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CLIENT'S COPY

Nisivoccia LLP 200 Valley Rd Suite 300 Mount Arlington, NJ 07856

August 17, 2020

Interfaith Food Pantry, Inc. 2 Executive Drive Morris Plains, NJ 07950

Interfaith Food Pantry, Inc.:

Enclosed is the organization's 2019 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 16, 2020.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Chris Perrotta, CPA

***** THIS IS NOT A FILEABLE COPY

IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2019, or fiscal year beginning	, 2019, and ending
or calendar year 20 19, or fiscal year beginning	, 20 19, and ending

OMB No. 1545-1878

▶ Do not send to the IRS. Keep for your records.

Department of the Treasury Internal Revenue Service	l	► Go to www.irs.gov/Form887	79EO for the latest information.		
Name of exempt organization		<u>-</u>		Employer ide	entification number
INTERFAITH FOO	DD PANTRY	, INC.		22-36	18468
Name and title of officer					
CAROLYN LAKE	ZCTTOP				
EXECUTIVE DIRE		eturn Information (Whole	Pollare Only)		
		,	d enter the applicable amount, if any, f	rom the return	If you check the hav
on line 1a, 2a, 3a, 4a, or 5a whichever is applicable, bla than one line in Part I.	, below, and the ank (do not enter	amount on that line for the reture -0-). But, if you entered -0- on the	rn being filed with this form was blank, e return, then enter -0- on the applicat	, then leave lin ble line below.	e 1b, 2b, 3b, 4b, or 5b, Do not complete more
1a Form 990 check here		Total revenue, if any (Form 990,	, Part VIII, column (A), line 12)	1b _	4,435,698.
2a Form 990-EZ check her	· —	b Total revenue, if any (Form	990-EZ, line 9)	2b _	
3a Form 1120-POL check	· · · · · · · · · · · · · · · · · · ·		DL, line 22)		
4a Form 990-PF check her	<u> </u>		ncome (Form 990-PF, Part VI, line 5)		
5a Form 8868 check here	P b	baiance Due (Form 8868, line 3	c)	5D	
Part II Declarati	on and Sign	ature Authorization of O	fficer		
intermediate service provid (a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial ins 1-888-353-4537 no later the processing of the electronic payment. I have selected a organization's consent to e	er, transmitter, of receipt or reasopplicable, I authorinstitution accountitution to debit an 2 business date payment of tax personal identifilectronic funds were personal funds were personal identifilectronic funds were personal identifications and personal identifications are personal identifications and personal identifications are personal identificatio	r electronic return originator (ER n for rejection of the transmission of the transmission or the U.S. Treasury and its definit indicated in the tax preparation entry to this account. To reveys prior to the payment (settlem es to receive confidential inform cation number (PIN) as my signare.	copy of the organization's electronic r O) to send the organization's return to on, (b) the reason for any delay in procesignated Financial Agent to initiate an on software for payment of the organizoke a payment, I must contact the U.Sent) date. I also authorize the financial ation necessary to answer inquiries are ature for the organization's electronic results.	o the IRS and the testing the return electronic fur zation's federas. Treasury Find institutions in the resolve issues.	to receive from the IRS urn or refund, and (c) nds withdrawal (direct al taxes owed on this nancial Agent at volved in the ues related to the
Officer's PIN: check one b	•				
X I authorize NIS	SIVOCCIA			to enter my F	
		ERO firm name			Enter five numbers, b do not enter all zeros
is being filed with enter my PIN on As an officer of the indicated within t	a state agency(the return's disc ne organization, his return that a	ies) regulating charities as part of osure consent screen. will enter my PIN as my signatu copy of the return is being filed	filed return. If I have indicated within a fithe IRS Fed/State program, I also autre on the organization's tax year 2019 with a state agency(ies) regulating characteristics.	uthorize the aformation and the street of th	orementioned ERO to
program, I will en	ter my PIN on th	e return's disclosure consent sc	reen.		
Officer's signature	*** THIS	IS NOT A FILEABI	LE COPY *** Date ▶		
Part III Certificat	ion and Autl	nentication			
ERO's EFIN/PIN. Enter you					
number (EFIN) followed by	-		22787254323 Do not enter all zeros		
•	g this return in a	,	ne 2019 electronically filed return for the s of Pub. 4163, Modernized e-File (Me	•	
ERO's signature ▶ NISIV	OCCIA LI	ıP	Date ▶ D8 ,	/17/20	
		ERO Must Retain This I	Form - See Instructions		

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-EO** (2019)

923051 10-03-19

LHA For Paperwork Reduction Act Notice, see instructions.

