

Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning _____, and ending _____

22-2189072

CENTER FOR FOOD ACTION IN NEW JERSE

Net Asset / Fund Balance at Beginning of Year		<u>3,270,506</u>
Revenue		
Contributions	<u>8,029,877</u>	
Program service revenue		
Investment income	<u>33,496</u>	
Capital gain / loss	<u>-1,467</u>	
Fundraising / Gaming:		
Gross revenue	<u>216,372</u>	
Direct expenses		
Net income	<u>216,372</u>	
Other income	<u>0</u>	
Total revenue		<u>8,278,278</u>
Expenses		
Program services	<u>7,456,909</u>	
Management and general	<u>695,760</u>	
Fundraising	<u>164,140</u>	
Total expenses		<u>8,316,809</u>
Excess / (deficit)		<u>-38,531</u>
Changes		<u>-16,136</u>
Net Asset / Fund Balance at End of Year		<u>3,215,839</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>8,278,278</u>
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u>8,278,278</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>8,316,809</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u>8,316,809</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>3,324,861</u>	<u>3,273,910</u>	
Liabilities	<u>54,355</u>	<u>58,071</u>	
Net assets	<u>3,270,506</u>	<u>3,215,839</u>	<u>-54,667</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/15/19
 Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2018, or fiscal year beginning 2018, and ending 20

2018

u Do not send to the IRS. Keep for your records.
u Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

CENTER FOR FOOD ACTION IN NEW JERSE

Employer identification number

22-2189072

Name and title of officer

**PATRICIA ESPY
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	8,278,278
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **J. VELOCCI & ASSOCIATES** to enter my PIN **89072** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **05/02/19**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

20281257374
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature } **JOSEPH VELOCCI, CPA**

Date } **05/02/19**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">CENTER FOR FOOD ACTION IN NEW JERSE</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">192 WEST DEMAREST AVENUE</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">ENGLEWOOD NJ 07631</p>	D Employer identification number <p style="text-align: center;">22-2189072</p> E Telephone number <p style="text-align: center;">201-569-1804</p> G Gross receipts \$ 8,325,897
F Name and address of principal officer: <p style="text-align: center;">PATRICIA ESPY 192 WEST DEMAREST AVENUE ENGLEWOOD NJ 07631</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u CFANJ.ORG		L Year of formation: 1976 M State of legal domicile: NJ
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: WE PROVIDE EMERGENCY FUNDS USED BY THE NEEDY FOR FOOD, UTILITIES, RENT OR MORTGAGES. WE ALSO DONATE FOOD TO THE NEEDY.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	39
	6	Total number of volunteers (estimate if necessary)	6	100
	7a	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	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 8,728,336	Current Year 8,029,877
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,829	32,029
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	269,980	216,372
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,042,145	8,278,278
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,551,708	1,539,772
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
		b Total fundraising expenses (Part IX, column (D), line 25) u 164,140		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,847,368	6,777,037
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	9,399,076	8,316,809	
19	Revenue less expenses. Subtract line 18 from line 12	-356,931	-38,531	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 3,324,861	End of Year 3,273,910
	21	Total liabilities (Part X, line 26)	54,355	58,071
	22	Net assets or fund balances. Subtract line 21 from line 20	3,270,506	3,215,839

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <p style="text-align: center;">PATRICIA ESPY</p> Type or print name and title	Date <p style="text-align: center;">EXECUTIVE DIRECTOR</p>
	Print/Type preparer's name JOSEPH VELOCCI, CPA	Preparer's signature JOSEPH VELOCCI, CPA
Paid Preparer Use Only	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00057374
	Firm's name } J. VELOCCI & ASSOCIATES 15 BROADWAY Firm's address } DENVILLE, NJ 07834-2703	Firm's EIN } 27-2628827 Phone no. 973-620-9607

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

WE PROVIDE EMERGENCY FUNDS USED BY THE NEEDY FOR FOOD, UTILITIES, RENT OR MORTGAGES. WE ALSO DONATE FOOD TO THE NEEDY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **7,366,182** including grants of \$) (Revenue \$)

WE PROVIDE EMERGENCY FUNDS USED BY THE NEEDY FOR FOOD, UTILITIES, RENT OR MORTGAGES. WE ALSO DONATE FOOD TO THE NEEDY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe in Schedule O.)

(Expenses \$ **90,727** including grants of \$) (Revenue \$)

4e Total program service expenses **u 7,456,909**

Part IV Checklist of Required Schedules

		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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		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		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 98-19? If "Yes," complete Schedule C, Part III		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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		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		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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	X	
c	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 16? If "Yes," complete Schedule D, Part VIII		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? If "Yes," complete Schedule F, Parts I and IV		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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	39		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b			X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
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			
4a	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)?	4a			X
b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	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.	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
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? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
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.	16			X

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

Section 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 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.		
	17		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	17		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
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		X

Section 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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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		X
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		X
16b	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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **u 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 financial 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 **u**
PATRICIA ESPY
ENGLEWOOD
192 WEST DEMAREST AVENUE
NJ 07631
201-569-1804

