

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning _____, and ending _____

**CENTER FOR FOOD ACTION IN NEW
JERSEY**

22-2189072

Net Asset / Fund Balance at Beginning of Year		<u>3,166,892</u>
Revenue		
Contributions	<u>11,670,092</u>	
Program service revenue	<u> </u>	
Investment income	<u>20,236</u>	
Capital gain / loss	<u> </u>	
Fundraising / Gaming:		
Gross revenue	<u>129,116</u>	
Direct expenses	<u> </u>	
Net income	<u>129,116</u>	
Other income	<u>313,767</u>	
Total revenue		<u>12,133,211</u>
Expenses		
Program services	<u>8,839,324</u>	
Management and general	<u>611,631</u>	
Fundraising	<u>216,731</u>	
Total expenses		<u>9,667,686</u>
Excess / (deficit)		<u>2,465,525</u>
Changes		<u>-22,885</u>
Net Asset / Fund Balance at End of Year		<u>5,609,532</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>12,133,211</u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u>12,133,211</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>9,667,686</u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u>9,667,686</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>3,242,978</u>	<u>5,839,147</u>	
Liabilities	<u>76,086</u>	<u>229,615</u>	
Net assets	<u>3,166,892</u>	<u>5,609,532</u>	<u>2,442,640</u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/15/21
Failure to file penalty _____

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Form 8879-EO

For calendar year 2020, or fiscal year beginning, 2020, and ending, 20

2020

Department of the Treasury Internal Revenue Service

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

Name of exempt organization or person subject to tax CENTER FOR FOOD ACTION IN NEW JERSEY

Taxpayer identification number 22-2189072

Name and title of officer or person subject to tax 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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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.

Table with 2 columns: Line number and Amount. Line 1a: Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 12,133,211

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above organization or [] I am a person subject to tax with respect to (name of organization), (EIN) and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize JVA Accountants & Advisors LLC to enter my PIN 89072 as my signature. Enter five numbers, but do not enter all zeros

on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax } Date } 05/26/21

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 2020 electronically filed return 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 } 05/26/21

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

Form **990**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2020 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **CENTER FOR FOOD ACTION IN NEW JERSEY**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **192 WEST DEMAREST AVENUE**
 City or town, state or province, country, and ZIP or foreign postal code: **ENGLEWOOD NJ 07631**

D Employer identification number: **22-2189072**

E Telephone number: **201-569-1804**

F Name and address of principal officer:
PATRICIA ESPY
192 WEST DEMAREST AVENUE
ENGLEWOOD NJ 07631

G Gross receipts\$ **12,133,211**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **CFANJ.ORG** **H(c)** Group exemption number **u** _____

K Form of organization: Corporation Trust Association Other **u** _____ **L** Year of formation: **1976** **M** State of legal domicile: **NJ**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CENTER FOR FOOD ACTION PROVIDES EMERGENCY AND SUPPLEMENTARY FOOD PACKAGES TO LOW INCOME INDIVIDUALS AND FAMILIES AND ASSISTS THEM WITH THEIR HOUSING AND UTILITY COSTS WHILE WORKING TO REDUCE HUNGER AND HOMELESSNESS		
	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 2020 (Part V, line 2a)	5	37
	6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	8,218,252	11,670,092
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	38,152	20,236
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	191,267	442,883
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,447,671	12,133,211
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)	1,582,757	1,775,963
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 216,731		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,944,992	7,891,723
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,527,749	9,667,686	
19 Revenue less expenses. Subtract line 18 from line 12	-80,078	2,465,525	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,242,978	End of Year 5,839,147
	21 Total liabilities (Part X, line 26)	76,086	229,615
	22 Net assets or fund balances. Subtract line 21 from line 20	3,166,892	5,609,532

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: **PATRICIA ESPY** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **JOSEPH VELOCCI, CPA** Preparer's signature: **JOSEPH VELOCCI, CPA** Date: **05/26/21** Check if self-employed PTIN: **P00057374**

Firm's name: **JVA Accountants & Advisors LLC** Firm's EIN: **27-2628827**
 Firm's address: **15 Broadway Denville, NJ 07834-2703** Phone no.: **973-620-9607**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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:

CENTER FOR FOOD ACTION PROVIDES EMERGENCY AND SUPPLEMENTARY FOOD PACKAGES TO LOW INCOME INDIVIDUALS AND FAMILIES AND ASSISTS THEM WITH THEIR HOUSING AND UTILITY COSTS WHILE WORKING TO REDUCE HUNGER AND HOMELESSNESS

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 \$ **8,770,257** including grants of \$) (Revenue \$)

CENTER FOR FOOD ACTION PROVIDES EMERGENCY AND SUPPLEMENTARY FOOD PACKAGES TO LOW INCOME INDIVIDUALS AND FAMILIES AND ASSISTS THEM WITH THEIR HOUSING AND UTILITY COSTS WHILE WORKING TO REDUCE HUNGER AND HOMELESSNESS

