# Form **990** (Rev. January 2020) Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ 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.

Open to Public Inspection

A F	or the	e 2019 calendar year, or tax year beginning and e	ending							
<b>B</b> c	Check if pplicable	C Name of organization INSPIRE-NJ		D Employer identific	cation number					
X	Addre									
F	Name	MILE DECDIE C DAMEDY		46-56484	18					
	Initial return		Room/suite	E Telephone number						
	Final return termir	8 NOTTINGHAM LANE	1100111/34110	732-703-	6724					
_	ated □Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,119,291.					
F	return	MANCHESIER, NO 08/39		H(a) Is this a group re						
	tion pendi	F Name and address of principal officer: FAIRICIA DONAGHOE		for subordinates						
_		SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in						
	Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions)									
		te: N/A	T	H(c) Group exemption						
	orm of	organization: X Corporation	L Year	of formation: ZUI4  N	1 State of legal domicile: NJ					
ГС			DEODI E	'C DANTEDY TO	י חטה					
é	1	Briefly describe the organization's mission or most significant activities: THE ELARGEST AND MOST COMPREHENSIVE RELIEF CENT	WED IN	NEM TEDGEV	o iur					
anc										
ern	l	Check this box if the organization discontinued its operations or dispose		1 . 1	ets.					
9	3			3	6					
∞	4	Number of independent voting members of the governing body (Part VI, line 1b)			3					
ties	l .	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			42					
Activities & Governance	6	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12			0.					
Ac		Net unrelated business taxable income from Form 990-T, line 39			0.					
	_ <u> </u>	Net unrelated business taxable income nominonin 990-1, line 39		Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		2,421,261.	3,110,241.					
ine	9			0.	0.					
evenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.					
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,459.	-11,204.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,423,720.	3,099,037.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	2,985,045.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		146,143.	97,242.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
ben	b	Total fundraising expenses (Part IX, column (D), line 25)	4.	• •						
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,226,901.	54,790.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,373,044.						
	1	Revenue less expenses. Subtract line 18 from line 12		50,676.	-38,040.					
or es		······································	Be	ginning of Current Year	End of Year					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		83,251.	44,811.					
Ass 1 Ba	21	Total liabilities (Part X, line 26)		400.	0.					
Ret	22	Net assets or fund balances. Subtract line 21 from line 20		82,851.	44,811.					
Pa	art II	Signature Block								
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is					
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.						
Sig	n	Signature of officer		Date						
Here PATRICIA DONAGHUE, PRESIDENT/CEO										
	Type or print name and title									
		Print/Type preparer's name  Preparer's signature		Date Check Check if	PTIN					
Paid BRUCE BRAUNEWELL, CPA BRUCE BRAUNEWELL, CP 09/30/20 self-employed P000753  Preparer Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 41-074674										
-	arer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN ▶	41-0/40/49					
Use Only   Firm's address   610 W GERMANTOWN PIKE, SUITE 400   Color   Color										
	. 41	PLYMOUTH MEETING, PA 19462		Phone no. (2						
iviay	/ tne II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No					

46-564	841	L8
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Pa	statement of Program Service Accomplishments									
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>								
1	Briefly describe the organization's mission:									
	THE PEOPLE'S PANTRY IS THE LARGEST AND MOST COMPREHENSIVE RELIEF									
	CENTER IN NEW JERSEY. WE PROVIDE FOOD AND CONNECTION TO COUNTY	SOCIAL								
	SERVICES.									
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 X 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 X 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 b	v expenses.								
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total									
	revenue, if any, for each program service reported.	onponess, and								
4a	(Code:) (Expenses \$3,072,621. including grants of \$2,985,045. ) (Revenue \$	0.)								
··u	THE PANTRY IS DESIGNED TO PROVIDE EMERGENCY FOOD ASSISTANCE TO									
	COUNTY RESIDENTS WHO ARE SUFFERING FROM FOOD INSECURITY. IN 20									
	PROVIDED FOOD TO AN ESTIMATED 5,000 RESIDENTS PER MONTH, ADDIN	<u> </u>								
	15 NEW FAMILIES A DAY. WE GRATEFULLY ACCEPTED AN AVERAGE OF 90									
	POUNDS OF DONATED FOOD PER MONTH FROM VARIOUS COMMUNITY ORGANI	-								
		ZATIONS								
	AND THE FOODBANK OF MONMOUTH AND OCEAN COUNTY D/B/A FULFILL.									
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)								
4c	(Code:) (Expenses \$	)								
	Otherway was in a (Describe or Other Le O.)									
4d		,								
	(Expenses \$ including grants of \$ ) (Revenue \$	)								
<u>4e</u>	Total program service expenses ▶ 3,072,621.	_ 000								
		Form <b>990</b> (2019)								