EXTENDED TO NOVEMBER 16, 2020

(Rev. January 2020) Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning

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.

and ending

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

Open to Public Inspection

В	Check if applicab	C Name of organization		D Employer identifi	cation number
	Addre	INTERFAITH FOOD PANTRY, INC.			
F	Name Chang			22-36184	68
F	Initial return		Room/suite		
F	Final	2 EXECUTIVE DRIVE	1100111/0410	973-538-	
	termir ated			G Gross receipts \$	4,540,009.
	Amen	MORRIS PLAINS, NJ 07950		H(a) Is this a group re	
	Application	F Name and address of principal officer: CAROLIN LIANE		for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No
Τ.	Tax-ex	empt status: $X = 501(c)(3)$ $= 501(c)()$ (insert no.) $= 4947(a)(1)$	or 52	7 If "No," attach a	list. (see instructions)
		te: ► WWW.MCIFP.ORG		H(c) Group exemption	n number 🕨
K	orm o	organization: X Corporation Trust Association Other	L Yea	r of formation: 1998	√ State of legal domicile: N J
Pa	art I	Summary			
Ф	1	Briefly describe the organization's mission or most significant activities: TO I			
Governance		COUNTY, NJ RESIDENTS BY PROVIDING ACCESS	TO F	OOD, NUTRITI	ON
er i	2	Check this box if the organization discontinued its operations or dispo	sed of mo	re than 25% of its net a	
Š	3			3	15
æ	4	Number of independent voting members of the governing body (Part VI, line 1b)			14
ies	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			23
Activities	6	Total number of volunteers (estimate if necessary)			424
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 39			0.
		On the street and smarter (Dout VIIII fire 41)	-	Prior Year 3,983,414.	Current Year 4,161,598.
ne	8	Contributions and grants (Part VIII, line 1h)		3,963,414.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)		26,101.	27,544.
Be	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		198,334.	246,556.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,207,849.	4,435,698.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,523,844.	2,627,356.
	13	Benefits paid to or for members (Part IX, column (A), lines 1-3)		0.	0.
"		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,242,703.	1,285,896.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ber		Total fundraising expenses (Part IX, column (D), line 25) > 246, 8	94.	<u> </u>	
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		497,293.	524,694.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,263,840.	4,437,946.
	19	Revenue less expenses. Subtract line 18 from line 12		-55,991.	-2,248.
or		······································		Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		3,407,061.	3,460,753.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		151,462.	23,801.
	22	Net assets or fund balances. Subtract line 21 from line 20		3,255,599.	3,436,952.
Pa	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	er has any knowledge.	
		Discrete of the con-		Dete	
Sig	n	Signature of officer		Date	
Hei	re	CAROLYN LAKE, EXECUTIVE DIRECTOR			
		Type or print name and title	-	Date Check	TI PTIN
D		Print/Type preparer's name Preparer's signature	OD3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Pai		CHRIS PERROTTA, CPA CHRIS PERROTTA,	CPA	08/17/20 self-employ	
	parer	Firm's name NISIVOCCIA LLP Firm's address 200 VALLEY RD. SUITE 300		Firm's EIN	22-1914888
USE	Only	Firm's address 200 VALLEY RD. SUITE 300 MT. ARLINGTON, NJ 07856		Dhana na / Q	73) 328-1825
N/a	ı, tha I	RS discuss this return with the preparer shown above? (see instructions)		Priorie no. (9	X Ves No