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

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

4d Other program services (Describe on Schedule O.)
(Expenses \$ **69,067** including grants of \$) (Revenue \$)

4e Total program service expenses **u 8,839,324**

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 donor-restricted endowments or in 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?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 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
25b			X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			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
34			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>		
35b			
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		
1a			6
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c		X	

		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		37
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)		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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 on 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 on 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 on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent		
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, 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
b	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:		
a	The governing body?	X	
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 on 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
b	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
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	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?		
a	The organization's CEO, Executive Director, or top management official	X	
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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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 on Schedule O)

19 Describe on 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
192 WEST DEMAREST AVENUE
ENGLEWOOD 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. See instructions for the order in which to list the persons above.

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) PATRICIA ESPY EXECUTIVE DIRECTOR	40.00 0.00			X				160,668	0	0
(2) DOROTHY ANDERSON TREASURER	5.00 0.00	X		X				0	0	0
(3) CYNTHIA JOHNSON BARBATO PRESIDENT	5.00 0.00	X		X				0	0	0
(4) WALTON CLARK SECRETARY	5.00 0.00	X		X				0	0	0
(5) AMY EDMONDS DIRECTOR	2.00 0.00	X						0	0	0
(6) PHYLLIS BROWN EDWARDS DIRECTOR	2.00 0.00	X						0	0	0
(7) SHELLY ELEBY DIRECTOR	2.00 0.00	X						0	0	0
(8) ANTHONY FASCIANO DIRECTOR	2.00 0.00	X						0	0	0
(9) MENEN MATHIA FREDERICKS VICE PRESIDENT	5.00 0.00	X		X				0	0	0
(10) VERONICA HERNANDEZ DIRECTOR	2.00 0.00	X						0	0	0
(11) DEBORAH KLEIN DIRECTOR	2.00 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 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) LINDA KLIGMAN	2.00									
DIRECTOR	0.00	X						0	0	0
(13) PHILIP KONORT	2.00									
DIRECTOR	0.00	X						0	0	0
(14) MARCIA LEVY	2.00									
DIRECTOR	0.00	X						0	0	0
(15) LAUREN MCCGOVERN	2.00									
DIRECTOR	0.00	X						0	0	0
(16) MICHEAL MURPHY	2.00									
DIRECTOR	0.00	X						0	0	0
(17) DEENA ROSENTHAL	2.00									
DIRECTOR	0.00	X						0	0	0
(18) STEPHEN SELVER	2.00									
DIRECTOR	0.00	X						0	0	0
(19) DAVID YORK	2.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal								160,668		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								160,668		

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, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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	951,226			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,718,866			
	g Noncash contributions included in lines 1a-1f	1g	\$ 6,004,058			
	h Total. Add lines 1a-1f	u	11,670,092			
	Program Service Revenue	2a	Business 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	20,236	20,236		
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	6a	(i) Real			
			(ii) Personal			
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities			
			(ii) Other			
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
d Net gain or (loss)	u					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a		129,116			
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events	u	129,116				
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	11a SBA PPP LOAN FORGIVENESS	Business Code	313,767	313,767		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	u	313,767			
12 Total revenue. See instructions	u	12,133,211	334,003	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	1,441,392	1,112,265	220,616	108,511
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	219,602	169,458	33,612	16,532
10 Payroll taxes	114,969	88,717	17,617	8,635
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	19,533		19,533	
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	153,775	39,062	82,160	32,553
14 Information technology				
15 Royalties				
16 Occupancy	129,274	98,074	31,200	
17 Travel	33,781	28,229	5,552	
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	70,653	32,822	37,831	
23 Insurance	104,329		104,329	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD DISTRIBUTION	6,544,540	6,544,540		
b EMERGENCY SERVICE	640,330	640,330		
c EVENT AND PROGRAM EXPENSE	50,500			50,500
d MAINTENANCE AND REPAIR	38,138	35,322	2,816	
e All other expenses	106,870	50,505	56,365	
25 Total functional expenses. Add lines 1 through 24e	9,667,686	8,839,324	611,631	216,731
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 checked="" 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	1,349,585	1	3,532,929
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	358,126	3	597,354
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	80,638	7	224,558
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,052,345		
	10b	Less: accumulated depreciation	1,128,136	10c	924,209
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	573,764	12	560,097
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	3,242,978	16	5,839,147	
Liabilities	17	Accounts payable and accrued expenses	76,086	17	79,615
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	150,000
	26	Total liabilities. Add lines 17 through 25	76,086	26	229,615
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	3,124,034	27	5,609,532
	28	Net assets with donor restrictions	42,858	28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	3,166,892	32	5,609,532
33	Total liabilities and net assets/fund balances	3,242,978	33	5,839,147	