# 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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> X</u>
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	9		<u> </u>
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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١	v	
	Part VI	11a	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			х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
٨	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	110		
u		11d		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
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	16		<u> X</u>
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del>                                     </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ू		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Par	t IV	Checklist of Required Schedules (continued)				
		, josnandos)			Yes	No
22	Did	the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	ſ			
		t IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	Х	
23		the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current				
		former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
		,		23		x
240		edule Jthe organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		23		1
<b>24</b> a						
		day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		04-		v
		edule K. If "No," go to line 25a		24a		X
		the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		-
С		the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
		tax-exempt bonds?		24c		<u> </u>
		the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a		tion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				۱
	tran	saction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		X
b	ls th	ne organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that	the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Sch	edule L, Part I		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 fo	ormer officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	con	trolled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		26		X
27		the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
		ator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlle	ed			
		ty (including an employee thereof) or family member of any of these persons? If "Yes, " complete Schedule L, Part III	- 1	27		X
28		s the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV				
		ructions, for applicable filing thresholds, conditions, and exceptions):				
а		urrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
-		s," complete Schedule L, Part IV		28a		х
h		mily member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		X
		5% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
·				28c		x
20		s," complete Schedule L, Part IVthe organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29	Х	
29				29	21	
30		the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				v
	con	tributions? If "Yes," complete Schedule M		30		X
31		the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		
32	Did	the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				3,7
		edule N, Part II		32		X
33		the organization own 100% of an entity disregarded as separate from the organization under Regulations				
		tions 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	}	33		X
34	Was	s the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
		t V, line 1		34		X
35a	Did	the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		X
b	If "Y	es" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	with	nin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Sec	tion 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organizatio	n?			
	If "Y	es, " complete Schedule R, Part V, line 2		36		X
37		the organization conduct more than 5% of its activities through an entity that is not a related organization				
		that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		Х
38		the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?				
		e: All Form 990 filers are required to complete Schedule O		38	Х	1
Par		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
12	Fnta	er the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3		. 55	
		er the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u></u>			

	encer if conceded contains a response of note to any line in this rate v					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c		

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 46-5648418

	o o i (communication)			T
20	Enter the number of employees reported on Form W.2. Transmitted of Wage and Tay Statements		Yes	No
Za	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 3			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	- 52		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			7.7
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
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			37
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			7.7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019)

9) A NJ NONPROFIT CORPORATION

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. 6 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **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 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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 List the states with which a copy of this Form 990 is required to be filed ▶NJ 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 Another's website X Upon request Own website Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records PATRICIA DONAGHUE - 732-908-9835 8 NOTTINGHAM LANE, MANCHESTER, NJ 08759

### Form 990 (2019) 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.

<b>(A)</b> Name and title	(B) Average hours per week	box	Position (do not check more than one pox, unless person is both an officer and a director/trustee)				n an	(D) Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	the		organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) CARMEN AMATO	1.00								•	•	
BOARD MEMBER	1 00	Х						0.	0.	0	
(2) ANNMARIE SCHRIEBER, ESQ. BOARD MEMBER	1.00	х						0.	0.	0	
(3) LINDA REHRER, ESQ.	1.00	^						0.	0.	U	
BOARD MEMBER	1.00	Х						0.	0.	0	
(4) PETER VAN DYKE, ESQ.	1.00	25						•	•	<u> </u>	
CHAIRMAN	1100	х		х				0.	0.	0	
(5) DIANA PELLIGRINO	1.00										
TREASURER		Х		х				0.	0.	0	
(6) VICTORIA REHRER, ESQ.	1.00										
SECRETARY		Х		Х				0.	0.	0	
(7) PATRICIA DONAGHUE	40.00	<u> </u>									
PRESIDENT/CEO		Х		Х				66,021.	0.	0	

	INSPIRE-I	PROFIT C								46-564	8418	P	age <b>8</b>
Par	† VII   Section A. Officers, Directors, Trus (A)  Name and title	(B) Average hours per week	(do box	not c	Pos heck iss per	ition more rson is		ne an	ompensated Employee (D) Reportable compensation from	(E) Reportable compensation from related	- 1	(F) Stimate mount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	npensa from th ganizat nd relat ganizati	e ion ed
	Subtotal Total from continuation sheets to Part VI							<u> </u>	66,021.	0			0.
d 2	Total (add lines 1b and 1c)  Total number of individuals (including but no compensation from the organization	ot limited to th				oove	) wh	o re	66,021. eceived more than \$100,	000 of reportable	•	T	0.
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s	uch individual									3	Yes	No X
5	For any individual listed on line 1a, is the suand related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization?	0,000? <i>If</i> "Yes, accrue compen	" co sati	<i>mple</i> on fr	ete S	Sche any	edule unre	J fo	or such individual ed organization or individ	lual for services	5		X
Sec 1	rendered to the organization? If "Yes," contition B. Independent Contractors  Complete this table for your five highest continuous the organization. Report compensation for	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of compens		rom	21
	(A) Name and business			ONE		iiii C	or vvii		(B)  Description of s			<b>C)</b> ensatio	n

