vehicles, did the organization file a Form 1098-07 7 No. 5 Sponsoring organizations maintaining donor advised funds, or other vehicles, did the organization file a Form 1098-07 7 No. 5 Section 501(c)(12) organizations maintaining donor advised funds, or other vehicles, did the organization file a Form 1098-07 7 No. 5 Section 501(c)(12) organizations maintaining donor advised funds. Or a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 6. If "Yes" to line Sa or Sb, did the organization that it was or a a party to a prohibited tax shelter transaction? 6. If "Yes" to line Sa or Sb, did the organization that it was or a sparty to a prohibited tax shelter transaction? 6. If "Yes" to line Sa or Sb, did the organization that was or a sparty to a prohibited tax shelter transaction? 6. If Yes" to line Sa or Sb, did the organization include with every solicitation and contributions? 6. If Yes to line sa or Sb, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7. Organizations that may receive deductible contributions under section 170(c). 8. If Yes, "did the organization neceive apyment in excess of 3/5 made partly as a contribution or and partly for goods and services provided to the payor? 8. If Yes, "did the organization neceive apyment in excess of 3/5 made partly as a contribution or any partly for which it was required to file Form 8282? If it does organization in cerve any funds, directly or indirectly, to pay premums on a personal benefit contract? 9. If If Yes, "indicate the number of Forms 8282 filed during the year 9. Did the organization received a contribution of qualitied intellectual property, did the organization received a contribution of qualitied intellectual property, did the organization reference and contribution of cars, boats, ariplanes, or other vehicles, did the organization file Form 1098-C? 9. Sponsoring organization have excess business holdings at any time during the year? 9. Sponsoring organization have excess business holdings at any time during the year? 9. Section 501(c)(7) organizations Enter a intuition of cars, boats, ariplanes, or other vehicles, did the organization file in Form 1098-C? 10. Section 501		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u>X</u>
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b If "Yes" to line 5a or 5b, did the organization file Form 8886-7? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). all bit the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). all bit the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 8 If "Yes," indicate the number of Forms 8282 filed during the year organization self section only the donor of the value of the goods or services provided? 10 Did the organization self were any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If X Y If the organization received an contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 Sponsoring organization have excess business holdings at any time during the year organization have excess business holdings at any time during the year? 9 Sponsoring organization make a distribution to a donor, donor advised funds maintained by the sponsoring organization have excess business holdings at any time during the year organization series or shareholders 10 Did the sponsoring organization make a distribution to	b	If "Yes," enter the name of the foreign country			
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities B Gross income from members or shareholders a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 If "Yes," see instructions and file Form 4720, Schedule O	9	Sponsoring organizations maintaining donor advised funds.			:
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			15		
If "Yes," complete Form 4720, Schedule O	16		16	• •	Х, ,
	10	·	10		
		ii 169, Complete i Omi 4/20, Conedule C	Form	990	(2018)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			\mathbf{x}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 4			
-	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2	** *	x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
•	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	` `
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9]	х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		•	•
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NJ			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - (201) 568-5608			
	ONE UNIVERSITY PLAZA, NO. 128, HACKENSACK, NJ 07601			