Pa	Check if Schoolule O centains a response or note to any line in this Part III	
1	Check if Schedule O contains a response or note to any line in this Part III	
•	TO IMPROVE THE HEALTH OF MORRIS COUNTY, NJ RESIDENTS BY PROVI	DING
	ACCESS TO FOOD, NUTRITION EDUCATION AND RELATED RESOURCES AND	
	PROVIDE VOLUNTEER OPPORTUNITIES AND EDUCATE THE PUBLIC ABOUT	
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 by	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 4,072,489 • including grants of \$ 2,627,356 •) (Revenue \$	
4a	(Code:) (Expenses \$ 4,072,489. including grants of \$ 2,627,356.) (Revenue \$ WE ARE A FOOD DISTRIBUTION PROGRAM PRIMARILY ENGAGED IN COLLEGE PROGRAM PRIMARILY ENGAGED PROGRAM PROGRA	OTTON
	SALVAGING, PREPARATION, AND DISTRIBUTION OF FOOD FOR THE NEED	
	MORRIS COUNTY, NJ. WE ALSO DELIVER GROCERIES TO PERSONS, WHO	
	OF AGE, DISABILITY OR ILLNESS, ARE UNABLE TO DO SO FOR THEMSE	
	PROVIDE NUTRITION EDUCATION TO OUR CLIENTS AND EDUCATE DONORS	
	PUBLIC ABOUT HUNGER IN MORRIS COUNTY, NJ.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 4,072,489.	
		Form 990 (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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
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		Х
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	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		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		7.7	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	demostic gereatinent erri ar in, columnity, interior reco, complete constaler, ratteriare in minimum minimum minimum minimum mention are in a complete constaler, ratteriare in minimum minimu			

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule 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 former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//	00-		Х
20	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," complete Schedule M	29	21	
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1 10	Α.	1

932004 01-20-20

Form 990 (2019) INTERFAITH FOOD PANTRY, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Earter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 160 for the calendary vaer andrough wyter overhim to by this rutum. b If a least one is reported on line 2a, did the organization file all required federal employment tax returne? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to effe its enhancing in the sum of lines 1 and 2a is greater than 250, you may be required to effe its enhancing in the sum of lines 1 and 2a is greater than 250, you may be required to effe its enhancing in the calendary are did the organization have an interest in, or a signature or other authority over, a financial account in a toregon country Such as a bank account, securities account, or other financial account (Parks, "has in filed a Form 990-T for this year?" 4a If Yes, "I will not be a financial account (Parks, "has in filed a Form 990-T for this year?" 5a Was the organization in a protection of the "fining requirement forigin country" 5a Was the organization approach of Finice Norm 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization for protein the sub-relative account, securities account, or other financial accounts (FBAR). 5a Was the organization and protein state sheller transaction at any time during the tax year? 5b If Yes, "did the organization that it was or is a party to a prohibitot tax sheller transaction?" 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of carbriable contributions? 6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contribution of under section 170(c). 7b Organizations that may receive deductible contributions under section 170(c). 8c Was the organization section apparent in access of \$57 made party as a contribution of any and year party for goods and services provided? 7c If Was, "and				Yes	No
b If a least one is reported on line 2a, did the organization file alrequired federal employment tax returns? Note: If the sum of lines is and 2 as greater than 250, you may be required to e-file (see instructions) 3	2a				
Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did If Yes, "has it filed a Form 990-T for this year? If 'No' to line 8b, provide an explanation on Schedule 0 3 Did If Yes," has it filed a Form 990-T for this year? If 'No' to line 8b, provide an explanation on Schedule 0 3 Did If Yes, "series the name of the foreign country [such as a bank account; securities account, or other financial accounts? 4 Dif If Yes, "enter the name of the foreign country [such as a bank account; securities account, or other financial accounts? 5 Did was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited stax shelter transaction? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did Did any taxable party notify the organization that it was or is a party to a prohibited stax shelter transaction any contributions that were not tax deductible as charitable contributions? 6 Did any contributions that may receive deductible as charitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did If Yes, "did the organization notity the donor of the value of the goods or services provided? 7 Did the organization stead as party in access of 3f5 made party as a contribution and party for goods and services provided to the payor? 7 Did the organization stead as payment in access of 3f5 made party as a contribution of party for goods and services provided to the payor? 7 Did the organization stead as payment in access of 3f5 made party as a contribution of party for goods and services provided to the payor? 7 Did the organization services payment in access of 3f5 made party as a contribution of payment payment of the payment payment pa		filed for the calendar year ending with or within the year covered by this return 23			
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X
If "Yes," complete Form 4720, Schedule O.					77
	16		16		X
		If "Yes," complete Form 4720, Schedule O.	-	000	(00.10)