(A) Name and business address	NONE	<b>(B)</b> Description of services	(C) Compensation
2 Total number of independent contractors (including but i	not limited to those listed	l above) who received more than	

· u	1 L V	••••		or note to any lin	o in this Bort VIII			
			Check if Schedule O contains a response	e or note to any iin	ie in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
nts tts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
S, G		С	Fundraising events 1c	9,993.				
ar /		d	Related organizations 1d					
s, G		е	Government grants (contributions) 1e					
Sign			All other contributions, gifts, grants, and					
her			similar amounts not included above 1f 3	,100,248.				
o E		~	Noncash contributions included in lines 1a-1f	,100,248. ,967,988.				
o d		_	Total. Add lines 1a-1f		3,110,241.			
O a		<u> </u>	Total. Add lines 1a-11	Business Code	5,110,241.			
				Business Code				
ce	2	а						
er Je		b						
S		С						
ar		d						
Program Service Revenue		е						
P		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter	est, and				
			other similar amounts)	•				
	4		Income from investment of tax-exempt bond					
	5		Royalties	•				
			(i) Real	(ii) Personal				
	6	_		()				
			Less: rental expenses 6b		-			
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other	-			
			assets other than inventory 7a					
		b	Less: cost or other basis					
ine			and sales expenses					
Revenue		С	Gain or (loss) 7c					
Re		d	Net gain or (loss)	<b></b>				
ē	8	а	Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	9,050.				
		b	Less: direct expenses 8	ь 20,254.				
			Net income or (loss) from fundraising events		-11,204.			-11,204.
			Gross income from gaming activities. See		, , , , ,			
	•	_	Part IV, line 19	a				
		h	Less: direct expenses 9					
			Net income or (loss) from gaming activities_	<u> </u>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10		-			
			Less: cost of goods sold 10	)b				
		С	Net income or (loss) from sales of inventory	<u> </u>				
<u>s</u>				Business Code				
Miscellaneous Revenue	11	а						
ang		b						
lexel		С						
Ais		d	All other revenue					
_			Total. Add lines 11a-11d	<b>)</b>				
	12		Total revenue. See instructions		3,099,037.	0.	0.	-11,204.

18240930 131839 097-102128-00

Secti	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 respon			/O\	(D)					
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> 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	2,985,045.	2,985,045.							
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	66,021.	13,209.	39,609.	13,203.					
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	22,201.	22,201.							
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes	9,020.	5,294.	2,794.	932.					
11	Fees for services (nonemployees):									
а	Management									
b	Legal	10.00	10.00							
	Accounting	12,695.	12,695.							
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,	4 600	4 107	21.6	105					
	column (A) amount, list line 11g expenses on Sch O.)	4,608.	4,187.	316.	105.					
12	Advertising and promotion	2,067.	1,654.	310.	103.					
13	Office expenses	6,023.	4,819.	903.	301.					
14	Information technology									
15	Royalties									
16	Occupancy									
17	Travel									
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	2,140.	1,712.	321.	107.					
23	Insurance	6,673.	5,338.	1,001.	334.					
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 0.)									
а	SUPPLIES	8,488.	6,791.	1,273.	424.					
b	VOLUNTEER EXPENSES	4,047.	3,238.	607.	202.					
С	VEHICLE EXPENSES	3,146.	2,517.	472.	157.					
d	TAXES AND LICENSES	378.	302.	57.	19.					
е	All other expenses	4,525.	3,619.	679.	227.					
25	Total functional expenses. Add lines 1 through 24e	3,137,077.	3,072,621.	48,342.	16,114.					
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 if following SOP 98-2 (ASC 958-720)									
					Form 990 (2010)					

		Check if Schedule O contains a response or not	e to any	line in this Part X		T	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			30,764.	1	9,229.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se perso	nsL		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described		6			
က္က	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			49,130.	8	34,365.
<b>ĕ</b>	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		36,349. 36,349.			
	b	Less: accumulated depreciation	10b	36,349.	2,140.	10c	0.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,217.	15	1,217.		
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	3)	83,251.	16	44,811.
	17	Accounts payable and accrued expenses	400.	17	0.		
	18	Grants payable		18			
	19	Deferred revenue				19	
- 1	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
န္	22	Loans and other payables to any current or form					
≝		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D		·····	400	25	0
-+	26	Total liabilities. Add lines 17 through 25			400.	26	0.
ရွ		Organizations that follow FASB ASC 958, che	ck nere				
92	07	and complete lines 27, 28, 32, and 33.			82,851.	07	44,811.
ala	27			·····	02,031.	27	44,011.
8	28					20	
[등		Organizations that do not follow FASB ASC 9 and complete lines 29 through 33.	oo, cne	Skillere 🚩 🔲			
ᇹ	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ed				30	
Ass	31	• • • • • • • • • • • • • • • • • • • •				31	
	31 32	Retained earnings, endowment, accumulated in			82,851.	32	44,811.
	32 33	Total net assets or fund balances  Total liabilities and net assets/fund balances			83,251.	33	44,811.
	50	Total nabilities and net assets/fully balafices .			33,231.	_ 55	Form <b>990</b> (2019)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,09		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,13		
3	Revenue less expenses. Subtract line 2 from line 1	3	-3	8,0	<u>40.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	2,8	<u>51.</u>
5	Net unrealized gains (losses) on investments	5			
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4	4,8	<u>11.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Complete