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	12,133,211
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,667,686
3	Revenue less expenses. Subtract line 2 from line 1	3	2,465,525
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,166,892
5	Net unrealized gains (losses) on investments	5	-22,885
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,609,532

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 on 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 on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

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

u Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CENTER FOR FOOD ACTION IN NEW JERSEY

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 331/3% 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,911,599	8,728,336	8,029,877	8,218,252	11,670,092	45,558,156
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	366,508	281,290	249,868	229,419	463,119	1,590,204
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	9,278,107	9,009,626	8,279,745	8,447,671	12,133,211	47,148,360
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.)						47,148,360

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	9,278,107	9,009,626	8,279,745	8,447,671	12,133,211	47,148,360
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)	9,278,107	9,009,626	8,279,745	8,447,671	12,133,211	47,148,360

14 First 5 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.92 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2020. 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—2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 lines 5b and 5c 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 line 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)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described in line 11a above?	11b	
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

		Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3	By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2	Activities Test. <i>Answer lines 2a and 2b below.</i>		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

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 0.015 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 0.035.	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 0.85 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—provide details in Part VI)	
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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

**CENTER FOR FOOD ACTION IN NEW
JERSEY**

Employer identification number

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

CENTER FOR FOOD ACTION IN NEW

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
1	ORITANI BANK 370 PASCACK ROAD WASHINGTON TOWNSHIP NJ 07676	\$ 400,000	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	\$ 249,031	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	HENRY & MARILYN TAUB FOUNDATION 300 FRANK W. BURR BOULEVARD 7TH FLOOR TEANECK NJ 07666	\$ 71,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	KAPLEN FOUNDATION P.O. BOX 792 TENAFLY NJ 07670	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	HARRIS FOUNDATION 1025 WEST NASA BOULEVARD MELBOURNE FL 32919	\$ 15,000	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

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
7	ADVOCATES FOR CHILDREN OF NJ 35 HALSEY STREET 2ND FLOOR NEWARK NJ 07102	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	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.)
9	THE SHAPIRO FAMILY FOUNDATION 252 HIGHWOOD AVENUE 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	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.)
11	EASTERN BERGEN BOARD OF REALTORS 411 ROUTE 17 SOUTH HASBROUCK HEIGHTS NJ 07604	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	COMMUNITY CHEST OF ENGLEWOOD 122 S VAN BRUNT ST ENGLEWOOD NJ 07631	\$ 10,500	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

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
13	SARAH SCHIEFFELIN RESIDUSRY TRUST PO BOX 185 PITTSBURGH PA 15230	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	VERMONT COMMUNITY FOUNDATION 3 COURT ST MIDDLEBURY VT 05753	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	BROOK FUND INC 182 W ALLENDALE AVE ALLENDALE NJ 07401	\$ 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	MARCELLO & GRAIANO ROVIARO FOUNDATIO 72 EAGLE ROCK AVE EAST HANOVER NJ 07936	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	KEARNEY BANK FOUNDATION 120 PASSAIC AVE FAIRFIELD NJ 07004	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	NEW YORK GIANTS FOOTBALL ONE MET LIFE STADIUM DR EAST RUTHERFORD NJ 07073	\$ 65,000	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

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
19	LAKELAND BANK 250 OAK RIDGE RD OAKRIDGE NJ 07438	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	COMMUNITY FOUNDATION OF NJ 35 KNOX HILL RD MORRISTOWN NJ 07960	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	BECTON DICKINSON & COMPANY 18-03 NJ 208 FRANKLIN LAKES NJ 07417	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	STRYKER ORTHOPAEDICS 325 CORPORATE DR MAHWAH NJ 07430	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	VALLEY BANK 1400 VALLEY RD WAYNE NJ 07470	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	INTERNATIONAL EXCHANGE HOLDINGS INC 60 BROAD STREET NEW YORK NY 10001	\$ 50,000	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

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	LES PAUL FOUNDATION 236 W 30TH ST NEW YORK NY 10001	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	ORANGE & ROCKLAND UTILITIES 390 NY 59 SPRING VALLEY NY 10977	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	WELLS FARGO FOUNDTION 733 S MARGUETTE AVE MINNEAPOLIS MN 55402	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	NETWORK FOR GOOD 1140 CONNECTICUT AVE WASHINGTON DC 20036	\$ 11,953	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	UNITED WAY OF BERGEN COUNTY 6 FOREST AVE PARAMUS NJ 07652	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	M&T CHARITABLE FOUNDTION 2608 GENESEE ST UTICA NY 13502	\$ 20,000	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