Form	aan	(201	ጸነ -

NORTHERN NEW JERSEY COMMUNITY FOUNDATION

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization r	or any related	orga	anıza	ation	cor	mpei	nsat	ed any current officer, o	director, or trustee	
(A)	(B)			(C Pos	C)	_		(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per week	box	, unle cer ar	ss pe	rson Irecto	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any hours for related organizations	Individual trustee or director	Institutional trustee	- G-	employee	Highest compensated employee	£	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	line)	ê	ls:	Officer	Key	돌통	Former			
(1) LYNNE HARWELL ALGRANT	2.00								_	_
TRUSTEE		X	_			ļ	ļ	0.	0.	0.
(2) FRANCIS REINER	2.00								_	_
TRUSTEE		X	<u> </u>			<u> </u>		0.	0.	0.
(3) JOHN DEVOL	2.00									
TREASURER		X		X				0.	0.	0.
(4) MICHAEL SHANNON	20.00									
PRESIDENT	<u> </u>	X		X				0.	0.	0.
	ļ									
				-		\vdash				
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
, (A)	(B)	(B) (C) Average Position				(D) Reportable	(E)		(F) Estimate	nd .		
Name and title	hours per		o not c x, unle	heck	more	than c		compensation	Reportable compensation		amount	_
·	week		ficer ar	nd a d	irecto	r/trust	ee)	from	from related		other	
	(list any hours for	S Individual trustee or director						the organization	organizations (W-2/1099-MISC)	C	ompensa from th	
	related	tee or	ustee			ensate		(W-2/1099-MISC)	(** 27 1033 111100)	(organizat	
	organizatio	ns 🖺	nal tro		loyee	Сомр				- 1	and relat	
	below line)	gwigi	Institutional trustee	Officer	Key employee	Highest compensated employee	F оттег			°	rganızat	ions
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		\dashv										
1b Sub-total	l			1		 	<u> </u>	0.	0	•		0.
c Total from continuation sh	eets to Part VII, Section A					l	>	0.	0			0.
d Total (add lines 1b and 1c)]	<u> </u>	0.	0	•		0.
2 Total number of individuals (_	those	e liste	ed al	oove	e) wh	o r	eceived more than \$100	,000 of reportable			0
compensation from the orga	inization										Yes	No
3 Did the organization list any	former officer, director, or	truste	e, ke	y er	nplo	yee,	or-	highest compensated ei	nployee on			
line 1a? If "Yes," complete S	Schedule J for such individu	al								3	1	X
4 For any individual listed on li									he organization			
and related organizations gr									dual for convoca	4	-	<u>X</u>
5 Did any person listed on line rendered to the organization	•				-		Hat	ed organization of indivi	dual for services	5	.	x
Section B. Independent Contract		<u> </u>	, O, O	30	00.0							
1 Complete this table for your	five highest compensated	ındep	ende	ent c	ontr	acto	rs t	hat received more than	\$100,000 of compe	nsatio	n from	
the organization Report con	•	r year	endı	ng v	vith (or wi	thir		rear			
Name	(A) e and business address	N	ONI	- 7:				(B) Description of s	ervices	Com	(C) pensatio	n
			0141				1	·			<u>.</u>	
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		-					7	,				
- 15.17.7.5.1 · · · · · · · · · · · · · · · · · · ·							\downarrow					
O Total number of independen	at contractors (maluding him	t not !	ımıto	d +~	the	so lic	+~~	Labovo) who recoved m	ore than	_		
2 Total number of independen\$100,000 of compensation f		HOUL	mile	u 10		se iis)	rea	i above) who received m	ore man			
\$100,000 or our portour or	· · · · · · · · · · · · · · · · · · ·									For	m 990 (2018)

		Check if Schedule O conf	tains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts st	1 a	Federated campaigns	1a					
ira Du		Membership dues	1b	-				
اغ ي		Fundraising events	1c					
# F		Related organizations	1d					
9, 1		Government grants (contribut						
Sign	f	All -15 5 (t						
를	•	similar amounts not included abo	1 1	332,585.				
불호	~			332,303.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines Total. Add lines 1a 1f	s 1a-11 \$		332,585.			
<u> </u>		Total. Add lines Ta Ti		Business Code	332,303.		•	
	0.0	ARTS BERGEN		711190	4,575.	4,575.		
Š		ADMINISTRATIVE	FFFC	900099	3,638.	3,638.		-
Ser				700077	3,030.	3,030.		
We Z	C							
Program Service Revenue	d	•					~-	
Pro	e	•				,		
_	f		enue	•	8,213.	~		
\rightarrow		Total. Add lines 2a-2f	duudondo intor		0,213.			
	3	Investment income (including	aividenas, inten	est, and	4,818.			4,818.
	_	other similar amounts)	v avamat band r	- h	4,010.			4,010.
	4	Income from investment of ta	x-exempt bond p	oroceeds				
	5	Royalties	(A Bool	(v) Barranal				
	_	0	(i) Real	(II) Personal				
	6 a							
	b	•						
	C	` '						
		Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	• , ,		P				 -
anne	8 a	Gross income from fundraisin including \$	g events (not of					
ě		contributions reported on line	1c) See					
Other Revenu		Part IV, line 18	а	<u></u> .				
Ĕ.	b	Less direct expenses	b	<u></u>			-	
١	С	Net income or (loss) from fund	draising events					<u> </u>
	9 a	Gross income from gaming ad	ctivities See					
		Part IV, line 19	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from gan	ning activities					<u> </u>
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less cost of goods sold	b					
	С	Net income or (loss) from sale	es of inventory	•				
ſ		Miscellaneous Revenu		Business Code				
ſ	11 a							
	b							
	С							
	d							
	e	Total. Add lines 11a-11d						
	12	Total revenue See instructions		▶ [345,616.	8,213.	0.	4,818.