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

INSPIRE-NJ

A NJ NONPROFIT CORPORATION

Employer identification number 46-5648418

Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1659101.	2444462.	2416671.	2421261.	3110241.	12051736.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	1659101.	2444462.	2416671.	2421261.	3110241.	12051736.	
	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)						51,494.	
6	Public support. Subtract line 5 from line 4.						12000242.	
	etion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total	
	Amounts from line 4	1659101.	2444462.	2416671.	2421261.		12051736.	
	Gross income from interest,					<u> </u>		
Ü	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business							
3	activities, whether or not the							
	business is regularly carried on	9,267.	21,466.	2,336.	2,459.	0.	35,528.	
10	Other income. Do not include gain	3,2016	21,400.	2,330.	2,433.	•	33,320.	
10	or loss from the sale of capital							
	assets (Explain in Part VI.)							
44	Total support. Add lines 7 through 10						12087264.	
	Gross receipts from related activities,	ota (soo instructio	ne)			12	120072046	
	First five years. If the Form 990 is for	•	,					
13	organization, check this box and stop	-			•		ightharpoonup	
Sec	ction C. Computation of Public	c Support Per	centage					
	Public support percentage for 2019 (li			olumn (f))		14	99.28 %	
	Public support percentage from 2018		•	* * * * * * * * * * * * * * * * * * * *		15	99.04 %	
	<b>33 1/3% support test - 2019.</b> If the co							
	<b>stop here.</b> The organization qualifies	-					, दिन	
h	<b>33 1/3% support test - 2018.</b> If the co		•					
_	and <b>stop here.</b> The organization quali							
17a	10% -facts-and-circumstances test							
. , a	and if the organization meets the "fact	_						
	meets the "facts-and-circumstances"					-		
h	10% -facts-and-circumstances test							
IJ	more, and if the organization meets th	ū				•		
	organization meets the "facts-and-circ		•				<b>.</b>	
19				•	,			
ΙŐ	Private foundation. If the organization	n did flot check a f	JUX UIT IIITIE T3, 16a	1, 10D, 1/a, 0r 1/b	, check this box ar	iu see instructions	· <b>P</b>	

Schedule A (Form 990 or 990-EZ) 2019

# Schedule A (Form 990 or 990-EZ) 2019 A NJ NONPROFIT CORPORATION

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	now, picase comp	oloto i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	_					
k	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
Sec	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) <b>First five years.</b> If the Form 990 is for	the organization	e firet socond this	d fourth or fifth to	av vear as a saction	n 501(c)(3) crassing	L
	check this box and stop here	-			•		
Se	ction C. Computation of Public						
	Public support percentage for 2019 (li			column (f))		15	%
16						16	<u> </u>
	ction D. Computation of Inves					1	70
17	Investment income percentage for 20	19 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2019. If the					33 1/3%, and line 17	
	more than 33 1/3%, check this box an	d <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	<b>&gt;</b>
k	33 1/3% support tests - 2018. If the line 18 is not more than 33 1/3%, chec	•			•	·	
20	Private foundation. If the organization						

# Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a 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? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1	.,	
	Yes	No
1		
•		
2		
3a		
3b		
3с		
00		
4a		
4b		
4-		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
401		
10b	10-F71	2010

# Schedule A (Form 990 or 990-EZ) 2019 A NJ NONPROFIT CORPORATION

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion 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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		Ь
366	tion B. All Type in 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		162	INO
•	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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions,		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	<b>^</b> 1		
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
J	of its supported organizations? If "Ves." describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting orga	anization (see
	inctruistiona)			

Schedule A (Form 990 or 990-EZ) 2019

Pai	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continued)				
Sect	ion D - Distributions		(00.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
		(i)	(ii)	(iii)			
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019			
_1_	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2019						
a	From 2014						
<u>      b</u>	From 2015						
c	From 2016						
d	From 2017						
<u>e</u>	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2019 distributable amount						
i_	Carryover from 2014 not applied (see instructions)						
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from Section D,						
	line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
<u> </u>	Applied to 2019 distributable amount						
<u> </u>	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in <b>Part VI.</b> See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
_8_	Breakdown of line 7:						
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						
е	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INSPIRE-NJ