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
31	REINVESTMENT FUND HFNJ 1700 MARKET ST PHILADELPHIA PA 19103	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	BANK OF NY MELLON COMMUNITY PARTNER PO BOX 185 PITTSBURGH PA 15230	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	SPENCER SAVINGS BANK 611 RIVER DR ELMWOOD PARK NJ 07407	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	MICKEY CAPELLI FOUNDATION 160 HUDSON TERR PIERMONT NY 10968	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	UPS FOUNDATION 55 GLENLAKE PKWY ATLANTA GA 30328	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	RUSSELL BERRIE FOUNDATION 300 FRANK W BURR BLVD TEANECK NJ 07666	\$ 30,000	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

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	OWENS GROUP FOUNDATION 3 COLUMBUS CIRCLE NEW YORK NY 10019	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	ENGLEWOOD HOSPITAL & MEDICAL CENTER 350 ENGLE ST ENGLEWOOD NJ 07631	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	STADLER FAMILY CHARITABLE FIUNDATION PO BOX 2074 PRINCETON NJ 08543	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	BEATMAN FOUNDATION 210 THOMPSON ST NEW YORK NY 10012	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	LENOBLE LUMBER 38-20 REVIEW AVE LONG ISLAND CITY NY 11101	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	BROADRIDGE 605 THIRD AVE NEW YORK NY 10158	\$ 25,000	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

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	MARYANN RICH 15 ACADEMY LANE DEMAREST NJ 07627	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	JT INTERNATIONAL USA INC 300 FRANK W BURR BLVD TEANECK NJ 07666	\$ 9,985	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	NATIONAL COUNCIL OF JEWISH WOMAN 75 WASHINGTON AVE BERGENFIELD NJ 07621	\$ 5,000	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

2020

Open to Public Inspection

Name of the organization

CENTER FOR FOOD ACTION IN NEW JERSEY

Employer identification number

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 number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Question number, Description, Held at the End of the Tax Year. Includes questions 1-8 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, Amount. Includes questions 1a, 1b, 2, a, b regarding 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 make 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 program
- 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:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
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 Term 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:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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		273,243	1,128,136	-854,893
e Other		361,259		361,259
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	890,012

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	560,097	Market
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	560,097	

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.)		

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.)	

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) SBA PPP LOAN PAYABLE	150,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	150,000

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 FASB 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 12,133,211.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 9,667,686.

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.

Series of horizontal dotted lines for providing supplemental information.

Part XIII Supplemental Information *(continued)*

Lined area for supplemental information with horizontal dotted lines.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

CENTER FOR FOOD ACTION IN NEW JERSEY

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.

.....

.....

.....

.....

.....

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
		<u>GALA</u> (event type)	 (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	129,116		129,116
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	129,116		129,116
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)				129,116

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:

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name **u**

Address **u**

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization **u** \$ and the amount of gaming revenue retained by the third party **u** \$

c If "Yes," enter name and address of the third party:

Name **u**

Address **u**

16 Gaming manager information:

Name **u**

Gaming manager compensation **u** \$

Description of services provided **u**

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year **u** \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

CENTER FOR FOOD ACTION IN NEW JERSEY

Employer identification number
22-2189072

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **X**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **X**
- c** Participate in or receive payment from an equity-based compensation arrangement? **X**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **X**
- b** Any related organization? **X**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **X**
- b** Any related organization? **X**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **X**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **X**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PATRICIA ESPY EXECUTIVE DIRECTOR	(i)	160,668	0	0	0	160,668	0
	(ii)	0	0	0	0	0	0
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

**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
JERSEY**

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	5,976,458	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u ()	X	1	27,600	
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

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?

	Yes	No
30a		X
31		X
32a		X
33		

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

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

2020

**Open to Public
Inspection**

Name of the organization

**CENTER FOR FOOD ACTION IN NEW
JERSEY**

Employer identification number

22-2189072

Form 990, Part III, Line 4d - All Other Accomplishments

**CENTER FOR FOOD ACTION PROVIDES EMERGENCY AND SUPPLEMENTARY FOOD PACKAGES
TO LOW INCOME INDIVIDUALS AND FAMILIES AND ASSISTS THEM WITH THEIR HOUSING
AND UTILITY COSTS WHILE WORKING TO REDUCE HUNGER AND HOMELESSNESS**

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

**THE EXECUTIVE DIRECTOR RECIVES 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)

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

2020

Attachment
Sequence No. **179**

Name(s) shown on return **CENTER FOR FOOD ACTION IN NEW JERSEY**

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	1,040,000
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	2,590,000
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 2019 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 2021. 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	70,653

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 2020	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 checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2020 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 2020 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	70,653
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.