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons				<u> </u>
	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	14,100.	14,100.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22			<u> </u>	
3	Grants and other assistance to foreign	Ì			
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16		_		
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	A7 CAC	22 252	4,765.	0 520
	Other salaries and wages	47,646.	33,352.	4,765.	9,529.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	3 050	2,771.	396.	792.
10	Payroll taxes	3,959.	4,111.	390.	194.
	Fees for services (non-employees)				
	Management	2,698.	2,698.		
	Legal	$\frac{2,098.}{11,140.}$	2,090.	11,140.	
	Accounting			11,140.	
	Lobbying Professional fundamental See Part IV line 17				
	Professional fundraising services. See Part IV, line 17	3,638.	3,638.		<u></u>
	Investment management fees Other (If line 11g amount exceeds 10% of line 25,	3,030.	3,030.		
9	column (A) amount, list line 11g expenses on Sch O.)	62,785.	61,353.	858.	574.
10	Advertising and promotion	22,062.	21,495.	459.	108.
	Office expenses	381.	267.	38.	76.
14	Information technology	2,640.	903.	1,040.	697.
15	Royalties	2,010.	200.		
	Occupancy	16,473.	11,531.	1,647.	3,295.
	Travel				
	Payments of travel or entertainment expenses				•
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	540.	25.	300.	215.
20	Interest				
	Payments to affiliates				
22	Depreciation, depletion, and amortization		- · · · -		
23	Insurance	845.	591.	85.	169.
24	Other expenses. Itemize expenses not covered				-
	above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PRINTING	4,363.	750.	<u> </u>	3,613.
b	TELEPHONE	1,828.	1,281.	183.	364.
	MEETING COSTS	1,783.	1,783.	0.	0.
d	INVESTMENT MGT FEES	598.	440.	158.	
	All other expenses	1,643.	1,163.	429.	51.
25	Total functional expenses Add lines 1 through 24e	199,122.	158,141.	21,498.	19,483.
26	Joint costs Complete this line only if the organization		•		• • • • • • • • • • • • • • • • • • • •
•	reported in column (B) joint costs from a combined	1			
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2018)
Part X Balance Sheet

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this l		· —	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	12,108.	1	8,960.
	2	Savings and temporary cash investments	104,202.	2	259,019.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,925.	4	1,337.
	5	Loans and other receivables from current and former officers, direct	ors,		
		trustees, key employees, and highest compensated employees. Con	mplete		
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as def	ined under		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and d	contributing		
		employers and sponsoring organizations of section 501(c)(9) volunta	ary		
ţ		employees' beneficiary organizations (see instr) Complete Part II of	Sch L	6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	32,073.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	450	14	450
	15	Other assets See Part IV, line 11	450.	15	450.
	16_	Total assets. Add lines 1 through 15 (must equal line 34)	120,685.	16	301,839.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	<u> </u>	19	
	20	Tax-exempt bond liabilities	5	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule		21	
les	22	Loans and other payables to current and former officers, directors,			
Liabilities		key employees, highest compensated employees, and disqualified p	persons	00-	a
Lia		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	-	24	
	24	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related thi	ard .	24	
	25	parties, and other liabilities not included on lines 17-24) Complete F	<u> </u>		
		Schedule D	artxor	25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
			X and		
ý		complete lines 27 through 29, and lines 33 and 34.			
ဦ	27	Unrestricted net assets	32,817.	27	57,981.
alaı	28	Temporarily restricted net assets	87,868.	28	243,858.
d B	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check her	re 🕨 🗌		
ᅙ		and complete lines 30 through 34.			
sts	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et A	32	Retained earnings, endowment, accumulated income, or other fund	s	32	
ž	33	Total net assets or fund balances	120,685.	33	301,839.
	34	Total liabilities and net assets/fund balances	120,685.	34	301,839.

-orm	990 (2018) NORTHERN NEW JERSEY COMMONITY FOUNDATION	<u> </u>	<u> </u>	Page 12
	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,616.
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,122.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	_	<u>5,494.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4),685 <u>.</u>
5	Net unrealized gains (losses) on investments	5		<u>5,217.</u>
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8	29	<u>,443.</u>
9	Other changes in net assets or fund balances (explain in Schedule O)	9		<u> </u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	301	L,839.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990			1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1 1	
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	1 1	
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		-	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	1 1	
	Act and OMB Circular A-133?		3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form	990 (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