A NJ NONPROFIT CORPORATION

**Employer identification number** 46-5648418

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		I I
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing consei	rvation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
•			(4)(D)(:)
8	Does each conservation easement reported on line 2(d) above		
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservati		
9	balance sheet, and include, if applicable, the text of the footr	·	
	organization's accounting for conservation easements.	note to the organization's imancial statement	its that describes the
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		d balance sheet works
	of art, historical treasures, or other similar assets held for pul	•	
	service, provide in Part XIII the text of the footnote to its final	·	•
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

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

Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)			ollections of Ar			asures or	Othe	r Simila		3 /		ige 🗲
a Public exhibition   d   Loan or exchange program   a   Public exhibition   d   Cother   b   Scholarly research   e   Other   b   Preservation for tuture generations   d   Other   Preservation for tuture generations   d   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 for paise funds rather than to be maintained as part of 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, fusitee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1a Is the organization and pent, fusitee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b   f"Yes, explain the arrangement in Part XIII and complete the following table:    C										(contin	ued)	
a Public exhibition d	3		on, and other record	s, cneck	any of the	rollowing that	make s	ignificant	use of its			
b Scholarly research ce				. —								
c Preservation for future generations 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 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, 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, line 21, for escribing the spanning balance  c Beginning balance d Additions during the year e) Distributions during th												
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?  Part VI	b											
5 During the year, did the organization solicit or raceive donations of art, historical treasures, or other similar assets to be solf to raise funds rather than to be maintained as part of the organization collection?  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 IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X   In 21   In 22   In 22	С											
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4								se in Part	XIII.		
Part W   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 IV, line 9, or reported an anount on Form 990, Part IV, line 10.  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   If "Yes" explain the arrangement in Part XIII and complete the following table:    C	5									_		1
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?	_											No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai			ete if the	organizatio	n answered "	Yes" on	Form 990	D, Part IV,	line 9, or		
on Form 990, Part X7  b if "Yes," explain the arrangement in Part XIII and complete the following table:    Amount   Let   Additions during the year   Let		•										
b If "Yes," explain the arrangement in Part XIII and complete the following table:    Amount   1c	1a									_		1
c Beginning balance d Additions during the year e Distributions during the year 1 te   1d     1d   1d   1d     1d   1d   1d   1d									L	Yes		No
c Beginning balance d Additions during the year	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	able:				ı			
d Additions during the year    Distributions during the year   Ending balance   It   It										Amount		
e Distributions during the year  f Ending balance 2 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  [a] Beginning of year balance  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a] Beginning of year balance  [b] Contributions  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a] Beginning of year balance  [b] Contributions  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a] Beginning of year balance  [b] Contributions  [c] Chere expenditures for facilities  [a] Grants or scholarships  [a] Grants or scholarships  [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [a] Current year (c) Two years back (d) Three years back (e) Four ye	С	Beginning balance						. <u>1c</u>				
f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete 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  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    %  c Term endowment    %  c Term endowment    %  b Permanent endowment    %  c Term endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  iii) Related organizations  iii) Related organizations  iii) Related organizations  iii) Related organizations  2 Port 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.  Describe in Part XIIII 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.  Describetion of property  (a) Cost or other basis (other)  basis (other)  1a Land  b Buildings  c Leasehold improvements  d Equipment  3 3, 611. 33, 611. 0.  2, 738. 2, 738. 0.	d	Additions during the year						. 1d				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V Endowment Funds. Complete if the organization in State Part IV, line 10.    Part V Endowment Funds. Complete if the organization is stated as required on Part IV, line 10.    Part V Endowment Funds. Complete if the organization is stated as required on Schedule R?    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Part V Endowment Funds. Enabled organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Part V Endowment Funds. Enabled organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Part V Endowment Funds. Enabled organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Part V Endowment Funds. Enabled organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Part V Endowment Funds. Enabled organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Part V Endowment Funds. Enabled organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X,	е	Distributions during the year						. 1e				