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CYNTHIA JOHNSON BARBATO	0.00									
PRESIDENT	0.00	X		X			0	0	0	
(2) MENEN MATHIA FREDERICKS	0.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(3) DOROTHY ANDERSON	0.00									
TREASURER	0.00	X		X			0	0	0	
(4) WALTON CLARK	0.00									
SECRETARY	0.00	X		X			0	0	0	
(5) ROSEANNE BUSCEMI	0.00									
DIRECTOR	0.00	X					0	0	0	
(6) MICHELE CALISE	0.00									
DIRECTOR	0.00	X					0	0	0	
(7) PATRICK CROWE	0.00									
DIRECTOR	0.00	X					0	0	0	
(8) VERONICA HERNANDEZ	0.00									
DIRECTOR	0.00	X					0	0	0	
(9) PHILIP KONORT	0.00									
DIRECTOR	0.00	X					0	0	0	
(10) DEBORAH KLEIN	0.00									
DIRECTOR	0.00	X					0	0	0	
(11) LINDA KLIGMAN	0.00									
DIRECTOR	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) MARCIA LEVY	0.00									
DIRECTOR	0.00	X					0	0	0	
(13) MICHEAL MURPHY	0.00									
DIRECTOR	0.00	X					0	0	0	
(14) LAUREN MCCGOVERN	0.00									
DIRECTOR	0.00	X					0	0	0	
(15) AMY EDMONDS	0.00									
DIRECTOR	0.00	X					0	0	0	
(16) STEPHEN SELVER	0.00									
DIRECTOR	0.00	X					0	0	0	
(17) DEENA ROSENTHAL	0.00									
DIRECTOR	0.00	X					0	0	0	
(18) PATRICIA ESPY	40.00									
EXECUTIVE DIRECTOR	0.00			X			133,335	0	0	
1b Sub-total							133,335			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							133,335			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	854,158				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,175,719				
	g Noncash contributions included in lines 1a-1f: \$		5,091,571				
	h Total. Add lines 1a-1f	u	8,029,877				
	Program Service Revenue	2a	Busn. Code				
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u					
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u	33,496	33,496		
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				46,152			
	b Less: cost or other basis & sales exps.			47,619			
	c Gain or (loss)			-1,467			
	d Net gain or (loss)	u		-1,467	-1,467		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a		216,372			
		b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	u		216,372			
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue	11a	Busn. Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u					
	12 Total revenue. See instructions.	u		8,278,278	32,029	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 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)				
7 Other salaries and wages	1,250,781	945,508	225,055	80,218
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	187,165	141,684	32,084	13,397
10 Payroll taxes	101,826	77,082	19,771	4,973
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	24,080		24,080	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	84,691	4,658	72,818	7,215
14 Information technology				
15 Royalties				
16 Occupancy	150,850	79,950	70,900	
17 Travel	42,227	19,424	22,803	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	55,276	535	54,741	
23 Insurance	78,138		78,138	
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 O.)				
a FOOD DISTRIBUTION	5,345,956	5,345,956		
b EMERGENCY SERVICE	742,164	742,164		
c EVENT AND PROGRAM EXPENSE	66,362		28,360	38,002
d MAINTENANCE AND REPAIR	54,102	51,594	2,508	
e All other expenses	133,191	48,354	64,502	20,335
25 Total functional expenses. Add lines 1 through 24e	8,316,809	7,456,909	695,760	164,140
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	2,026,699	1	1,893,783
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	364,328	3	302,565
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	20,434	7	36,460
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	8,542
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,846,456		
	b	Less: accumulated depreciation	10b 1,015,633	10c 881,511	830,823
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	29,639	12	199,487
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,250	15	2,250
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,324,861	16	3,273,910	
Liabilities	17	Accounts payable and accrued expenses	54,355	17	58,071
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	54,355	26	58,071
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	3,259,648	27	3,200,839
	28	Temporarily restricted net assets	10,858	28	15,000
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	3,270,506	33	3,215,839	
34	Total liabilities and net assets/fund balances	3,324,861	34	3,273,910	

Part 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	8,278,278
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,316,809
3	Revenue less expenses. Subtract line 2 from line 1	3	-38,531
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,270,506
5	Net unrealized gains (losses) on investments	5	-16,136
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,215,839

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

CENTER FOR FOOD ACTION IN NEW JERSE

Employer identification number

22-2189072

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar 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 include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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.)

Section A. Public Support

Calendar 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 include any "unusual grants.")	7,365,536	7,969,150	8,911,599	8,728,336	8,029,877	41,004,498
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		256,062	366,508	281,290	249,868	1,153,728
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	7,365,536	8,225,212	9,278,107	9,009,626	8,279,745	42,158,226
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						42,158,226

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	7,365,536	8,225,212	9,278,107	9,009,626	8,279,745	42,158,226
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	37,643	35,346				72,989
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	37,643	35,346				72,989
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	7,403,179	8,260,558	9,278,107	9,009,626	8,279,745	42,231,215
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	99.83 %
16 Public support percentage for 2017 Schedule A, Part III, line 15	16	99.73 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified 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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 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? Row 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?

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year... Row 2: Activities Test. Answer (a) and (b) below. Row 3: Parent of Supported Organizations. Answer (a) and (b) below.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	

Section 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-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 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.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

Schedule of Contributors

OMB No. 1545-0047

2018

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

CENTER FOR FOOD ACTION IN NEW JERSE

22-2189072

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ORITANI BANK 370 PASCACK ROAD WASHINGTON TOWNSHIP NJ 07676	\$ 53,147	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GEORGE LINK FOUNDATION, INC. 200 PARK AVENUE NEW YORK NY 10166	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FOOD RESEARCH & ACTION CENTER, INC. 1200 18TH NW SUITE 400 WASHINGTON DC 20036	\$ 45,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FOOD RESEARCH & ACTION CENTER, INC. 1200 18TH STREET SUITE 400 WASHINGTON DC 20036	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	INSERRA SUPERMARKETS, INC. 20 RIDGE ROAD MAHWAH NJ 07430	\$ 30,350	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	COMPANION ANIMAL ADVOCATES 61 HILLSDALE AVENUE GLEN ROCK NJ 07452	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HENRY & MARILYN TAUB FOUNDATION 300 FRANK W. BURR BOULEVARD 7TH FLOOR TEANECK NJ 07666	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	TUSK STRATEGIES, INC. 251 PARK AVENUE SOUTH 8TH FLOOR NEW YORK NY 10010	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	KAPLEN FOUNDATION P.O. BOX 792 TENAFLY NJ 07670	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	KAPLEN FOUNDATION P.O. BOX 792 TENAFLY NJ 07670	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	ROBERT AX 6 SHERWOOD DRIVE HILLSDALE NJ 07642	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	RINGWOOD HUNGER WALK, INC 145 CARLETONDALE ROAD RINGWOOD NJ 07456	\$ 16,921	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ESTATE OF ELLEN RAIMERT 147 NORTH 1ST STREET BERGENFIELD NJ 07621	\$ 16,018	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	THE HOPE FOUNDATION P.O. BOX 408 MIDLAND PARK NJ 07432	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	FOOD RESEARCH & ACTION CENTER, INC. 1200 18TH STREET NW SUITE 400 WASHINGTON DC 20036	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	SEIX INVESTMENT ADVISORS ONE MAYNARD DRIVE SUITE 3200 PARK RIDGE NJ 07656	\$ 14,306	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	HARRIS FOUNDATION 1025 WEST NASA BOULEVARD MELBOURNE FL 32919	\$ 13,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	COMMUNITY FOUNDATION OF NEW JERSEY P.O. BOX 338 MORRISTOWN NJ 07963	\$ 10,796	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	PARTNERS FOR HEALTH, INC. 54 PLYMOUTH STREET MONTCLAIR NJ 07042	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	NATIONAL COUNCIL OF JEWISH WOMAN 75 WASHINGTON AVENUE BERGENFIELD NJ 07621	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	BANK OF NEW YORK MELLON 200 PARK AVENUE NEW YORK NY 10166	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	ED CROWE 16 STANTON ROAD COHASSET MA 02025	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	GREAT ESTATE ON RINGWOOD, LLC 94 LONG POND ROAD HEWITT NJ 07423	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	ADVOCATES FOR CHILDREN OF NJ 35 HALSEY STREET 2ND FLOOR NEWARK NJ 07102	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Employer identification number