<u>Total</u>

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

				ERSEY COMMUN				<u> </u>					
Pa	rt I	Reason for Public (Charity Status (/	All organizations must co	omplete th	is part) Se	ee instructions	· · · · · · · · · · · · · · · · · · ·					
he	organ	ization is not a private found	ation because it is (For lines 1 through 12, o	heck only	one box)							
1		A church, convention of ch						\sim					
2		A school described in secti					~ ~ <i>(</i>						
3	一	A hospital or a cooperative		•			ii) (
4	$\overline{\Box}$	A medical research organization	•				•	the hospital's name					
4	لـــا		ation operated in co	njunction with a nospital	described	ın sectio	iii 170(b)(1)(A)(iii). Litter	the nospital s name,					
_		city, and state				4 4 L							
5		An organization operated for		liege or university owner	or opera	ted by a g	overnmental unit descri	oea in					
	$\overline{}$	section 170(b)(1)(A)(iv). (C											
6	닏	A federal, state, or local gov	eral, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	$\lfloor X \rfloor$	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in					
		section 170(b)(1)(A)(vi). (Co	omplete Part II)										
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II)								
9		An agricultural research org				ed in conju	inction with a land-grant	college					
		or university or a non-land-g											
		university	, and control of a give	,		,,	,,	,					
10		An organization that norma	lly receives (1) more	than 33 1/3% of ite sur	nort from	contributi	one mambarehin faas s	and arose receints from					
10	ш	•	•		•		·	-					
		activities related to its exem											
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	ilred by the organization	aπer June 30, 1975					
		See section 509(a)(2). (Cor	•										
11	\sqsubseteq	An organization organized a	•	•	•								
12	Ш	An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to carry out the	e purposes of one or					
		more publicly supported or	ganızatıons describe	ed in section 509(a)(1) o	r section	509(a)(2)	See section 509(a)(3) . (Check the box in					
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete lines	s 12e, 12f, and 12g						
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	/ giving					
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting					
		organization You must o		• • • • • • • • • • • • • • • • • • • •				•					
b		Type II. A supporting org	-		tion with it	ls support	ed organization(s), by ha	avina					
~		control or management o						_					
		-			arrie perse	Jiis triat ce	ontrol of manage the sup	ported					
		organization(s) You mus	•										
С	<u> </u>		•	• -				eo with,					
	_	its supported organization		•	-								
d							_	* *					
		that is not functionally int	egrated The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	riveness					
		_ requirement (see instruct	ions) You must con	nplete Part IV, Sections	A and D	and Part	V.						
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III						
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation							
f	Ente	er the number of supported o	organizations										
q	Prov	vide the following information	about the supporte	ed organization(s)									
	(i) Name of supported	(II) EIN	(III) Type of organization	(iv) is the orga	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other					
		organization		(described on lines 1 10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
		-		above (see instructions)									
		-			!			_					
	_	· · · · ·					<u> </u>	-					
			_										
]							