B   If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	f	Ending balance						. 1f				
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	<b>2</b> a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	escrow or cu	ustodial accou	ınt liabil	ity?		Yes		No
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years												
1a Beginning of year balance	Par	t V   Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	rm 990, Part	IV, line	10.				
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			(a) Current year	<b>(b)</b> P	rior year	(c) Two year	s back	(d) Three	years back	(e) Four	years l	back
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 (al)) held as: a Board designated or quasi-endowment ▶	1a	Beginning of year balance										
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 (al)) held as: a Board designated or quasi-endowment ▶	b	Contributions										
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	С											
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	d	Grants or scholarships										
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 ▶	е											
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 ▶		and programs										
g End of year balance	f											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	q											
a Board designated or quasi-endowment		•	rent vear end balance	e (line 1d	a. column (a	)) held as:						
b Permanent endowment			,	•	, , , , , , , , , , , , , , , , , , , ,	,,						
Term endowment ►		•	<u></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  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 Buildings  c Leasehold improvements  d Equipment  e Other  Other  Other  13a(i)  13a(	c	· · · · · · · · · · · · · · · · · · ·										
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 (iii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) 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  1a Land  b Buildings  c Leasehold improvements d Equipment 33,611 33,611 0. e Other 0 Other	_		· · -									
by: (i) Unrelated organizations (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organization's 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 Buildings  c Leasehold improvements  d Equipment  33,611. 33,611. 0.  City Accumulated depreciation  (d) Book value  33,611. 33,611. 0.  Cost or other basis (other)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  (a) Cost or other basis (other)  Cost or other	За		•	ition that	t are held ar	nd administer	ed for th	ne organiz	ation			
(ii) Unrelated organizations (iii) Related organizations 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 Buildings c Leasehold improvements d Equipment		·						9			Yes	No
(ii) Related organizations 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 Buildings c Leasehold improvements d Equipment  4 Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  33,611		-										
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 (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  d Equipment  2,738.  3b  4  Description of part XIII the intended uses of the organizations listed as required on Schedule R?  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  33,611.  0.												
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  1a Land (b) Buildings (c) Leasehold improvements (c) Leasehold improvements (d) Equipment (d) Book value (d) Book val	h	If "Yes" on line 3a(ii) are the related organiza	ations listed as requir	ed on So	chedule R?							
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  1a Land b Buildings c Leasehold improvements d Equipment 33,611. 33,611. 0.  e Other 2,738. 2,738. 0.	4									_ 00		
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 (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  2,738.  2,738.	Par			WITHOUTE	urido.							
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value				Part IV	/ line 11a S	See Form 990	Part X	line 10				
tall Land         basis (investment)         basis (other)         depreciation           b Buildings         c Leasehold improvements         33,611.         33,611.         0.           c Other         2,738.         2,738.         0.									ed	(d) Book	value	<u> </u>
1a Land         b Buildings         c Leasehold improvements         d Equipment       33,611.       33,611.       0.         e Other       2,738.       2,738.       0.		bescription of property	, , , , , , , , , , , , , , , , , , , ,			I			I .	(a) book	value	•
b Buildings         c Leasehold improvements         d Equipment       33,611.       33,611.       0.         e Other       2,738.       2,738.       0.	12	Land	<u> </u>	,		. ,						
c Leasehold improvements       33,611.       33,611.       0.         e Other       2,738.       2,738.       0.												
d Equipment       33,611.       0.         e Other       2,738.       2,738.												
e Other 2,738. 2,738. 0.					3	3 611		33 6	11			0
						2 738						
				V 5-1				4,1	50.			