22-2189072

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	MARYANN RICH 15 ACADEMY LANE DEMAREST NJ 07627	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	THE TJX FOUNDATION 770 COCHITUATE ROAD FRAMINGHAM MA 01701	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	ANDY BELLINA 1530 APLISADE AVENUE 26B FORT LEE NJ 07024	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	MARCELLO & GRAZIANO ROVIARO FOUNDATI 72 EAGLE ROCK AVENUE EAST HANOVER NJ 07936	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	NATIONAL COUNCIL OF JEWISH WOMAN 75 SOUTH WASHINGTON AVENUE BERGENFIELD NJ 07621	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	FREDERICK & ILSE GRUNWALD P.O. BOX 2800 CAREFREE AZ 85377	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	KPMG 3 CHESTNUT RIDGE ROAD MONTVALE NJ 07645	\$ 7,965	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	COMPANION ANIMAL ADVOCATES 61 HILLSDALE AVENUE GLEN ROCK NJ 07452	\$ 7,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	OPEN SOCIETY INSTITUTE 224 WEST 57TH STREET NEW YORK NY 10019	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	WHOLE FOODS 930 SYLVAN AVENUE ENGLEWOOD CLIFF NJ 07632	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	VALLEY HEALTH 41 NORTH WALNUT STREET RIDGEWOOD NJ 07450	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	MARK & BE METZGER 220 SPEER AVENUE ENGLEWOOD NJ 07631	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CENTER FOR FOOD ACTION IN NEW JERSE

Employer identification number

22-2189072

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	COMMUNITY CHEST OF LEONIA 168 PARK AVENUE LEONIA NJ 07605	\$ 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	FOUNDATION OF NORTHERN NJ P.O. BOX 75 HACKENSACK NJ 07602	\$ 6,276	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	OPEN SOCIETY INSTITUTE 224 WEST 57TH STREET NEW YORK NY 10019	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	OUR LADY OF MT. CARMEL CHURCH 1 PASSAIC STREET RIDGEWOOD NJ 07450	\$ 5,873	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	OPEN SOCIETY INSTITUTE 224 WEST 57 TH STREET NEW YORK NY 10019	\$ 5,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	ANNIE HAUSMANN 71 BRIARWOOD AVENUE NORWOOD NJ 07648	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CENTER FOR FOOD ACTION IN NEW JERSE

Employer identification number

22-2189072

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	NEW WORLD SALES, INC. 207 UNION STREET HACKENSACK NJ 07601	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	FOOD RESEARCH & ACTION CENTER, INC. 1200 18TH STREET NW SUITE 400 WASHINGTON DC 20036	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	THE SHAPIRO FAMILY FOUNDATION 252 HIGHWOOD AVENUE TENAFLY NJ 07670	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	STRATTON CHARITABLE FOUNDATION 332 WEST SHORE DRIVE WYCKOFF NJ 07481	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	ORITANI BANK 370 PASCACK ROAD WASHINGTON TWP NJ 07676	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	LDL PETERSON FUND 1177 AVENUE OF THE AMERICANS NEW YORK NY 10036	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CENTER FOR FOOD ACTION IN NEW JERSE

Employer identification number

22-2189072

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	ROBERT AX 6 SHERWOOD DRIVE HILLSDALE NJ 07642	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	THELMA FEDELE 396 FOREST AVENUE 318A PARAMUS NJ 07652	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	ALAN & CAR WOODWARD 701 MILLWHEEL COURT FRANKLIN LAKES NJ 07417	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	RUKIN FOUNDATION 182 ALLENDALE AVENUE ALLENDALE NJ 07401	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	KURTZ FAMILY FOUNDATION 271 NEXT DAY HILL COURT ENGLEWOOD NJ 07631	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	CARL & NAN GLAESER 8 VAN MULEN STREET MAHWAH NJ 07430	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CENTER FOR FOOD ACTION IN NEW JERSE	Employer identification number 22-2189072
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	WELL FARGO FOUNDATION 550 SOUTH 4TH STREET MINNEAPOLIS MN 55415	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	HAYMARKET MEDIA, INC. 275 SEVENTH AVENUE 10TH FLOOR NEW YORK NY 10001	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	DONNA ORLANDO 142 FISHER ROAD MAHWAH NJ 07430	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	EASTWICK COLLEGE 10 SOUTH FRANKLIN TURNPIKE RAMSEY NJ 07446	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	SANDRA BISHOP 166 VAN BUREN AVENUE TEANECK NJ 07666	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	EASTERN BERGEN BOARD OF REALTORS 411 ROUTE 17 SOUTH HASBROUCK HEIGHTS NJ 07604	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CENTER FOR FOOD ACTION IN NEW JERSE

Employer identification number

22-2189072

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	VENTURES 1201 CONNECTIEUT AVENUE-SUITE 300 WASHINGTON DC 20036	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	M&T CHARITABLE FOUNDATION 45 EISENHOWER DRIVE 4TH FLOOR PARAMUS NJ 07652	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	PGA TOUR, INC 100 PGA TOUR BOULEVARD PONTE VEDRA BEACH FL 32082	\$ 5,151	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

u 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

CENTER FOR FOOD ACTION IN NEW JERSE

22-2189072

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement and private benefit.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, acreage restricted, and questions about monitoring and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,383,646		1,383,646
c Leasehold improvements				
d Equipment		230,609		230,609
e Other		232,201	1,015,633	-783,432
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	830,823

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other OTHER SECURITIES	199,487	MARKET
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u	199,487	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	8,278,278
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	8,278,278
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . <i>(This must equal Form 990, Part I, line 12.)</i>		5	8,278,278

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	8,316,809
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		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	8,316,809
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . <i>(This must equal Form 990, Part I, line 18.)</i>		5	8,316,809

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 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 additional information.

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**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

⚡ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

CENTER FOR FOOD ACTION IN NEW JERSE

Employer identification number

22-2189072

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	216,372			216,372
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	216,372			216,372
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)				216,372	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

CENTER FOR FOOD ACTION IN NEW JERSE

Employer identification number

22-2189072

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	1	5,036,371	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (DONATED RENT)	X	1	55,200	
26 Other u ()				
27 Other u ()				
28 Other u ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2018

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

u Attach to Form 990 or 990-EZ.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

CENTER FOR FOOD ACTION IN NEW JERSE

Employer identification number

22-2189072

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

**WE PROVIDE EMERGENCY FUNDS USED BY THE NEEDY FOR FOOD, UTILITIES, RENT OR
MORTGAGES. WE ALSO DONATE FOOD TO THE NEEDY.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE EXECUTIVE DIRECTOR RECEIVES FORM 990 AND PRESENTS THE RETURN TO THE
FINANCE COMMITTEE FOR APPROVAL**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
EXECUTIVE DIRECTOR AND KEY EMPLOYEES COMPENSATION ARE REVIEWED AND APPROVED
BY THE BOARD OF DIRECTORS.**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
KEY EMPLOYEES COMPENSATION ARE REVIEWED AND APPROVED BY THE BOARD OF
DIRECTORS.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE TO
THE PUBLIC UPON REQUEST.**