Schedule A (Form 990 or 990-EZ) 2018 NORTHERN NEW JERSEY COMMUNITY FOUNDATION 22 – 3603171 Page 2 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	ınclude any "unusual grants ")	138,365.	97,488.	103,388.	174,783.	332,585.	846,609.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	138,365.	97,488.	103,388.	174,783.	332,585.	846,609.		
5	The portion of total contributions			**					
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						665,390.		
6	Public support. Subtract line 5 from line 4						181,219.		
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
	Amounts from line 4	138,365.	97,488.	103,388.	174,783.	332,585.	846,609.		
8	Gross income from interest,		,						
_	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	192.	819.	1,478.	1,075.	4,818.	8,382.		
q	Net income from unrelated business		<u> </u>		<u> </u>		<u> </u>		
J	activities, whether or not the								
	business is regularly carried on								
10	Other income Do not include gain			··					
10	or loss from the sale of capital								
	assets (Explain in Part VI)		1,465.		5.		1,470.		
11	Total support. Add lines 7 through 10		1,103.				856,461.		
	Gross receipts from related activities,	etc /see instruction	ne)			12	24,090.		
	First five years. If the Form 990 is for	•	•	d fourth or fifth ta	v vear as a sectio				
13	organization, check this box and stop	•	mat, second, tim	a, rourni, or mar te	ix year as a section	11 30 1(0)(0)	▶□		
Sec	ction C. Computation of Publ		rcentage						
	Public support percentage for 2018 (olumn (fl)		14	21.16 %		
	Public support percentage from 2017		•	0.0 (.,,,		15	19.30 %		
	33 1/3% support test - 2018. If the			line 13, and line	14 is 33 1/3% or m				
100	stop here. The organization qualifies					,	▶ □		
	33 1/3% support test - 2017. If the		-		line 15 is 33 1/3%	or more, check th	us box		
•	and stop here. The organization qual						▶□		
17-	10% -facts-and-circumstances tes	, ,	• •		13 16a or 16b a	and line 14 is 10%	or more		
110	and if the organization meets the "fac								
	meets the "facts-and-circumstances"					t villow the organ	► □		
1.	10% -facts-and-circumstances tes					17a and line 15 in 1	1 0% or		
C		•							
	more, and if the organization meets the				·		▶ □		
40	organization meets the "facts-and-circ								
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2018 NORTHERN NEW JERSEY COMMUNITY FOUNDATION 22-3603171 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction.A. Public Support	elow, please comp	Diete i art ii j				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not					/	
	ınclude any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose				1 .		
3	Gross receipts from activities that						
	are not an unrelated trade or bus-]					
	iness under section 513						
4	Tax revenues levied for the organ-	-					
•	ization's benefit and either paid to	ļ					
	or expended on its behalf						
5	The value of services or facilities				<i>r</i>	 	
3	furnished by a governmental unit to	1					
	the organization without charge	1					
	Total. Add lines 1 through 5				1		
	•			 	 		
/ 6	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received			/	 	 	
•	from other than disqualified persons that		/				
	exceed the greater of \$5,000 or 1% of the		/				
	amount on line 13 for the year		/				
	Add lines 7a and 7b		/		1		
	Public support. (Subtract line 7c from line 6) ction B. Total Support	<u>.</u>					<u> </u>
		(-) 0014	(b) 2015	(-) 2016	(4) 2017	(-) 2019	/O Total
	endar year (or fiscal year beginning in)	(a) 2014	(B) 2013	(c) 2016	(d) 2017	(e) 2018	(f) Total
_	Amounts from line 6 Gross income from interest,		/	 	+		
104	dividends, payments received on					•	
	securities loans, rents, royalties,						
	and income from similar sources				· · · · · · · · · · · · · · · · · · ·		
	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				+		
	Add lines 10a and 10b Net income from unrelated business	/			+		+
	activities not included in line 10b,						
	whether or not the business is]					
40	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI)			 	 	<u> </u>	
	Total support (Add lines 9, 10c, 11, and 12)	l	l. <u>.</u>			J	<u> </u>
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organ	ization,
_	check this box and stop here						
	ction C. Computation of Publ					T I	
	Public support percentage for 2018 (•	column (f))		15	%
16	Public support percentage from 2017					16	%
	ction D. Computation of Inve					17	
	Investment income percentage for 20			iine 13, column (i))		17	%
18	Investment income percentage from			on line 14 and line	o 15 io mare 45 ==	18	17 is not
198	a 33 1/3%/support tests - 2018. If the	-					17 IS 110t
	more than 33 1/3%, check this box a	*					and .
t	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che		-				╏
	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 190, check t		·	20 == 000 57\ 0040
8320	23 10-11-18				Scr	ieuule A (Form 99	90 or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018 NORTHERN NEW JERSEY COMMUNITY FOUNDATION 22-3603171

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

0 - 1:	_	A 11	0
Section	Α.	ΑII	Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
2	-	
3a	-	-
3b		
3c	~ -	
4a		
4b	• -	
15		
4c	-	
5a	-	
5b	i	
5c		
6		
7		,
8		
- 9a	•	
9b	4 40.00	
9c		
	-	
10a_		
10b	1	

	edule A (Form 990 or 990-EZ) 2018 NORTHERN NEW JERSEY COMMUNITY FOUNDATION 22-	<u>30031/</u>	<u>т Ра</u>	<u>age 5</u>
Pa	rt IV Supporting Organizations (continued)		ſ	Т
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b_		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		l
Sec	tion B. Type I Supporting Organizations			
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	•		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	-	-	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	-	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations		1	T
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	İ		
	the supported organization(s)	11		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	٠, ـ		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction)	ns).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instructions	s)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			-
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		}	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			-
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	.	.	1
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b		

	edule A (Form 990 or 990 EZ) 2018 NORTHERN NEW JERSEY COM	<u> </u>	Y FOUNDATION2	22-3603171 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E	<u>, </u>
Sect	ion A`- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3	•	
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	non B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)		•	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ilv integrat	ted Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

			2-3603171 Page 7
TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	···
on D - Distributions		Current Year	
Amounts paid to supported organizations to accomplish exe	mpt purposes	·	
	ot purposes of supported		
organizations, in excess of income from activity			
	es of supported organization	<u> </u>	
Other distributions (describe in Part VI) See instructions			
Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to which the	he organization is responsive)	
(provide details in Part VI) See instructions			
Distributable amount for 2018 from Section C, line 6			
Line 8 amount divided by line 9 amount			
on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
Distributable amount for 2018 from Section C, line 6			
Underdistributions, if any, for years prior to 2018 (reason-			
able cause required- explain in Part VI) See instructions			
Excess distributions carryover, if any, to 2018			
From 2013			
From 2014			
From 2015			
From 2016			
From 2017			
Total of lines 3a through e			
7			
Applied to 2018 distributable amount	•		
Carryover from 2013 not applied (see instructions)			