Form **4562** (2020)

22-2189072

Federal Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	Building	1/19/95	366,632			366,632	20 MO S/L	366,632	0
3	1997 Ford Ecoline	3/17/98	20,986			20,986	5 MO S/L	20,986	0
4	2014 Isuzu NPR	9/10/03	35,200			35,200	5 MO S/L	35,200	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	291,197	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	8,870	0
52	Heating System	9/06/12	16,100			16,100	10 MO S/L	11,807	1,610
53	Fork Lift	9/25/13	24,068			24,068	7 MO S/L	21,489	2,579
54	Walk-in- Cooler	10/17/13	6,692			6,692	15 MO S/L	2,751	446
55	Refrigerator	12/04/13	1,860			1,860	5 MO S/L	1,860	0
56	2014 Isuzu NQR	9/25/14	69,094			69,094	5 MO S/L	69,094	0
57	Electric Walkie Pallet Forklift	11/30/15	4,000			4,000	10 MO S/L	1,633	400
58	Jennifer Laptop	4/30/15	1,549			1,549	5 MO S/L	1,446	103
59	Patricia Laptop	4/30/15	1,064			1,064	5 MO S/L	993	71
60	Melissa Laptop	4/30/15	1,004			1,004	5 MO S/L	937	67
61	Automatic Ice Maker	9/01/15	2,111			2,111	5 MO S/L	1,830	281
62	Computer Monitors	3/28/16	1,795			1,795	5 MO S/L	1,346	359
63	Software	6/25/16	6,863			6,863	5 MO S/L	4,804	1,373
64	Walk in Storage	5/05/17	6,670			6,670	10 MO S/L	1,779	667
65	Walk in Refrigerator	9/18/17	34,480			34,480	10 MO S/L	7,758	3,448
66	Electric Pallet Forklift	9/18/17	3,500			3,500	10 MO S/L	788	350
67	Firewall	5/23/18	4,588			4,588	5 MO S/L	1,453	917
68	Internet Wiring	10/23/19	3,800			3,800	7 MO S/L	90	543
69	2019 Isuzu NQR	4/12/19	74,894			74,894	5 MO S/L	11,234	14,979
70	Mahwah Addon	10/31/19	34,198			34,198	30 MO S/L	190	1,140

22-2189072

Federal Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
71	2020 ISUZU NQR	1/07/20	75,164			75,164	5 MO S/L	0	15,033
72	Shrink Wrap Machine	12/31/20	6,558			6,558	10 MO S/L	0	0
73	Fork Lift	12/31/20	26,476			26,476	10 MO S/L	0	0
74	Electric Pallet Truck	12/30/20	4,000			4,000	10 MO S/L	0	0
75	CAT 6 Lines	6/05/20	1,800			1,800	5 MO S/L	0	210
	Total Other Depreciation		<u>2,052,349</u>			<u>2,052,349</u>		<u>1,057,485</u>	<u>70,653</u>
	Total ACRS and Other Depreciation		<u>2,052,349</u>			<u>2,052,349</u>		<u>1,057,485</u>	<u>70,653</u>
	Grand Totals		2,052,349			2,052,349		1,057,485	70,653
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>2,052,349</u>			<u>2,052,349</u>		<u>1,057,485</u>	<u>70,653</u>

22-2189072

NJ Asset Report

FYE: 12/31/2020

Form 990, Page 1

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
3	1997 Ford Ecoline	3/17/98	20,986	20,986	20,986	0	0	0
4	2014 Isuzu NPR	9/10/03	35,200	35,200	35,200	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	291,197	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	8,870	0	0	0
52	Heating System	9/06/12	16,100	16,100	11,807	1,610	1,610	0
53	Fork Lift	9/25/13	24,068	24,068	21,489	2,579	2,579	0
54	Walk-in- Cooler	10/17/13	6,692	6,692	2,751	446	446	0
55	Refrigerator	12/04/13	1,860	1,860	1,860	0	0	0
56	2014 Isuzu NQR	9/25/14	69,094	69,094	69,094	0	0	0
57	Electric Walkie Pallet Forklift	11/30/15	4,000	4,000	1,633	400	400	0
58	Jennifer Laptop	4/30/15	1,549	1,549	1,446	103	103	0
59	Patricia Laptop	4/30/15	1,064	1,064	993	71	71	0
60	Melissa Laptop	4/30/15	1,004	1,004	937	67	67	0
61	Automatic Ice Maker	9/01/15	2,111	2,111	1,830	281	281	0
62	Computer Monitors	3/28/16	1,795	1,795	1,346	359	359	0
63	Software	6/25/16	6,863	6,863	4,804	1,373	1,373	0
64	Walk in Storage	5/05/17	6,670	6,670	1,779	667	667	0
65	Walk in Refrigerator	9/18/17	34,480	34,480	7,758	3,448	3,448	0
66	Electric Pallet Forklift	9/18/17	3,500	3,500	788	350	350	0
67	Firewall	5/23/18	4,588	4,588	1,453	917	917	0
68	Internet Wiring	10/23/19	3,800	3,800	90	543	543	0
69	2019 Isuzu NQR	4/12/19	74,894	74,894	11,234	14,979	14,979	0
70	Mahwah Addon	10/31/19	34,198	34,198	190	1,140	1,140	0