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2018

Attachment Sequence No. **179**

CENTER FOR FOOD ACTION IN NEW JERSE

Identifying number
22-2189072

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	55,276

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	55,276
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	Building	1/19/95	366,632			366,632	20 MO S/L	366,632	0
2	1997 Ford E.250	1/07/98	18,499			18,499	5 MO S/L	18,499	0
3	1997 Ford E. 250	3/17/98	20,986			20,986	5 MO S/L	20,986	0
4	Isuzut	9/10/03	35,200			35,200	5 MO S/L	35,200	0
5	1998 Safari Minivan	9/01/05	2,500			2,500	3 MO S/L	2,500	0
6		1/19/89	15,944			15,944	5 MO S/L	15,944	0
7		1/19/93	47,031			47,031	7 MO S/L	47,031	0
8	Chairs	1/26/00	1,959			1,959	7 MO S/L	1,959	0
9	LMA Painting	10/30/00	2,680			2,680	7 MO S/L	2,680	0
10	Star Floor Covering	11/14/00	2,670			2,670	7 MO S/L	2,670	0
11	Star Floor Covering	11/28/00	375			375	7 MO S/L	375	0
12	Storage Frames	3/17/04	1,158			1,158	7 MO S/L	1,158	0
13	Pallet Racking	9/07/05	924			924	7 MO S/L	924	0
14	Equipment	1/19/94	17,279			17,279	7 MO S/L	17,279	0
15	Computer	2/04/97	1,349			1,349	7 MO S/L	1,349	0
16	Vaccum	6/05/97	160			160	7 MO S/L	160	0
17	Printer	8/14/97	850			850	7 MO S/L	850	0
18	Freezer	10/17/97	6,470			6,470	7 MO S/L	6,470	0
19	Freezer	12/10/97	3,295			3,295	7 MO S/L	3,295	0
20	Printers	12/17/97	735			735	7 MO S/L	735	0
21	Copier	1/01/98	5,815			5,815	7 MO S/L	5,815	0
22	Equipment	2/03/98	1,500			1,500	7 MO S/L	1,500	0
23	Freezer	6/21/99	1,270			1,270	7 MO S/L	1,270	0
24	Computer	7/07/99	1,689			1,689	7 MO S/L	1,689	0
25	Computer	9/02/99	1,255			1,255	7 MO S/L	1,255	0
26	Computer	6/06/00	1,163			1,163	7 MO S/L	1,163	0
27	Shelving	6/08/00	1,032			1,032	7 MO S/L	1,032	0
28	Computer Server	6/27/00	3,567			3,567	7 MO S/L	3,567	0
29	Computer	4/18/01	4,187			4,187	7 MO S/L	4,187	0
30	Copier	10/24/01	900			900	7 MO S/L	900	0
31	Pallet Jack	12/01/02	395			395	7 MO S/L	395	0
32	Fork Lift	9/22/03	14,000			14,000	7 MO S/L	14,000	0
33	Computer	1/28/03	673			673	7 MO S/L	673	0
34	Computer	11/08/04	832			832	7 MO S/L	832	0
35	Computer	2/23/05	1,680			1,680	7 MO S/L	1,680	0
36	Copier	3/22/05	4,500			4,500	7 MO S/L	4,500	0
37	2 Copiers	4/27/05	2,800			2,800	7 MO S/L	2,800	0
38	Computer	8/15/06	1,078			1,078	7 MO S/L	1,078	0
39	Computer	10/24/06	1,420			1,420	7 MO S/L	1,420	0
40	Copier	2/12/07	1,300			1,300	7 MO S/L	1,300	0
41	Freezer	3/08/07	913			913	7 MO S/L	913	0
42	Computer and Printer	3/12/07	7,131			7,131	7 MO S/L	7,131	0
43	Pallet Racking	3/31/08	2,430			2,430	7 MO S/L	2,430	0
44	Storage Frames	11/25/08	4,645			4,645	7 MO S/L	4,645	0
45	Forklift	1/15/08	3,000			3,000	7 MO S/L	3,000	0
46	Forklift	3/19/08	2,000			2,000	7 MO S/L	2,000	0
47	Building II	11/10/08	1,017,015			1,017,015	39 MO S/L	239,042	26,077
48	Electric Straddle Stacker	12/14/09	11,159			11,159	7 MO S/L	11,159	0
49	Warehouse Shelves - Street Glow	3/22/11	2,030			2,030	5 MO S/L	2,030	0
50	Barefoot Carpet & Flooring	4/07/11	4,075			4,075	5 MO S/L	4,075	0
51	Freezer	8/08/12	8,870			8,870	7 MO S/L	6,864	1,267
52	Heating System	9/06/12	16,100			16,100	10 MO S/L	8,587	1,610
53	Fork Lift	9/25/13	24,068			24,068	7 MO S/L	14,612	3,439
54	Walk-in- Cooler	10/17/13	6,692			6,692	15 MO S/L	1,859	446
55	Refrigerator	12/04/13	1,860			1,860	5 MO S/L	1,519	341
56	2014 Isuzu NQR	9/25/14	69,094			69,094	5 MO S/L	44,911	13,818
57	Electric Walkie Pallet Forklift	11/30/15	4,000			4,000	10 MO S/L	833	400
58	Jennifer Laptop	4/30/15	1,549			1,549	5 MO S/L	826	310
59	Patricia Laptop	4/30/15	1,064			1,064	5 MO S/L	567	213
60	Melissa Laptop	4/30/15	1,004			1,004	5 MO S/L	535	201
61	Automatic Ice Maker	9/01/15	2,111			2,111	5 MO S/L	985	422
62	Computer Monitors	3/28/16	1,795			1,795	5 MO S/L	628	359
63	Software	6/25/16	6,863			6,863	5 MO S/L	2,059	1,373
64	Walk in Storage	5/05/17	6,670			6,670	10 MO S/L	445	667
65	Walk in Refrigerator	9/18/17	34,480			34,480	10 MO S/L	862	3,448
66	Electric Pallet Forklift	9/18/17	3,500			3,500	10 MO S/L	88	350
67	Firewall	5/23/18	4,588			4,588	5 MO S/L	0	535

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Total Other Depreciation		<u>1,846,458</u>			<u>1,846,458</u>		<u>960,357</u>	<u>55,276</u>
	Total ACRS and Other Depreciation		<u>1,846,458</u>			<u>1,846,458</u>		<u>960,357</u>	<u>55,276</u>
	Grand Totals		1,846,458			1,846,458		960,357	55,276
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>1,846,458</u>			<u>1,846,458</u>		<u>960,357</u>	<u>55,276</u>