Distributions for 2018 from Section D,		**************************************	
line 7 \$			
Applied to underdistributions of prior years			
		-	
Remaining underdistributions for years prior to 2018, if			
any Subtract lines 3g and 4a from line 2 For result greater			
than zero, explain in Part VI. See instructions			
and 4b from line 1 For result greater than zero, explain in			
Part VI See instructions			
		,,	
and 4c			
	., , , ,		
	on D - Distributions Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemply organizations, in excess of income from activity. Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt use assets. Qualified set aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions. Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the (provide details in Part VI) See instructions. Distributable amount for 2018 from Section C, line 6. Line 8 amount divided by line 9 amount. In E - Distribution Allocations (see instructions) Distributable amount for 2018 from Section C, line 6. Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). See instructions. Excess distributions carryover, if any, to 2018. From 2014. From 2014. From 2015. From 2016. From 2017. Total of lines 3a through e. Applied to underdistributions of prior years. Applied to 2018 distributable amount. Carryover from 2013 not applied (see instructions). Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from Section D, line 7. \$. Applied to underdistributions of prior years. Applied to 2018 distributable amount. Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2019. Add lines 3j.	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organization Amounts paid to acquire exempt use assets Qualified set aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (i) Excess Distributions Distribution Allocations (see instructions) Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). See instructions Excess distributions carryover, if any, to 2018 From 2013 From 2014 From 2016 From 2016 From 2016 From 2017 Total of lines 3a through e Applied to 2018 distributable amount Carryover from 2013 from Section D, line 7 \$ Applied to 2018 distributable amount Carryover from 2018 from Section D, line 7 \$ Applied to underdistributions of prior years Applied to underdistributions of Subtract lines 3g, 3h, and 3h from 3f Distributions for 2018 distributable amount Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions Excess from 2014 Excess from 2015 Exc	on D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt use assets Qualified set aside amounts (prior IRS approval required) Other distributions, Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Total annual distributions, Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (i) Excess Distributions Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). See instructions Excess distributions carryover, if any, to 2018 From 2013 From 2013 From 2014 From 2015 From 2016 From 2016 From 2017 Total of lines 3a through e Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D, Inne 7 \$ Applied to 2018 distributable amount Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2018 Subtract lines 3h and 4c Breakdown of line 7 Excess from 2015 Excess from 2017

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990 EZ) 2018 NORTHERN NEW JERSEY COMMUNITY FOUNDATION 22 - 360 3171 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047 Open to Public Inspection

Name of the organization

NORTHERN NEW JERSEY COMMUNITY FOUNDATION

Employer identification number

22-3603171 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 6 Total number at end of year 160,433. 2 Aggregate value of contributions to (during year) 12,000. Aggregate value of grants from (during year) 3 243,858. Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds X Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

		N NEW JERS						22-36			<u>је 2</u>
Par											
3	Using the organization's acquisition, accessi	on, and other record	is, chec	k any of the	following that	are a si	gnificant	use of its	collection	items	
	(check all that apply)										
а	Public exhibition	c			hange progra						
b	Scholarly research	e	• [_]	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	XIII		
5	During the year, did the organization solicit of					er sımılar	assets	_	٦		
_	to be sold to raise funds rather than to be m								<u> Yes</u>	<u></u>	No
Par	t IV Escrow and Custodial Arran	_	ete if the	organizatio	n answered "	Yes" on	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa								<u> </u>		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	is or other ass	sets not	included		٦.,		
	on Form 990, Part X?							l	」Yes	ш	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table			-	1			
									Amount		
	Beginning balance						1c				
	Additions during the year						1d_				—
_	Distributions during the year						1e_				
f	Ending balance	000 Dart V I	01 (الماميا فمنا	<u>1f</u>	L	7 v	$\overline{}$	
	Did the organization include an amount on F								」 Yes	H	No
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete										
L di	Endowment rands. Complete	(a) Current year	1	Prior year	(c) Two years			years back	(e) Four	eare h	ack
4	Regioning of year halance	(a) Current year	(6)	Tior year	(C) I WO years	SUACK	(a) Tillee	years back	_(e) rour	cais b	ack
1a	Beginning of year balance								_		
b	Contributions								_		
ت ب	Net investment earnings, gains, and losses Grants or scholarships							· · · · · · · · · · · · · · · · · · ·	-		
	Other expenditures for facilities								-		
٠											
	and programs Administrative expenses										
†	End of year balance										
g 2	Provide the estimated percentage of the cur	rent vear end haland	re (line 1	a column (a	.L	I_					
	Board designated or quasi-endowment	rem year end balanc	%	9, 00:011111 (0	2)) 11010 00						
b	Permanent endowment	%	_^~								
	Temporarily restricted endowment	^~ %									
Ŭ	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation the	at are held a	ınd admınıster	red for th	he organi	zation			
	by	J					•		- F	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the						_				
Par	t VI Land, Buildings, and Equipm	nent.		•							
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	V, line 11a S	See Form 990	, Part X,	line 10				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumulat	ed	(d) Book	value	
		basis (investi	ment)	basis	(other)	der	oreciation	1			
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
e_	Other										
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part	X, colur	nn (B), line 1	10c)						0.