22-2189072

NJ Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NJ Prior	NJ Current	Federal Current	Difference Fed - NJ
71	2020 ISUZU NQR	1/07/20	75,164	75,164	0	15,033	15,033	0
72	Shrink Wrap Machine	12/31/20	6,558	6,558	0	0	0	0
73	Fork Lift	12/31/20	26,476	26,476	0	0	0	0
74	Electric Pallet Truck	12/30/20	4,000	4,000	0	0	0	0
75	CAT 6 Lines	6/05/20	1,800	1,800	0	210	210	0
Total Other Depreciation			<u>2,052,349</u>	<u>2,052,349</u>	<u>1,057,485</u>	<u>70,653</u>	<u>70,653</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>2,052,349</u>	<u>2,052,349</u>	<u>1,057,485</u>	<u>70,653</u>	<u>70,653</u>	<u>0</u>
Grand Totals			2,052,349	2,052,349	1,057,485	70,653	70,653	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>2,052,349</u>	<u>2,052,349</u>	<u>1,057,485</u>	<u>70,653</u>	<u>70,653</u>	<u>0</u>

22-2189072

AMT Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	Building	1/19/95	0			0 0	HY	0	0
3	1997 Ford Ecoline	3/17/98	0			0 0	HY	0	0
4	2014 Isuzu NPR	9/10/03	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 Stack	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	1,633	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
68	Internet Wiring	10/23/19	0			0 0	HY	0	0
69	2019 Isuzu NQR	4/12/19	0			0 0	HY	0	0
70	Mahwah Addon	10/31/19	0			0 0	HY	0	0

22-2189072

AMT Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
71	2020 ISUZU NQR	1/07/20	0			0	0 HY	0	0
72	Shrink Wrap Machine	12/31/20	0			0	0 HY	0	0
73	Fork Lift	12/31/20	0			0	0 HY	0	0
74	Electric Pallet Truck	12/30/20	0			0	0 HY	0	0
75	CAT 6 Lines	6/05/20	0			0	0 HY	0	0
	Total Other Depreciation		<u>4,000</u>			<u>4,000</u>		<u>1,633</u>	<u>400</u>
	Total ACRS and Other Depreciation		<u>4,000</u>			<u>4,000</u>		<u>1,633</u>	<u>400</u>
	Grand Totals		4,000			4,000		1,633	400
	Less: Dispositions and Transfers		0			0		0	0
	Net Grand Totals		<u>4,000</u>			<u>4,000</u>		<u>1,633</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>
There are no assets that meet the criteria of this report						

22-2189072

Future Depreciation Report**FYE: 12/31/21**

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Building	1/19/95	366,632	0	0
3	1997 Ford Ecoline	3/17/98	20,986	0	0
4	2014 Isuzu NPR	9/10/03	35,200	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	26,077	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	0	0
52	Heating System	9/06/12	16,100	1,610	0
53	Fork Lift	9/25/13	24,068	0	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	0	0
57	Electric Walkie Pallet Forklift	11/30/15	4,000	400	400
58	Jennifer Laptop	4/30/15	1,549	0	0
59	Patricia Laptop	4/30/15	1,064	0	0
60	Melissa Laptop	4/30/15	1,004	0	0
61	Automatic Ice Maker	9/01/15	2,111	0	0
62	Computer Monitors	3/28/16	1,795	90	0
63	Software	6/25/16	6,863	686	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
68	Internet Wiring	10/23/19	3,800	543	0
69	2019 Isuzu NQR	4/12/19	74,894	14,978	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
70	Mahwah Addon	10/31/19	34,198	1,140	0
71	2020 ISUZU NQR	1/07/20	75,164	15,032	0
72	Shrink Wrap Machine	12/31/20	6,558	656	0
73	Fork Lift	12/31/20	26,476	2,648	0
74	Electric Pallet Truck	12/30/20	4,000	400	0
75	CAT 6 Lines	6/05/20	1,800	360	0
	Total Other Depreciation		<u>2,052,349</u>	<u>70,449</u>	<u>400</u>
	Total ACRS and Other Depreciation		<u>2,052,349</u>	<u>70,449</u>	<u>400</u>
	Grand Totals		<u>2,052,349</u>	<u>70,449</u>	<u>400</u>