Asset	Description	Date In Service	Cost	Basis for Depr	NJ Prior	NJ Current	Federal Current	Difference Fed - NJ
Other Depreciation:								
1	Building	1/19/95	366,632	366,632	366,632	0	0	0
2	1997 Ford E.250	1/07/98	18,499	18,499	18,499	0	0	0
3	1997 Ford E. 250	3/17/98	20,986	20,986	20,986	0	0	0
4	Isuzut	9/10/03	35,200	35,200	35,200	0	0	0
5	1998 Safari Minivan	9/01/05	2,500	2,500	2,500	0	0	0
6		1/19/89	15,944	15,944	15,944	0	0	0
7		1/19/93	47,031	47,031	47,031	0	0	0
8	Chairs	1/26/00	1,959	1,959	1,959	0	0	0
9	LMA Painting	10/30/00	2,680	2,680	2,680	0	0	0
10	Star Floor Covering	11/14/00	2,670	2,670	2,670	0	0	0
11	Star Floor Covering	11/28/00	375	375	375	0	0	0
12	Storage Frames	3/17/04	1,158	1,158	1,158	0	0	0
13	Pallet Racking	9/07/05	924	924	924	0	0	0
14	Equipment	1/19/94	17,279	17,279	17,279	0	0	0
15	Computer	2/04/97	1,349	1,349	1,349	0	0	0
16	Vaccum	6/05/97	160	160	160	0	0	0
17	Printer	8/14/97	850	850	850	0	0	0
18	Freezer	10/17/97	6,470	6,470	6,470	0	0	0
19	Freezer	12/10/97	3,295	3,295	3,295	0	0	0
20	Printers	12/17/97	735	735	735	0	0	0
21	Copier	1/01/98	5,815	5,815	5,815	0	0	0
22	Equipment	2/03/98	1,500	1,500	1,500	0	0	0
23	Freezer	6/21/99	1,270	1,270	1,270	0	0	0
24	Computer	7/07/99	1,689	1,689	1,689	0	0	0
25	Computer	9/02/99	1,255	1,255	1,255	0	0	0
26	Computer	6/06/00	1,163	1,163	1,163	0	0	0
27	Shelving	6/08/00	1,032	1,032	1,032	0	0	0
28	Computer Server	6/27/00	3,567	3,567	3,567	0	0	0
29	Computer	4/18/01	4,187	4,187	4,187	0	0	0
30	Copier	10/24/01	900	900	900	0	0	0
31	Pallet Jack	12/01/02	395	395	395	0	0	0
32	Fork Lift	9/22/03	14,000	14,000	14,000	0	0	0
33	Computer	1/28/03	673	673	673	0	0	0
34	Computer	11/08/04	832	832	832	0	0	0
35	Computer	2/23/05	1,680	1,680	1,680	0	0	0
36	Copier	3/22/05	4,500	4,500	4,500	0	0	0
37	2 Copiers	4/27/05	2,800	2,800	2,800	0	0	0
38	Computer	8/15/06	1,078	1,078	1,078	0	0	0
39	Computer	10/24/06	1,420	1,420	1,420	0	0	0
40	Copier	2/12/07	1,300	1,300	1,300	0	0	0
41	Freezer	3/08/07	913	913	913	0	0	0
42	Computer and Printer	3/12/07	7,131	7,131	7,131	0	0	0
43	Pallet Racking	3/31/08	2,430	2,430	2,430	0	0	0
44	Storage Frames	11/25/08	4,645	4,645	4,645	0	0	0
45	Forklift	1/15/08	3,000	3,000	3,000	0	0	0
46	Forklift	3/19/08	2,000	2,000	2,000	0	0	0
47	Building II	11/10/08	1,017,015	1,017,015	239,042	26,077	26,077	0
48	Electric Straddle Stacker	12/14/09	11,159	11,159	11,159	0	0	0
49	Warehouse Shelves - Street Glow	3/22/11	2,030	2,030	2,030	0	0	0
50	Barefoot Carpet & Flooring	4/07/11	4,075	4,075	4,075	0	0	0
51	Freezer	8/08/12	8,870	8,870	6,864	1,267	1,267	0
52	Heating System	9/06/12	16,100	16,100	8,587	1,610	1,610	0
53	Fork Lift	9/25/13	24,068	24,068	14,612	3,439	3,439	0
54	Walk-in- Cooler	10/17/13	6,692	6,692	1,859	446	446	0
55	Refrigerator	12/04/13	1,860	1,860	1,519	341	341	0
56	2014 Isuzu NQR	9/25/14	69,094	69,094	44,911	13,818	13,818	0
57	Electric Walkie Pallet Forklift	11/30/15	4,000	4,000	833	400	400	0
58	Jennifer Laptop	4/30/15	1,549	1,549	826	310	310	0
59	Patricia Laptop	4/30/15	1,064	1,064	567	213	213	0
60	Melissa Laptop	4/30/15	1,004	1,004	535	201	201	0
61	Automatic Ice Maker	9/01/15	2,111	2,111	985	422	422	0
62	Computer Monitors	3/28/16	1,795	1,795	628	359	359	0
63	Software	6/25/16	6,863	6,863	2,059	1,373	1,373	0
64	Walk in Storage	5/05/17	6,670	6,670	445	667	667	0
65	Walk in Refrigerator	9/18/17	34,480	34,480	862	3,448	3,448	0
66	Electric Pallet Forklift	9/18/17	3,500	3,500	88	350	350	0
67	Firewall	5/23/18	4,588	4,588	0	535	535	0