	W JERSEY COM	MUNITY	FOUNDATION	22-3603171 Page
Part VII Investments - Other Securities.				_
Complete if the organization answered "Yes'				
(a) Description of security or category (including name of security)	(b) Book value	(c) Met	nod of valuation. Cos	t or end-of-year market value
(1) Financial derivatives		_		
(2) Closely-held equity interests				
(3) Other	22.25			
(A) INVESTMENTS	32,073	. COST		
(B)		ļ		
(C)			 	
(D)	<u></u>			
(E)				1000
<u>(F)</u>				
(G)				
(H)				
Total (Col. (b) must equal Form 990, Part X, col (B) line 12.) ▶	32,073			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11c See Fo	rm 990, Part X, line 13	3
(a) Description of investment	(b) Book value	(c) Met	hod of valuation Cos	t or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			. ,	
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.	 	•		
Complete if the organization answered "Yes'	on Form 990, Part IV, lin	e 11d See Fo	rm 990, Part X, line 1:	5
	Description		•	(b) Book value
(1)				
(2)				
(3)			•	
(4)	· ···			
(5)				
(6)			-	
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) Iir	15.1			
Part X Other Liabilities.	ie 13)			
Complete if the organization answered "Yes"	on Form 990 Part IV lin	a 11a or 11f	See Form 990 Part Y	line 25
. (a) Description of liability	0111 01111 330, 1 att 14, 1111	(b) Book valu		mie 23
		(5) 5001. 14.1		
(1) Federal income taxes				
(2)	· -			
(3)	· · · · · · · · · · · · · · · · · · ·			
(4)				
(5)				
(6)				
(7)				
(8)				
		 -		
Total. (Column (b) must equal Form 990, Part X, col (B) lir				
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote	to the organiz	ation's financial state	ments that reports the
organization's liability for uncertain tax positions unde	r FIN 48 (ASC 740) Chec	k here if the te	ext of the footnote ha	s been provided in Part XIII

Schedule D (Form 990) 2018

<u>Sch</u> e	dule D (Form 990) 2018 NORTHERN NEW JERSEY COMMU	NITY FOUNDATION	22-3603171 P	age 4
Par				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	↓	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b	Other (Describe in Part XIII)	4b	-	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	was Mish Cymanas na	5 	
Pai	t XII Reconciliation of Expenses per Audited Financial State	· · · · · · · · · · · · · · · · · · ·	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	<u> </u>	T . T	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	-	
b	Prior year adjustments	2b		
С	Other losses	2c	-	
d	Other (Describe in Part XIII)	2d	-	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b	Other (Describe in Part XIII)	4b	_	
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa		e 4, Part X, line 2, Part XI,	
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any ac	dditional information		
		<u> </u>		

832054 10-29-18

Schedule D (Form 990) 2018

SCHEDULE I (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Open to Public 2018 Inspection Employer identification number

OMB No 1545-0047

Š 22 - 3603171(h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States COMMUNITY FOUNDATION recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 1,000, 1,100 2,000 2,000 4.000 2,000 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 20-2224936 | 501(C)(3) Enter total number of other organizations listed in the line 1 table NORTHERN NEW JERSEY 22-6002026 22-2351891 22-1493155 22-1957406 22-6002131 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization DR. JOHN GRIECO SCHOLARSHIP FUND FOUNDATION - 400 PARAMUS ROAD COMMUNITY CHEST OF ENGLEWOOD 100 CHRISTIE HEIGHTS STREET 101 VERA KING FARRIS DRIVE 122 SOUTH VAN BRUNT STREET BERGEN COMMUNITY COLLEGE A325 - PARAMUS, NJ 07652 or government NEW MILFORD HIGH SCHOOL GALLOWAY, NJ 08205-9441 274 KNICKERBOCKER ROAD NEW MILFORD, NJ 07646 ENGLEWOOD, NJ 07631 STOCKTON UNIVERSITY ENGLEWOOD, NJ 07631 LEONIA HIGH SCHOOL ONE SNIDER CIRCLE LEONIA, NJ 07605 Part II Part (N N