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				X			
Sec	tion A. Governing Body and Management							
				Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other						
	officer, director, trustee, or key employee?		2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?		3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		X			
6	6 Did the organization have members or stockholders?							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	opoint one or						
	more members of the governing body?		7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockholders, or						
	persons other than the governing body?		7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:						
а	The governing body?		8a					
b	Each committee with authority to act on behalf of the governing body?		8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)						
				Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a	1	X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots		10k					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	y before filing the forr	n? 11 a	ı X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12t	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe						
	in Schedule O how this was done		120					
13	Did the organization have a written whistleblower policy?							
14	Did the organization have a written document retention and destruction policy?		14	X				
15	Did the process for determining compensation of the following persons include a review and approve	al by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			ı X	<u></u>			
b	Other officers or key employees of the organization		15k	<u> </u>	X			
	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 arrange	ment with a			l			
	taxable entity during the year?		16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization's						
	exempt status with respect to such arrangements?		16k					
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NJ							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (Section 50 ⁻	(c)(3)s or	ly) ava	lable			
	for public inspection. Indicate how you made these available. Check all that apply.							
		on Schedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest polic	y, and fin	ancial				
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records						
	WENDY POTKAY - 973-538-8049 2 EXECUTIVE DRIVE, MORRIS PLAINS, NJ 07950							
	A DADCOLLAR DILLAR, MONITA EDUTING, INC. ALADA							

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.

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

See instructions for the order in which to list the persons above.

(A)	(B)	l	411120		C)	про	1001	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week (list any	\vdash) i			T	100,	from the	from related organizations	other compensation
	hours for	Individual trustee or director				p		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	,	organization
	organizations	al trus	nal tri		loyee	omp				and related
	below	lividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CAROLYN LAKE	line) 40.00	i i	lus	#0	ā.	흜틃	휸			
(1) CAROLYN LAKE EXECUTIVE DIRECTOR	40.00	X		x				119,500.	0.	11,574.
(2) GREG SUPRON	2.00	Δ		^				119,500.	0.	11,3/4.
PRESIDENT	2.00	x		X				0.	0.	0.
(3) TIM LOCKWOOD	2.00								•	
VICE- PRESIDENT		x		x				0.	0.	0.
(4) GUY RAYMAKER	2.00							•		•
SECRETARY		Х		х				0.	0.	0.
(5) JOHN EADE	3.00									
TREASURER		Х		Х				0.	0.	0.
(6) RUSS HALL	2.00									
TRUSTEE		Х						0.	0.	0.
(7) TRACEY POLIFKA	2.00									
TRUSTEE		Х						0.	0.	0.
(8) CHRIS MACDONALD	2.00									
TRUSTEE		Х						0.	0.	0.
(9) PATRICK MCGUINN, PHD	2.00									
TRUSTEE		Х						0.	0.	0.
(10) ANN CORWIN	2.00	١							•	•
TRUSTEE	2 00	Х						0.	0.	0.
(11) BRUCE SEIDMON	2.00	,,							0	0
TRUSTEE	2.00	Х						0.	0.	0.
(12) TOM BONTEMPO	2.00	x						0.	0.	0.
TRUSTEE (13) DANA SPANGHER	2.00	^						0.	0.	0.
TRUSTEE	2.00	X						0.	0.	0.
(14) BRIAN STORMS	2.00	25						0.	0.	<u> </u>
TRUSTEE		Х						0.	0.	0.
(15) NATHAN UMBRIAC	2.00							0.0		
TRUSTEE		х						0.	0.	0.
		1								
										- 000

Form **990** (2019)

Pa	rt VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
	(A)	(B)			(C Pos	•			(D)	(E)		_	(F)	
	Name and title	Average hours per week	box offi	not c	heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensatio from related	n		stimate nount other	
		(list any hours for	director				_		the organization	organization (W-2/1099-MIS			pensa	
		related	Individual trustee or director	rustee			Highest compensated employee		(W-2/1099-MISC)	(***2/1099*****	30)	org	anizat	ion
		organizations below	dual tru:	Institutional trustee		Key employee	st comp	<u></u>					d relat anizati	
		line)	Indivi	Institu	Officer	Keyer	Highe emplo	Forme						
									110 500		0	4	1 -	
	Subtotal Total from continuation sheets to Part V								119,500.		0.		1,5	74.
	Total (add lines 1b and 1c)							<u> </u>	119,500.		0.	1	1,5	
2	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ed al	bove	e) wh	no r	eceived more than \$100	0,000 of reportab	le			1
_													Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			•		•		_		•		3		Х
4	For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from					37
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									idual for services		4		X
	rendered to the organization? If "Yes," con					-			-			5		Х
Sec 1	ction B. Independent Contractors Complete this table for your five highest co	omnensated in	dene	ende	ent c	onti	racto	ors t	that received more than	\$100 000 of con	nens	ation t	from	
	the organization. Report compensation for										.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	(A) Name and business	address	N	INC	3				(B) Description of s	ervices	С	ompe)) nsatio	n
								_						
2	Total number of independent contractors (ot li	mite	d to		_	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ	ization >					<u>) </u>					Form	990 (ž	2010)