Asset	Description	Date In Service	Cost	NJ	NJ AMT
Other Depreciation:					
1	Building	1/19/95	366,632	0	0
3	1997 Ford Ecoline	3/17/98	20,986	0	0
4	2014 Isuzu NPR	9/10/03	35,200	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	26,077	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	0	0
52	Heating System	9/06/12	16,100	1,610	0
53	Fork Lift	9/25/13	24,068	0	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	0	0
57	Electric Walkie Pallet Forklift	11/30/15	4,000	400	400
58	Jennifer Laptop	4/30/15	1,549	0	0
59	Patricia Laptop	4/30/15	1,064	0	0
60	Melissa Laptop	4/30/15	1,004	0	0
61	Automatic Ice Maker	9/01/15	2,111	0	0
62	Computer Monitors	3/28/16	1,795	90	0
63	Software	6/25/16	6,863	686	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
68	Internet Wiring	10/23/19	3,800	543	0
69	2019 Isuzu NQR	4/12/19	74,894	14,978	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>NJ</u>	<u>NJ AMT</u>
70	Mahwah Addon	10/31/19	34,198	1,140	0
71	2020 ISUZU NQR	1/07/20	75,164	15,032	0
72	Shrink Wrap Machine	12/31/20	6,558	656	0
73	Fork Lift	12/31/20	26,476	2,648	0
74	Electric Pallet Truck	12/30/20	4,000	400	0
75	CAT 6 Lines	6/05/20	1,800	360	0
	Total Other Depreciation		<u>2,052,349</u>	<u>70,449</u>	<u>400</u>
	Total ACRS and Other Depreciation		<u>2,052,349</u>	<u>70,449</u>	<u>400</u>
	Grand Totals		<u>2,052,349</u>	<u>70,449</u>	<u>400</u>

Form 990		Two Year Comparison Report		2019 & 2020
Name		For calendar year 2020, or tax year beginning		ending
Name		Taxpayer Identification Number		
CENTER FOR FOOD ACTION IN NEW JERSEY		22-2189072		
		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	1. 7,349,305	10,718,866	3,369,561
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 868,947	951,226	82,279
	4. Program service revenue	4.		
	5. Investment income	5. 38,152	20,236	-17,916
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. 191,267	129,116	-62,151
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.	313,767	313,767
	12. Total revenue. Add lines 1 through 11	12. 8,447,671	12,133,211	3,685,540
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 1,582,757	1,775,963	193,206
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 21,186	19,533	-1,653
	19. Occupancy, rent, utilities, and maintenance	19. 124,738	129,274	4,536
	20. Depreciation and Depletion	20. 62,851	70,653	7,802
	21. Other expenses	21. 6,736,217	7,672,263	936,046
	22. Total expenses. Add lines 13 through 21	22. 8,527,749	9,667,686	1,139,937
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -80,078	2,465,525	2,545,603
Other Information	24. Total exempt revenue	24. 8,447,671	12,133,211	3,685,540
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 38,152	334,003	295,851
	27. Total assets	27. 3,242,978	5,839,147	2,596,169
	28. Total liabilities	28. 76,086	229,615	153,529
	29. Retained earnings	29. 3,166,892	5,609,532	2,442,640
	30. Number of voting members of governing body	30. 17	17	
	31. Number of independent voting members of governing body	31. 17	17	
	32. Number of employees	32. 37	37	
	33. Number of volunteers	33.		

Form 990	Tax Return History	2020
Name CENTER FOR FOOD ACTION IN NEW JERSEY		Employer Identification Number 22-2189072

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	8,911,599	8,728,336	8,029,877	8,218,252	11,670,092	
Membership dues						
Program service revenue						
Capital gain or loss	-2,119	32,519	-1,467			
Investment income	20,163	11,310	33,496	38,152	20,236	
Fundraising revenue (income/loss)	346,345	269,980	216,372	191,267	129,116	
Gaming revenue (income/loss)						
Other revenue					313,767	
Total revenue	9,275,988	9,042,145	8,278,278	8,447,671	12,133,211	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	1,465,605	1,551,708	1,539,772	1,582,757	1,775,963	
Professional fees	20,870	26,623	24,080	21,186	19,533	
Occupancy costs	147,708	148,220	150,850	124,738	129,274	
Depreciation and depletion	51,297	51,700	55,276	62,851	70,653	
Other expenses	7,362,970	7,620,825	6,546,831	6,736,217	7,672,263	
Total expenses	9,048,450	9,399,076	8,316,809	8,527,749	9,667,686	
Excess or (Deficit)	227,538	-356,931	-38,531	-80,078	2,465,525	
Total exempt revenue	9,275,988	9,042,145	8,278,278	8,447,671	12,133,211	
Total unrelated revenue						
Total excludable revenue	18,044	43,829	32,029	38,152	334,003	
Total Assets	3,719,500	3,324,861	3,273,910	3,242,978	5,839,147	
Total Liabilities	43,730	54,355	58,071	76,086	229,615	
Net Fund Balances	3,675,770	3,270,506	3,215,839	3,166,892	5,609,532	

Federal Statements**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	\$ 20,056					
Total	<u>\$ 20,056</u>					