Schedule D (Form 990) 2019

A NJ NONPROFIT CORPORATION

Part VII Investments - Other Securities.  Complete if the organization answered "Yes" o	n Form 000 Port IV line	11h Con Form 000 Port V line 12	TO TEST TAGE
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year	market value
(4) Financial desirations	(5) 20011 14.40	(c)c. i c. raisaulie coci c. c.i.a c. yca.	
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o  (a) Description of investment	<u>n Form 990, Part IV, line</u> <b>(b)</b> Book value	11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year	r market value
	(b) BOOK Value	(c) Method of Valuation. Cost of end-of-year	mainet value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	Description	(b	) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	15 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	,	110 ov 11f Coo Form 000 Port V line 05	
Complete if the organization answered "Yes" o  (a) Description of liability	ii Folili 990, Part IV, Ilhe		a) Book value
		(L	, Dook value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<b>&gt;</b>	
2. Liability for uncertain tax positions. In Part XIII, provide t			orts the

Schedule D (Form 990) 2019

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

		INSPIRE-NJ						
		A NJ NONPROFIT CORPO					648418	Page 4
Part	t XI Reconciliation of	Revenue per Audited Financia	al Statement	s With	Revenue per Ret	turn.		
	Complete if the organiz	ation answered "Yes" on Form 990, Pa	ırt IV, line 12a.					
1	Total revenue, gains, and other	r support per audited financial stateme	nts			1	3,454,	<u>631.</u>
2	Amounts included on line 1 bu	ıt not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) of	n investments		2a				
		acilities		2b	335,340.			
		s		2c				
				2d	20,254.			
						2e	355,	594.
3	Subtract line 2e from line 1					3	3,099,	037.
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1:						
		ided on Form 990, Part VIII, line 7b		4a				
		, , , ,		4b				
						4c		0.
		d <b>4c.</b> (This must equal Form 990. Part I.				5	3,099,	
	t XII Reconciliation of	Expenses per Audited Financi	ial Statemen	ts With	Expenses per R			
		ration answered "Yes" on Form 990, Pa			•			
1	Total expenses and losses per					1	3,492,	671.
	·	at not on Form 990, Part IX, line 25:					3,132,	<u> </u>
		acilities	İ	2a	335,340.			
				2b	333,340.			
	O							
				2c	20,254.			
			· ·	2d	·		255	E 0 1
						2e	355, 3,137,	
						3	3,13/,	0//.
		00, Part IX, line 25, but not on line 1:	1					
		uded on Form 990, Part VIII, line 7b		4a				
b	Other (Describe in Part XIII.)			4b				•
С	Add lines 4a and 4b					4c		0.
5	Total expenses. Add lines 3 ar	nd <b>4c.</b> (This must equal Form 990, Part i	<u>I, line 18.)                                    </u>			5	3,137,	077.
Par	t XIII Supplemental Info	ormation.						
Provid	de the descriptions required for	r Part II, lines 3, 5, and 9; Part III, lines 1	a and 4; Part IV,	lines 1b	and 2b; Part V, line 4;	Part X	, line 2; Part XI	,
lines 2	2d and 4b; and Part XII, lines 2	d and 4b. Also complete this part to pro	ovide any additio	nal inforn	nation.			
PAR	T X, LINE 2:							
THE	PANTRY WAS INC	ORPORATED AS A NEW J	ERSEY NO	T-FOE	R-PROFIT CO	RPOF	RATION A	ND
IS	EXEMPT FROM FED	ERAL INCOME TAXES UN	IDER SECT	ION 5	501(C)(3) O	F TH	ΙE	
INT	ERNAL REVENUE C	ODE AND FROM STATE A	ND LOCAL	TAXI	ES UNDER CO	MPAF	RABLE	
LAW	ıs.							
тнг	PANTRY IS REOII	IRED TO FILE FORM 99	O RETTIR	N OF	ORGANTZATT	ON F	темет	
	11111111 15 11120	11111 10 11111 10111 17	o, neron	01	OICOINCIDIII	<u> </u>		
FRO	M TNCOME ጥልሄ W	ITH THE INTERNAL REV	TENUE SEP	VICE	אים מאים מאבי	<b>и</b> т. Т	RSEV	
	II IIICOIII IAA, W		THOU DER			., 01		
СНД	RITTES RECTSTRA	TION & INVESTIGATION	I FORM (C	RT).				
~11A	TITLD KIGIDIKA	11011 & INVESTIGATION		/ •				

THE PANTRY FOLLOWS THE PROVISIONS OF THE INCOME TAX STANDARD FOR UNCERTAIN TAX POSITIONS. THIS STANDARD PRESCRIBES A RECOGNITION THRESHOLD AND

Part XIII   Supplemental Information (continued)
MEASUREMENT PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION AND
MEASUREMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN
THAT ARE NOT CERTAIN TO BE REALIZED. THE APPLICATION OF THIS STANDARD HAS
HAD NO IMPACT ON THE PANTRY'S FINANCIAL STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
DIRECT FUNDRAISING EVENT EXPENSES 20,254.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
DIRECT FUNDRAISING EVENT EXPENSES 20,254.

### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

### **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

Inspection

Open to Public

Name of the organization INSPIRE-NJ

N.T MONDROFTT CORDORATT

Employer identification number

A NJ NO	NPROFIT CORPORATION	N			46-5648	418				
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.										
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	ed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes					
(i) Name and address of individual or entity (fundraiser)	III) ACTIVITY   have custody   1   1   1   1   1   1   1   1   1									
		Yes	No							
<sup>-</sup> otal			<b>•</b>							
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from req	gistration				
		_								

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

Schedule G (Form 990 or 990-EZ) 2019

INSPIRE-NJ Schedule G (Form 990 or 990-EZ) 2019 A NJ NONPROFIT CORPORATION 46-5648418 Page 2 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 NONE (add col. (a) through CASINO NIGHT col. (c)) (event type) (total number) (event type) 19,043. 19,043. Gross receipts 9,993. 9,993. 2 Less: Contributions 9,050. 9,050. Gross income (line 1 minus line 2) 4 Cash prizes 12,925. 5 Noncash prizes 12,925. Direct Expenses 6,000. 6,000. Rent/facility costs 7 Food and beverages 400. 400. 8 Entertainment 929. 929. Other direct expenses 20,254 10 Direct expense summary. Add lines 4 through 9 in column (d) -11,20411 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor 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? **b** If "No," explain:

932082 09-11-19

**b** If "Yes," explain:

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

# INSPIRE-NJ

Schedule G (Form 990 or 990-EZ) 2019 A NJ NONPROFIT CORPORATION	46-5648418 Page 3
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 former	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<b>13a</b>   %
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and r	ecolus.
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	e amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
The first manie and address of the annu party.	
Name	
Address >	
16 Gaming manager information:	
Name	
Gaming manager compensation  \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	pent in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) are	nd (v): and Part III. lines 9. 9b. 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	(.,,,
Too, too, to, and too, as approached the promate any additional information.	