NJ Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	NJ Prior	NJ Current	Federal Current	Difference Fed - NJ
	Total Other Depreciation		<u>1,846,458</u>	<u>1,846,458</u>	<u>960,357</u>	<u>55,276</u>	<u>55,276</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,846,458</u>	<u>1,846,458</u>	<u>960,357</u>	<u>55,276</u>	<u>55,276</u>	<u>0</u>
	Grand Totals		1,846,458	1,846,458	960,357	55,276	55,276	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>1,846,458</u>	<u>1,846,458</u>	<u>960,357</u>	<u>55,276</u>	<u>55,276</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv	Meth	Prior	Current	
Other Depreciation:											
1	Building	1/19/95	0				0	0	HY	0	0
2	1997 Ford E.250	1/07/98	0				0	0	HY	0	0
3	1997 Ford E. 250	3/17/98	0				0	0	HY	0	0
4	Isuzut	9/10/03	0				0	0	HY	0	0
5	1998 Safari Minivan	9/01/05	0				0	0	HY	0	0
6		1/19/89	0				0	0	HY	0	0
7		1/19/93	0				0	0	HY	0	0
8	Chairs	1/26/00	0				0	0	HY	0	0
9	LMA Painting	10/30/00	0				0	0	HY	0	0
10	Star Floor Covering	11/14/00	0				0	0	HY	0	0
11	Star Floor Covering	11/28/00	0				0	0	HY	0	0
12	Storage Frames	3/17/04	0				0	0	HY	0	0
13	Pallet Racking	9/07/05	0				0	0	HY	0	0
14	Equipment	1/19/94	0				0	0	HY	0	0
15	Computer	2/04/97	0				0	0	HY	0	0
16	Vaccum	6/05/97	0				0	0	HY	0	0
17	Printer	8/14/97	0				0	0	HY	0	0
18	Freezer	10/17/97	0				0	0	HY	0	0
19	Freezer	12/10/97	0				0	0	HY	0	0
20	Printers	12/17/97	0				0	0	HY	0	0
21	Copier	1/01/98	0				0	0	HY	0	0
22	Equipment	2/03/98	0				0	0	HY	0	0
23	Freezer	6/21/99	0				0	0	HY	0	0
24	Computer	7/07/99	0				0	0	HY	0	0
25	Computer	9/02/99	0				0	0	HY	0	0
26	Computer	6/06/00	0				0	0	HY	0	0
27	Shelving	6/08/00	0				0	0	HY	0	0
28	Computer Server	6/27/00	0				0	0	HY	0	0
29	Computer	4/18/01	0				0	0	HY	0	0
30	Copier	10/24/01	0				0	0	HY	0	0
31	Pallet Jack	12/01/02	0				0	0	HY	0	0
32	Fork Lift	9/22/03	0				0	0	HY	0	0
33	Computer	1/28/03	0				0	0	HY	0	0
34	Computer	11/08/04	0				0	0	HY	0	0
35	Computer	2/23/05	0				0	0	HY	0	0
36	Copier	3/22/05	0				0	0	HY	0	0
37	2 Copiers	4/27/05	0				0	0	HY	0	0
38	Computer	8/15/06	0				0	0	HY	0	0
39	Computer	10/24/06	0				0	0	HY	0	0
40	Copier	2/12/07	0				0	0	HY	0	0
41	Freezer	3/08/07	0				0	0	HY	0	0
42	Computer and Printer	3/12/07	0				0	0	HY	0	0
43	Pallet Racking	3/31/08	0				0	0	HY	0	0
44	Storage Frames	11/25/08	0				0	0	HY	0	0
45	Forklift	1/15/08	0				0	0	HY	0	0
46	Forklift	3/19/08	0				0	0	HY	0	0
47	Building II	11/10/08	0				0	0	HY	0	0
48	Electric Straddle Stacker	12/14/09	0				0	0	HY	0	0
49	Warehouse Shelves - Street Glow	3/22/11	0				0	0	HY	0	0
50	Barefoot Carpet & Flooring	4/07/11	0				0	0	HY	0	0
51	Freezer	8/08/12	0				0	0	HY	0	0
52	Heating System	9/06/12	0				0	0	HY	0	0
53	Fork Lift	9/25/13	0				0	0	HY	0	0
54	Walk-in- Cooler	10/17/13	0				0	0	HY	0	0
55	Refrigerator	12/04/13	0				0	0	HY	0	0
56	2014 Isuzu NQR	9/25/14	0				0	0	HY	0	0
57	Electric Walkie Pallet Forklift	11/30/15	4,000			4,000	10	MO S/L	833	400	
58	Jennifer Laptop	4/30/15	0				0	0	HY	0	0
59	Patricia Laptop	4/30/15	0				0	0	HY	0	0
60	Melissa Laptop	4/30/15	0				0	0	HY	0	0
61	Automatic Ice Maker	9/01/15	0				0	0	HY	0	0
62	Computer Monitors	3/28/16	0				0	0	HY	0	0
63	Software	6/25/16	0				0	0	HY	0	0
64	Walk in Storage	5/05/17	0				0	0	HY	0	0
65	Walk in Refrigerator	9/18/17	0				0	0	HY	0	0
66	Electric Pallet Forklift	9/18/17	0				0	0	HY	0	0
67	Firewall	5/23/18	0				0	0	HY	0	0

AMT Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Total Other Depreciation		<u>4,000</u>			<u>4,000</u>		<u>833</u>	<u>400</u>
	Total ACRS and Other Depreciation		<u>4,000</u>			<u>4,000</u>		<u>833</u>	<u>400</u>
	Grand Totals		4,000			4,000		833	400
	Less: Dispositions and Transfers		0			0		0	0
	Net Grand Totals		<u>4,000</u>			<u>4,000</u>		<u>833</u>	<u>400</u>

Depreciation Adjustment Report
All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Building	1/19/95	366,632	0	0
2	1997 Ford E.250	1/07/98	18,499	0	0
3	1997 Ford E. 250	3/17/98	20,986	0	0
4	Isuzut	9/10/03	35,200	0	0
5	1998 Safari Minivan	9/01/05	2,500	0	0
6		1/19/89	15,944	0	0
7		1/19/93	47,031	0	0
8	Chairs	1/26/00	1,959	0	0
9	LMA Painting	10/30/00	2,680	0	0
10	Star Floor Covering	11/14/00	2,670	0	0
11	Star Floor Covering	11/28/00	375	0	0
12	Storage Frames	3/17/04	1,158	0	0
13	Pallet Racking	9/07/05	924	0	0
14	Equipment	1/19/94	17,279	0	0
15	Computer	2/04/97	1,349	0	0
16	Vaccum	6/05/97	160	0	0
17	Printer	8/14/97	850	0	0
18	Freezer	10/17/97	6,470	0	0
19	Freezer	12/10/97	3,295	0	0
20	Printers	12/17/97	735	0	0
21	Copier	1/01/98	5,815	0	0
22	Equipment	2/03/98	1,500	0	0
23	Freezer	6/21/99	1,270	0	0
24	Computer	7/07/99	1,689	0	0
25	Computer	9/02/99	1,255	0	0
26	Computer	6/06/00	1,163	0	0
27	Shelving	6/08/00	1,032	0	0
28	Computer Server	6/27/00	3,567	0	0
29	Computer	4/18/01	4,187	0	0
30	Copier	10/24/01	900	0	0
31	Pallet Jack	12/01/02	395	0	0
32	Fork Lift	9/22/03	14,000	0	0
33	Computer	1/28/03	673	0	0
34	Computer	11/08/04	832	0	0
35	Computer	2/23/05	1,680	0	0
36	Copier	3/22/05	4,500	0	0
37	2 Copiers	4/27/05	2,800	0	0
38	Computer	8/15/06	1,078	0	0
39	Computer	10/24/06	1,420	0	0
40	Copier	2/12/07	1,300	0	0
41	Freezer	3/08/07	913	0	0
42	Computer and Printer	3/12/07	7,131	0	0
43	Pallet Racking	3/31/08	2,430	0	0
44	Storage Frames	11/25/08	4,645	0	0
45	Forklift	1/15/08	3,000	0	0
46	Forklift	3/19/08	2,000	0	0
47	Building II	11/10/08	1,017,015	26,078	0
48	Electric Straddle Stacker	12/14/09	11,159	0	0
49	Warehouse Shelves - Street Glow	3/22/11	2,030	0	0
50	Barefoot Carpet & Flooring	4/07/11	4,075	0	0
51	Freezer	8/08/12	8,870	739	0
52	Heating System	9/06/12	16,100	1,610	0
53	Fork Lift	9/25/13	24,068	3,438	0
54	Walk-in- Cooler	10/17/13	6,692	446	0
55	Refrigerator	12/04/13	1,860	0	0
56	2014 Isuzu NQR	9/25/14	69,094	10,365	0
57	Electric Walkie Pallet Forklift	11/30/15	4,000	400	400
58	Jennifer Laptop	4/30/15	1,549	310	0
59	Patricia Laptop	4/30/15	1,064	213	0
60	Melissa Laptop	4/30/15	1,004	201	0
61	Automatic Ice Maker	9/01/15	2,111	423	0
62	Computer Monitors	3/28/16	1,795	359	0
63	Software	6/25/16	6,863	1,372	0
64	Walk in Storage	5/05/17	6,670	667	0
65	Walk in Refrigerator	9/18/17	34,480	3,448	0
66	Electric Pallet Forklift	9/18/17	3,500	350	0
67	Firewall	5/23/18	4,588	918	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	Total Other Depreciation		<u>1,846,458</u>	<u>51,337</u>	<u>400</u>
	Total ACRS and Other Depreciation		<u>1,846,458</u>	<u>51,337</u>	<u>400</u>
	Grand Totals		<u>1,846,458</u>	<u>51,337</u>	<u>400</u>