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Form Pa i			O19) INT			FO	OD PANTE	RY, INC.		22-3618	468 Page	<u>,</u> 9
ı aı		•••						na in thia Dart VIII			Г	\neg
			Check if Schedule O c	conta	ins a resp	onse	or note to any II	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	Unrelated	(D) Revenue exclude from tax under sections 512 - 5	r
Contributions, Gifts, Grants and Other Similar Amounts	,	b M c F d F e () f /	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts, g similar amounts not included in Total. Add lines 1a-1f	ibutio grants above	1b 1c 1d ons) 1e 5, and 1 1 f 1 g	\$2,	38,925. 122,673. 636,501.	-				
							Business Code	, ,				
Program Service Revenue		b - c - d - e - f /	All other program service i	reven	ue							
\dashv	3		Total. Add lines 2a-2f Investment income (includ									_
	3 4 5	I	other similar amounts) Income from investment o Royalties	f tax-	exempt b	ond p	proceeds	21,973.			21,973	<u> </u>
	3		noyanes	П	(i) Rea		(ii) Personal					
	6	b l	Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c	.,			- - -				
		d 1	Net rental income or (loss) Gross amount from sales of		(i) Secur		(ii) Other					
venue	ı	a b l	assets other than inventory Less: cost or other basis and sales expenses	7a 7b 7c	13,9 8,3 5,5	25. 54.		-				
Reve			Gain or (loss) Net gain or (loss)					5,571.			5,571	_
Other		a (Gross income from fundraisin including \$ 38 contributions reported on Part IV, line 18	g eve , 92 line 1	nts (not $25 \cdot \text{of}$ of c). See		342,513.					
			Less: direct expenses				95,957.					
		а (Net income or (loss) from to Gross income from gamine Part IV, line 19	g acti	ivities. Se	е	>	246,556.			246,556	<u>;</u> .
			Less: direct expenses									
		c 1	Net income or (loss) from	gamir	ng activiti		>					_
		á	Gross sales of inventory, land allowances									
			Less: cost of goods sold									
<u></u>		c ſ	Net income or (loss) from s	sales	or invent	ory	Business Code					
eon	11	a _										_
llan /ent		b _										
Miscellaneous Revenue		c d /	All other revenue									_

▶ 4,435,698.

e Total. Add lines 11a-11d

Total revenue. See instructions

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

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			, , ,	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	0 605 356	0 600 356		
	individuals. See Part IV, line 22	2,627,356.	2,627,356.		
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,	131,074.	96,995.	10,486.	23,593
	trustees, and key employees	131,074.	90,993.	10,400.	23,393
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		932,041.	689,711.	74,563.	167,767
7 8	Other salaries and wages Pension plan accruals and contributions (include	J J Z , U T I •	000,111	7=7505•	201,101
0	section 401(k) and 403(b) employer contributions)	51,250.	37,925.	4.100.	9.225
9	Other employee benefits	84,439.	62,485.	4,100. 6,755.	9,225 15,199
10	Payroll taxes	87,092.	64,448.	6,967.	15,677
11	Fees for services (nonemployees):	,	, 0	.,	-,
а	Management				
b	Legal	16.		16.	
С	Accounting	11,350.		11,350.	
d					
е	B () () () () () () () () () (
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	25,560.	23,332.	2,228.	
12	Advertising and promotion				
13	Office expenses	43,909.	28,476.		15,433
14	Information technology				
15	Royalties	111 250	114 260		
16	Occupancy	114,362.	114,362.		
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	110,213.	110,213.		
22	Depreciation, depletion, and amortization	27,495.	25,397.	2,098.	
23	Insurance Other expenses. Itemize expenses not covered	27,455	25,5576	2,050.	
24	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	FOOD PURCHASES	135,229.	135,229.		
b	SUPPLIES AND EQUIPMENT	38,936.	38,936.		
c	VOLUNTEER AND STAFF TRA	9,049.	9,049.		
d	COMMUNITY ENGAGEMENT EX	7,317.	7,317.		
e		1,258.	1,258.		
25	Total functional expenses. Add lines 1 through 24e	4,437,946.	4,072,489.	118,563.	246,894
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** (2019)