22-2189072

Federal Statements

FYE: 12/31/2020

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
TELEPHONE	\$ 35,346	\$ 22,793	\$ 12,553	\$
UTILITIES	33,149	24,362	8,787	
BANK CHARGES	28,129		28,129	
DUES AND SUBSCRIPTIONS	6,896		6,896	
STAFF TRAINING	3,350	3,350		
Total	<u>\$ 106,870</u>	<u>\$ 50,505</u>	<u>\$ 56,365</u>	<u>\$ 0</u>

Federal Statements

Schedule A, Part III, Line 1(e)

<u>Description</u>	<u>Amount</u>
FEDERAL STATE COUNTY GRANTS	\$ 951,226
IN KIND FOOD CONTRIBUTION	5,976,458
IN KIND RENT CONTRIBUTION	27,600
DIRECT PUBLIC SUPPORT	2,531,438
INDIRECT PUBLIC SUPPORT	711,401
ORITANI BANK	
Cash Contribution	400,000
GEORGE LINK FOUNDATION, INC.	
Cash Contribution	50,000
FOOD RESEARCH & ACTION CENTER, INC.	
Cash Contribution	249,031
HENRY & MARILYN TAUB FOUNDATION	
Cash Contribution	71,000
KAPLEN FOUNDATION	
Cash Contribution	50,000
HARRIS FOUNDATION	
Cash Contribution	15,000
ADVOCATES FOR CHILDRENOF NJ	
Cash Contribution	20,000
COMMUNITY CHEST OF LEONIA	
Cash Contribution	6,500
THE SHAPIRO FAMILY FOUNDATION	
Cash Contribution	20,000
STRATTON CHARITABLE FOUNDATION	
Cash Contribution	5,000
EASTERN BERGEN BOARD OF REALTORS	
Cash Contribution	6,000
COMMUNITY CHEST OF ENGLEWOOD	
Cash Contribution	10,500
SARAH SCHIEFFELIN RESIDUSRY TRUST	
Cash Contribution	10,000
VERMONT COMMUNITY FOUNDATION	
Cash Contribution	10,000
BROOK FUND INC	
Cash Contribution	6,500
MARCELLO & GRAIANO ROVIARO FOUNDATIO	
Cash Contribution	5,000
KEARNEY BANK FOUNDATION	

22-2189072

Federal Statements

FYE: 12/31/2020

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

Description	Amount
Cash Contribution	\$ 20,000
NEW YORK GIANTS FOOTBALL	
Cash Contribution	65,000
LAKELAND BANK	
Cash Contribution	12,500
COMMUNITY FOUNDATION OF NJ	
Cash Contribution	50,000
BECTON DICKINSON & COMPANY	
Cash Contribution	15,000
STRYKER ORTHOPAEDICS	
Cash Contribution	10,000
VALLEY BANK	
Cash Contribution	12,000
INTERNATIONAL EXCHANGE HOLDINGS INC	
Cash Contribution	50,000
LES PAUL FOUNDATION	
Cash Contribution	20,000
ORANGE & ROCKLAND UTILITIES	
Cash Contribution	10,000
WELLS FARGO FOUNDTION	
Cash Contribution	5,000
NETWORK FOR GOOD	
Cash Contribution	11,953
UNITED WAY OF BERGEN COUNTY	
Cash Contribution	5,000
M&T CHARITABLE FOUNDTION	
Cash Contribution	20,000
REINVESTMENT FUND HFNJ	
Cash Contribution	50,000
BANK OF NY MELLON COMMUNITY PARTNER	
Cash Contribution	6,000
SPENCER SAVINGS BANK	
Cash Contribution	10,000
MICKEY CAPELLI FOUNDATION	
Cash Contribution	30,000
UPS FOUNDATION	
Cash Contribution	5,000
RUSSELL BERRIE FOUNDATION	

Federal Statements

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

<u>Description</u>	<u>Amount</u>
Cash Contribution OWENS GROUP FOUNDATION	\$ 30,000
Cash Contribution ENGLEWOOD HOSPITAL & MEDICAL CENTER	10,000
Cash Contribution STADLER FAMILY CHARITABLE FIUNDATION	5,000
Cash Contribution BEATMAN FOUNDATION	10,000
Cash Contribution LENOBLE LUMBER	5,000
Cash Contribution BROADRIDGE	5,000
Cash Contribution MARYANN RICH	25,000
Cash Contribution JT INTERNATIONAL USA INC	25,000
Cash Contribution NATIONAL COUNCIL OF JEWISH WOMAN	9,985
Cash Contribution	5,000
Total	<u>\$ 11,670,092</u>

Schedule A, Part III, Line 2(e)

<u>Description</u>	<u>Amount</u>
INTEREST AND DIVIDEND INCOME	\$ 20,056
REALIZED GAIN ON INVESTMENTS	180
SBA PPP LOAN FORGIVENESS	313,767
GALA	129,116
GOLF OUTING 5	
Total	<u>\$ 463,119</u>