# INSPIRE-NJ

Schedule G (Form 990 or 990-EZ) A NJ NONPROFIT CORPORATION	ON 46-5648418 Page 4
Schedule G (Form 990 or 990-EZ) A NJ NONPROFIT CORPORATION (continued)	

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) (2019)

Name of the organization INSPIRE-No.  A NJ NONP		PORATION					Employer identification number 46-5648418
Part I General Information on Grants a							
<ol> <li>Does the organization maintain records t criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> </ol>	tance?				~		
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Par	IV, line 21, for any
recipient that received more than \$						•	•
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<ul><li>Enter total number of section 501(c)(3) ar</li><li>Enter total number of other organizations</li></ul>	-		e line 1 table				

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

Schedule I (Form 990) (2019)

Part III can be duplicated if additional space is needed  (a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(a) Mothod of valuation	(f) Description of noncash assistance
(a) Type of grant or assistance	recipients	cash grant	cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(i) Description of noncastrassistance
		-			
007	60000	0	2 005 045	ELTD MADWEE WALKE	T00P
00D	60000	0.	2,985,045.	FAIR MARKET VALUE	FOOD
Part IV Supplemental Information. Provide the information re	oquired in Bart Llin	o 2: Part III. column	(b): and any other ac		
Supplemental information. I Tovide the information is	equired iii i ait i, iiii	e z, r art III, column	(b), and any other ac	dutional information.	
PART I, LINE 2:					
OOD IS DIRECTLY DISTRIBUTED TO I	NDIVIDUALS	IN NEED.			

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Open to Public Inspection

Part I

INSPIRE-NJ Employer identification number A NJ NONPROFIT CORPORATION 46-5648418 Types of Property

		(a)	(b)	(C)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	•
		applicable		Form 990, Part VIII, line 1g	Horicasii contribu	ilion am	iourita	3
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 -							
.0	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	1,844,994	2.967.988.	WHOLESALE V	ALUF	!	
20	Drugs and medical supplies	<del></del>					-	
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( )							
26	Other							
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organization	zation durino	the tax vear for co	ontributions				
	for which the organization completed Form 82		•				0	
		,, -					Yes	No
30a	During the year, did the organization receive by	v contributio	n anv property rep	orted in Part I. lines 1 throu	gh 28. that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.					000		
31	Does the organization have a gift acceptance p	oolicv that re	equires the review o	of any nonstandard contribu	itions?	31		Х
32a	Does the organization hire or use third parties							
JEU	contributions?		•			32a		х
b	If "Yes," describe in Part II.					5_4		
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is che	cked.			
-	describe in Part II.	2.2 (0) 101		.s. milen solumn (a) is one				
	dodonibo ii i ait ii.							

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Part II	is repor	emental Infi ting in Part I, c t for any additi	olumn (b)	, the num	ide the ber of	e information r contributions,	equired I the num	by Par	t I, lines f items r	s 30b, 32b, an received, or a	d 33, a combir	and whether the nation of both.	ne organization Also complete
SCHEDU	LE M	, PART I	, CO	LUMN	(B):	1							
THE NU	MBER	REPORTE	D IN	LINE	19	COLUMN	(B)	IS	THE	NUMBER	OF	POUNDS	OF
DONATE	D FO	DD.											

### **SCHEDULE 0**

(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.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Inspection

Name of the organization

INSPIRE-NJ

Employer identification number

A NJ NONPROFIT CORPORATION	46-5648418
FORM 990, PART VI, SECTION A, LINE 2:	
BOARD MEMBERS LINDA REHRER, ESQ., AND VICTORIA REHRER, ESQ	
RELATIONSHIP.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIR	RM AND REVIEWED BY
THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL E	REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BOARD OF TRUSTEES SIGN AN ANNUAL DISCLOSURE STATEMENT	WHICH STATES THAT
THEY DO NOT HAVE AN EXISTING OR POTENTIAL CONFLICT OF INTE	EREST AS COVERED
BY THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. IF A BO	DARD OF TRUSTEE
MEMBER HAS AN EXISTING CONFLICT OR POTENTIAL CONFLICT, THE	EY MUST DISCLOSE
THE EXISTENCE, NATURE, AND EXTENT OF THE CONFLICT AND LEAV	/E THE BOARD OR
EXECUTIVE COMMITTEE MEETING WHILE THE REMAINING MEMBERS RE	EVIEW AND DISCUSS.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT (	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	JPON REQUEST.