Pai	T X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	279,041.	1	314,981
	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 former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		7	
Assers	8	Inventories for sale or use	295,309.	8	304,454
¥	9	Prepaid expenses and deferred charges	5,210.	9	3,319
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3,027,031.			
	b	Less: accumulated depreciation 10b 1,069,782.	2,018,064.	10c	1,957,249
	11	Investments - publicly traded securities	435,584.	11	455,564
	12	Investments - other securities. See Part IV, line 11	373,853.	12	425,186
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,407,061.	16	3,460,753
	17	Accounts payable and accrued expenses	16,753.	17	23,801
	18	Grants payable		18	
	19	Deferred revenue	134,709.	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ũ	22	Loans and other payables to any current or former officer, director,			
=		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
5	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	151,462.	26	23,801
		Organizations that follow FASB ASC 958, check here ▶ X			
ces		and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	3,255,599.	27	3,436,952
ספ	28	Net assets with donor restrictions		28	
<u> </u>		Organizations that do not follow FASB ASC 958, check here			
ב		and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
ser	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
AS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	3,255,599.	32	3,436,952
_	33	Total liabilities and net assets/fund balances	3,407,061.	33	3,460,753

Form 990 (2019)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 Employer identification number INTERFAITH FOOD PANTRY, INC. 22-3618468 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

14430817 784010 08267R001

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19

Total

Schedule A (Form 990 or 990-EZ) 2019

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

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

Sec	ction A. Public Support			·			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	3,265,698.	3,448,827.	3,669,911.	3,983,414.	4,161,598.	18,529,448.
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	3,265,698.	3,448,827.	3,669,911.	3,983,414.	4,161,598.	18,529,448.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						18,529,448.
	ction B. Total Support	1				1	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	3,265,698.	3,448,827.	3,669,911.	3,983,414.	4,161,598.	18,529,448.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	26,296.	20,127.	16,330.	22,068.	21,973.	106,794.
_	and income from similar sources	20,290.	20,127.	10,330.	22,000.	41,973.	100,734.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	171,780.	207 090	244 188	225,084.	285,481.	1,133,623.
11	Total support. Add lines 7 through 10	17177000	20170301	211/1000	22370010	203/1011	19,769,865.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
	First five years. If the Form 990 is for	•	,				
	organization, check this box and stor						
Sec	ction C. Computation of Publ						
14	Public support percentage for 2019 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	93.73 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	94.23 %
	33 1/3% support test - 2019. If the					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2018. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶Ш

Schedule A (Form 990 or 990-EZ) 2019

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

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

Section A. Public Support	low, picase com	ipiete i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and	(-7	(-,	(=,==::	(-,, : -	(-,	(-)
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
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				-	-	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				ļ	ļ	<u> </u>
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				_		
Calendar year (or fiscal year beginning in) ► 🔼	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is						
regularly carried on						
or loss from the sale of capital						
assets (Explain in Part VI.)		+		+	1	
13 Total support. (Add lines 9, 10c, 11, and 12.)		1			F04(\\0)	
14 First five years. If the Form 990 is for t	_			•		
check this box and stop here Section C. Computation of Public		roontago				<u></u>
· · · · · · · · · · · · · · · · · · ·			. (0)		11	
15 Public support percentage for 2019 (lin					15	<u>%</u>
16 Public support percentage from 2018 Section D. Computation of Invest					16	<u>%</u>
Section D. Computation of Invest					11	
17 Investment income percentage for 201					17	<u>%</u>
18 Investment income percentage from 20					18	<u>%</u>
19a 33 1/3% support tests - 2019. If the c						1/ is not
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2018. If the c	•			•	•	
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶

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	
1	
2	
3a	
3b	
3c	
30	
4a	
48	
4b	
4c	
5a	
3	
5b	
5c	
30	
6	
7	
-	
8	
9a	
9b	
9c	
10a	
10b	

Pai	rt IV Supporting Organizations (continued)			
	,		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		
	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>Sec</u>	ction 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		
Sec	ction 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			
<u> </u>	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations		V	Na
	Did the examination avoide to each of its supported examinations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	•		
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			
Ü	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	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instru)	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.	,		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
С		see instructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	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			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections 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	ly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Pai	נ ע ן	ype III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - D	istributions		, ,	Current Year
1	Amount	s paid to supported organizations to accomplish exe	mpt purposes		
2	Amount	s paid to perform activity that directly furthers exemp	ot purposes of supported		
	organiza	tions, in excess of income from activity			
3	Adminis	trative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amount				
5	Qualified	d set-aside amounts (prior IRS approval required)			
6	Other di	stributions (describe in Part VI). See instructions.			
7	Total ar	inual distributions. Add lines 1 through 6.			
8	Distribut	ions to attentive supported organizations to which the	ne organization is responsive		
	(provide	details in Part VI). See instructions.			
9		able amount for 2019 from Section C, line 6			
10	Line 8 a	mount divided by line 9 amount			
Secti	ion E - D	istribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distribut	able amount for 2019 from Section C, line 6			
2	Underdi	stributions, if any, for years prior to 2019 (reason-			
	able cau	se required- explain in Part VI). See instructions.			
3	Excess	distributions carryover, if any, to 2019			
а	From 20	14			
b	From 20				
С	From 20				
d	From 20				
е	From 20				
f	Total of				
g	Applied	to underdistributions of prior years			
h	Applied	to 2019 distributable amount			
i	Carryov	er from 2014 not applied (see instructions)			
j	Remaind	der. Subtract lines 3g, 3h, and 3i from 3f.			
4		ions for 2019 from Section D,			
	line 7:	\$			
а	Applied	to underdistributions of prior years			
b	Applied	to 2019 distributable amount			
С	Remain	der. Subtract lines 4a and 4b from 4.			
5	Remaini	ng underdistributions for years prior to 2019, if			
	any. Sul	otract lines 3g and 4a from line 2. For result greater			
	than zer	o, explain in Part VI. See instructions.			
6		ng underdistributions for 2019. Subtract lines 3h			
	and 4b f	rom line 1. For result greater than zero, explain in			
	Part VI.				
7	Excess				
	and 4c.				
8		wn of line 7:			
		rom 2015			
		rom 2016			
		rom 2017			
		rom 2018			
		irom 2010			

Schedule A (Form 990 or 990-EZ) 2019

	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)									
SCHE	DULE	Α,	PART	II,	LINE	10,	EXPLANATION	FOR	OTHER	INCOME:
FUND	RAIS	ING	EVEN'	rs						
2015	AMO	UNT	: \$	171,	780.					
2016	AMO	UNT	: \$	207,	090.					
2017	AMO	UNT	: \$	244,	188.					
2018	AMO	UNT	: \$	225,	084.					
2019	AMO	UNT	: \$	285,	481.					

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,

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

INTERFAITH FOOD PANTRY, INC.

Employer identification number 22-3618468

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 v	writing that the assets held in donor advise	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		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	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	tion 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 qualif	fied conservation contribution in the form o	f 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
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.	(0: 11 4
Pai	t III Organizations Maintaining Collections o		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub	· · · · · · · · · · · · · · · · · · ·	•
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre-		gain, provide
	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1		
h	Assets included in Form 990, Part X		S