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

22-3603171 Page 1	(h) Purpose of grant or assistance						Schedule I (Form 990)
	(g) Description of non-cash assistance						
dule I (Form 990) Par	(f) Method of valuation (book, FMV, appraisal, other)						
ON States (Sche	(e) Amount of non-cash assistance	0					
FOUNDATI	(d) Amount of cash grant	2,000.				,	
NORTHERN NEW JERSEY COMMUNITY FOUNDATION Grants and Other Assistance to Governments and Organizations in the Uniter	(c) IRC section if applicable	501(C)(3)					
NEW JERSE Assistance to Go	(b) EIN	52-1958352					,
Schedule I (Form 990) NORTHERN NEW JERSEY COMMUNITY FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	(a) Name and address of organization or government	ATLANTIC HOME & HOSPICE CARE 465 SOUTH STREET, SUITE 100 MORRISTOWN, NJ 07960					

Page 2

22-3603171

(Form 990) (2018) NORTHERN NEW JERSEY COMMUNITY FOUNDATION

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed Schedule I (Form 990) (2018)
| Part III | Grants and Other

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ured in Part I, line	2, Part III, column	(b), and any other ad	Iditional information	
PART I, LINE 2:				;	
AS PART OF THE NORTHERN NJ COMMUNITY	TY FOUND?	ATION'S DU	FOUNDATION'S DUE DILIGENCE PROCESS	E PROCESS,	
STAFF EXAMINES THE NONPROFIT ORGANIZATIONS RECOMMENDED	IZATIONS	RECOMMEND	ED TO RECEIVE	IVE	
DISBURSEMENTS. IN GENERAL, THIS IN	INVOLVES CC	CONFIRMING	THE ORGANIZATION	ZATION IS	
CLASSIFIED AS A PUBLIC CHARITY UNDER	ER SECTION		501(C)(3) OF THE	INTERNAL	
REVENUE CODE AND ASSESSING THE HEALTH	OF	ITS MISSION,	, PROGRAMS,	, GOVERNANCE,	
LEADERSHIP AND FINANCES. RECIPIENTS		CEIVE MON	THAT RECEIVE MONIES FOR SPECIFIC	ECIFIC	
PROJECTS ARE ASKED TO COMPLETE A POST-GRANT REPORT OUTLINING AN ASSESSMENT	OST-GRANT	r REPORT O	UTLINING A	N ASSESSMENT	
THE PROJECT AS WELL AS EXPENDITURES	URES.				

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

NORTHERN NEW JERSEY COMMUNITY FOUNDATION

Employer identification number 22-3603171

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATION, PUBLIC HEALTH, THE ARTS, CIVIC ENGAGEMENT, PHILANTHROPY AND
THE ENVIRONMENT. OUR PARTNERS ARE BUILDING STRONGER COMMUNITIES BY
COLLABORATING, ANSWERING THE QUESTION, "WHAT CAN WE ACCOMPLISH TOGETHER
THAT WE CANNOT ALONE?"
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CANNOT ALONE?"
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
LOCAL ECONOMY.
CURRENT INITIATIVES: ARTSBERGEN, AN EMERGING ARTS ALLIANCE THAT
SUPPORTS CREATIVE PLACEMAKING AND HAS A
MISSION TO ENERGIZE AND UNIFY ARTISTS AND ARTS ORGANIZATIONS AND
CONNECT THE BERGEN COUNTY COMMUNITY TO THE ARTS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS EMAILED TO THE BOARD FOR REVIEW. THE PRESIDENT REVIEWS AND
DISCUSSES THE FORM 990 WITH THE BOARD PRIOR TO SIGNING THE RETURN.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS AND MANAGER WILL ANNUALLY DISCLOSE AND UPDATE ANY DISCLOSURES
TO THE PRESIDENT AND CHAIRMAN OF THE BOARD IN AN ANNUAL CONFLICT DISCLOSURE
QUESTIONAIRE.

PROGRAM SERVICE EXPENSES	43,964.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	43,964.

PAYROLL SERVICE FEES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES	858.
FUNDRAISING EXPENSES	0.

TOTAL EXPENSES 858.

ARTIST FEES:

0.

Name of the organization	V EOIDIDAMION	Employer identification number
NORTHERN NEW JERSEY COMMUNIT	Y FOUNDATION	22-3603171
PROGRAM SERVICE EXPENSES		4,925.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES .		4,925.
TOTAL OTHER FEES ON FORM 990, PART IX, LIN	E 11G, COL A	62,785.
		~
		1 - 19
832212 10-10-18	Sche	edule O (Form 990 or 990-EZ) (2018)

832212 10-10-18