Asset	Description	Date In Service	Cost	NJ	NJ AMT
Other Depreciation:					
1	Building	1/19/95	366,632	0	0
2	1997 Ford E.250	1/07/98	18,499	0	0
3	1997 Ford E. 250	3/17/98	20,986	0	0
4	Isuzut	9/10/03	35,200	0	0
5	1998 Safari Minivan	9/01/05	2,500	0	0
6		1/19/89	15,944	0	0
7		1/19/93	47,031	0	0
8	Chairs	1/26/00	1,959	0	0
9	LMA Painting	10/30/00	2,680	0	0
10	Star Floor Covering	11/14/00	2,670	0	0
11	Star Floor Covering	11/28/00	375	0	0
12	Storage Frames	3/17/04	1,158	0	0
13	Pallet Racking	9/07/05	924	0	0
14	Equipment	1/19/94	17,279	0	0
15	Computer	2/04/97	1,349	0	0
16	Vaccum	6/05/97	160	0	0
17	Printer	8/14/97	850	0	0
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<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>NJ</u>	<u>NJ AMT</u>
	Total Other Depreciation		<u>1,846,458</u>	<u>51,337</u>	<u>400</u>
	Total ACRS and Other Depreciation		<u>1,846,458</u>	<u>51,337</u>	<u>400</u>
	Grand Totals		<u>1,846,458</u>	<u>51,337</u>	<u>400</u>

Form 990	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

CENTER FOR FOOD ACTION IN NEW JERSE

22-2189072

		2017	2018	Differences
Revenue	1. Contributions, gifts, grants	8,155,266	7,175,719	-979,547
	2. Membership dues and assessments			
	3. Government contributions and grants	573,070	854,158	281,088
	4. Program service revenue			
	5. Investment income	11,310	33,496	22,186
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	32,519	-1,467	-33,986
	8. Net income or (loss) from fundraising events	269,980	216,372	-53,608
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	9,042,145	8,278,278	-763,867
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	1,551,708	1,539,772	-11,936
	17. Professional fundraising fees			
	18. Other professional fees	26,623	24,080	-2,543
	19. Occupancy, rent, utilities, and maintenance	148,220	150,850	2,630
	20. Depreciation and Depletion	51,700	55,276	3,576
	21. Other expenses	7,620,825	6,546,831	-1,073,994
	22. Total expenses. Add lines 13 through 21	9,399,076	8,316,809	-1,082,267
	23. Excess or (Deficit). Subtract line 22 from line 12	-356,931	-38,531	318,400
Other Information	24. Total exempt revenue	9,042,145	8,278,278	-763,867
	25. Total unrelated revenue			
	26. Total excludable revenue	43,829	32,029	-11,800
	27. Total assets	3,324,861	3,273,910	-50,951
	28. Total liabilities	54,355	58,071	3,716
	29. Retained earnings	3,270,506	3,215,839	-54,667
	30. Number of voting members of governing body	16	17	
	31. Number of independent voting members of governing body	16	17	
	32. Number of employees	41	39	
	33. Number of volunteers	100	100	

Form 990	Tax Return History	2018
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Name CENTER FOR FOOD ACTION IN NEW JERSE	Employer Identification Number 22-2189072
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	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants		7,969,150	8,911,599	8,728,336	8,029,877	8,029,877
Membership dues						
Program service revenue						
Capital gain or loss		24,233	-2,119	32,519	-1,467	-1,467
Investment income		35,346	20,163	11,310	33,496	33,496
Fundraising revenue (income/loss)		220,716	346,345	269,980	216,372	216,372
Gaming revenue (income/loss)						
Other revenue						
Total revenue		8,249,445	9,275,988	9,042,145	8,278,278	8,278,278
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.		132,826				
Other compensation		1,226,703	1,465,605	1,551,708	1,539,772	1,539,772
Professional fees		34,165	20,870	26,623	24,080	24,080
Occupancy costs		146,740	147,708	148,220	150,850	150,850
Depreciation and depletion		51,520	51,297	51,700	55,276	55,276
Other expenses		7,077,667	7,362,970	7,620,825	6,546,831	6,546,831
Total expenses		8,669,621	9,048,450	9,399,076	8,316,809	8,316,809
Excess or (Deficit)		-420,176	227,538	-356,931	-38,531	-38,531
Total exempt revenue		8,249,445	9,275,988	9,042,145	8,278,278	8,278,278
Total unrelated revenue						
Total excludable revenue		59,579	18,044	43,829	32,029	32,029
Total Assets		3,470,588	3,719,500	3,324,861	3,273,910	3,273,910
Total Liabilities		43,442	43,730	54,355	58,071	58,071
Net Fund Balances		3,427,146	3,675,770	3,270,506	3,215,839	3,215,839

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST AND DIVIDEND INCOME	\$ <u>33,496</u>					
TOTAL	\$ <u><u>33,496</u></u>					

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
PRINTING EXPENSE	\$ 35,945	\$	\$ 21,567	\$ 14,378
UTILITIES	35,884	30,868	5,016	
TELEPHONE	23,953	14,414	9,539	
POSTAGE EXPENSE	14,891	521	8,413	5,957
BANK CHARGES	10,212		10,212	
DUES AND SUBSCRIPTIONS	9,755		9,755	
STAFF TRAINING	2,551	2,551		
TOTAL	\$ <u>133,191</u>	\$ <u>48,354</u>	\$ <u>64,502</u>	\$ <u>20,335</u>

Schedule A, Part III, Line 1(e)

Description	Amount
FEDERAL STATE COUNTY GRANTS	\$ 854,158
IN KIND FOOD CONTRIBUTION	5,036,371
IN KIND RENT CONTRIBUTION	55,200
DIRECT PUBLIC SUPPORT	655,313
INDIRECT PUBLIC SUPPORT	585,532
ORITANI BANK	
CASH CONTRIBUTION	53,147
GEORGE LINK FOUNDATION, INC.	
CASH CONTRIBUTION	50,000
FOOD RESEARCH & ACTION CENTER, INC.	
CASH CONTRIBUTION	45,000
FOOD RESEARCH & ACTION CENTER, INC.	
CASH CONTRIBUTION	40,000
INSERRA SUPERMARKETS, INC.	
CASH CONTRIBUTION	30,350
COMPANION ANIMAL ADVOCATES	
CASH CONTRIBUTION	30,000
HENRY & MARILYN TAUB FOUNDATION	
CASH CONTRIBUTION	30,000
TUSK STRATEGIES, INC.	
CASH CONTRIBUTION	25,000
KAPLEN FOUNDATION	
CASH CONTRIBUTION	20,000
KAPLEN FOUNDATION	
CASH CONTRIBUTION	20,000
ROBERT AX	
CASH CONTRIBUTION	20,000
RINGWOOD HUNGER WALK, INC	
CASH CONTRIBUTION	16,921
ESTATE OF ELLEN RAIMERT	
CASH CONTRIBUTION	16,018
THE HOPE FOUNDATION	
CASH CONTRIBUTION	15,000
FOOD RESEARCH & ACTION CENTER, INC.	
CASH CONTRIBUTION	15,000
SEIX INVESTMENT ADVISORS	
CASH CONTRIBUTION	14,306
HARRIS FOUNDATION	

Schedule A, Part III, Line 1(e) (continued)

Description	Amount
CASH CONTRIBUTION	\$ 13,500
COMMUNITY FOUNDATION OF NEW JERSEY	
CASH CONTRIBUTION	10,796
PARTNERS FOR HEALTH, INC.	
CASH CONTRIBUTION	10,000
NATIONAL COUNCIL OF JEWISH WOMAN	
CASH CONTRIBUTION	10,000
BANK OF NEW YORK MELLON	
CASH CONTRIBUTION	10,000
ED CROWE	
CASH CONTRIBUTION	10,000
GREAT ESTATE ON RINGWOOD, LLC	
CASH CONTRIBUTION	10,000
ADVOCATES FOR CHILDREN OF NJ	
CASH CONTRIBUTION	10,000
MARYANN RICH	
CASH CONTRIBUTION	10,000
THE TJX FOUNDATION	
CASH CONTRIBUTION	10,000
ANDY BELLINA	
CASH CONTRIBUTION	10,000
MARCELLO & GRAZIANO ROVIARO FOUNDATI	
CASH CONTRIBUTION	10,000
NATIONAL COUNCIL OF JEWISH WOMAN	
CASH CONTRIBUTION	10,000
FREDERICK & ILSE GRUNWALD	
CASH CONTRIBUTION	10,000
KPMG	
CASH CONTRIBUTION	7,965
COMPANION ANIMAL ADVOCATES	
CASH CONTRIBUTION	7,800
OPEN SOCIETY INSTITUTE	
CASH CONTRIBUTION	7,500
WHOLE FOODS	
CASH CONTRIBUTION	7,500
VALLEY HEALTH	
CASH CONTRIBUTION	7,500
MARK & BE METZGER	

Schedule A, Part III, Line 1(e) (continued)

Description	Amount
CASH CONTRIBUTION	\$ 7,000
COMMUNITY CHEST OF LEONIA	
CASH CONTRIBUTION	6,500
FOUNDATION OF NORTHERN NJ	
CASH CONTRIBUTION	6,276
OPEN SOCIETY INSTITUTE	
CASH CONTRIBUTION	6,000
OUR LADY OF MT. CARMEL CHURCH	
CASH CONTRIBUTION	5,873
OPEN SOCIETY INSTITUTE	
CASH CONTRIBUTION	5,700
ANNIE HAUSMANN	
CASH CONTRIBUTION	5,000
NEW WORLD SALES, INC.	
CASH CONTRIBUTION	5,000
FOOD RESEARCH & ACTION CENTER, INC.	
CASH CONTRIBUTION	5,000
THE SHAPIRO FAMILY FOUNDATION	
CASH CONTRIBUTION	5,000
STRATTON CHARITABLE FOUNDATION	
CASH CONTRIBUTION	5,000
ORITANI BANK	
CASH CONTRIBUTION	5,000
LDL PETERSON FUND	
CASH CONTRIBUTION	5,000
ROBERT AX	
CASH CONTRIBUTION	5,000
THELMA FEDELE	
CASH CONTRIBUTION	5,000
ALAN & CAR WOODWARD	
CASH CONTRIBUTION	5,000
RUKIN FOUNDATION	
CASH CONTRIBUTION	5,000
KURTZ FAMILY FOUNDATION	
CASH CONTRIBUTION	5,000
CARL & NAN GLAESER	
CASH CONTRIBUTION	5,000
WELL FARGO FOUNDATION	

Schedule A, Part III, Line 1(e) (continued)

Description	Amount
CASH CONTRIBUTION	\$ 5,000
HAYMARKET MEDIA, INC.	
CASH CONTRIBUTION	5,000
DONNA ORLANDO	
CASH CONTRIBUTION	5,000
EASTWICK COLLEGE	
CASH CONTRIBUTION	5,000
SANDRA BISHOP	
CASH CONTRIBUTION	5,000
EASTERN BERGEN BOARD OF REALTORS	
CASH CONTRIBUTION	5,000
VENTURES	
CASH CONTRIBUTION	75,000
M&T CHARITABLE FOUNDATION	
CASH CONTRIBUTION	7,500
PGA TOUR, INC	
CASH CONTRIBUTION	5,151
TOTAL	<u>\$ 8,029,877</u>

Schedule A, Part III, Line 2(e)

Description	Amount
INTEREST AND DIVIDEND INCOME	\$ 33,496
GALA	216,372
GOLF OUTING	
5	
TOTAL	<u>\$ 249,868</u>