932051 10-02-19

Schedule D (Form 990) 2019

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

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	er Simil	ar Asse	t s (contir	nued)	9-
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following that	at make s	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	і Ш	Loan or exc	hange progr	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizat	ion's exe	mpt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	asures, or oth	er simila	r assets		_		_
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's co	ollection?			L	Yes		_ No
Pai	t IV Escrow and Custodial Arran	•	ete if the	organizatio	n answered	"Yes" on	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	ssets not	included	_	_	_	_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo							<u></u>	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has been	n provided on	Part XIII					
Pai	t V Endowment Funds. Complete it	f the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line	10.				
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three	ears back	(e) Four	years	back
1a	Beginning of year balance							17,500.		50,	000.
b	Contributions									17,	500.
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs							17,500.		50,	000.
f	Administrative expenses										
g	End of year balance									17,	500.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (a	a)) held as:				•		
а	Board designated or quasi-endowment	•	%		"						
b	Permanent endowment	%									
С	Term endowment	 %									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	and administe	ered for t	he organi	zation			
	by:	· ·					· ·			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	Schedule R?)				3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered), Part I	/, line 11a. S	See Form 990	D, Part X,	line 10.				
	Description of property	(a) Cost or o		1	t or other		ccumulate	ed	(d) Boo	k valu	<u>——</u>
		basis (investr			(other)		preciation		(-,		_
	Land	- ` ` 	,		. ,						
b	Buildings			2.59	5,534.	•	720,2	61.	1,87	5,2	73.
2	Leasehold improvements			,	,		- · · -				
d	Equipment			29	3,278.		276,0	32.	1	7,2	46.
	Other				8,219.	-	73,4			$\frac{7}{4}, 7$	
	. Add lines 1a through 1e. (Column (d) must e		X. colur					ightharpoonup	1,95		

Schedule D (Form 990) 2019

	TH FOOD PANTRY,	INC.	22-3618468 Page
Part VII Investments - Other Securities	S.		
Complete if the organization answered '	"Yes" on Form 990, Part IV, line		
(a) Description of security or category (including name of sec	curity) (b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) POOLED INVESTMENT FUND	425,186	• END-OF-YEAR MAR	KET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12		•	
Part VIII Investments - Program Relate	ed.		
Complete if the organization answered	"Yes" on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13	3.) ▶		
Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 15.)		▶
Part X Other Liabilities.			
Complete if the organization answered	"Yes" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, li	ine 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

(8)

Part XI	Recond	ciliation	of Revenue	per Audited	Financial	Statements	With	Revenue	per	Return

Ра	rt XI Reconciliation of Revenue per Audited Financial St	atements with	Revenue per R	eturr	١.
	Complete if the organization answered "Yes" on Form 990, Part IV,	ine 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,484,590.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	48,892.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	48,892.
3	Subtract line 2e from line 1			3	4,435,698.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
-	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)		5	4,435,698.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements With	Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV,	ine 12a.			
1	Total expenses and losses per audited financial statements			1	4,437,946.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	4,437,946.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
					4,437,946.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISION OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION. THE ORGANIZATION IS ALSO EXEMPT UNDER TITLE 15 OF THE STATE OF NEW JERSEY CORPORATIONS AND ASSOCIATIONS NOT-FOR-PROFIT ACT. ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAX HAS BEEN PRESENTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB ASC, INCOME TAXES. THE STANDARD PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX

Schedule D (Form 990) 2019

Part XIII | Supplemental Information (continued)

RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL

STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION,

INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND

TRANSITION AS THEY RELATE TO THOSE TAX POSITIONS.

THE ORGANIZATION DOES NOT EXPECT A SIGNIFICANT INCREASE OR DECREASE TO THE TOTAL AMOUNTS OF UNRECOGNIZED TAX POSITIONS DURING THE FISCAL YEARS ENDED DECEMBER 31, 2019 AND 2018. HOWEVER, THE ORGANIZATION IS SUBJECT TO AUDIT BY TAX AUTHORITIES INCLUDING A REVIEW OF ITS NONPROFIT STATUS WHICH MANAGEMENT BELIEVES WOULD BE UPHELD UPON EXAMINATION.

THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE

POSITIONS TAKEN ON ITS TAX RETURNS. NONETHELESS, THE AMOUNTS ULTIMATELY

PAID, IF ANY, UPON RESOLUTION OF THE ISSUES RAISED BY THE TAXING

AUTHORITIES MAY DIFFER MATERIALLY FROM THE AMOUNTS ACCRUED FOR EACH YEAR.

AS REQUIRED BY LAW, THE ORGANIZATION FILES INFORMATIONAL RETURNS WITH BOTH
THE UNITED STATES FEDERAL AND STATE OF NEW JERSEY JURISDICTIONS ON AN
ANNUAL BASIS - FORM 990 WITH THE INTERNAL REVENUE SERVICE, AND FORM
CRI-300R WITH THE STATE. THESE RETURNS ARE SUBJECT TO EXAMINATION BY THESE
AUTHORITIES WITHIN CERTAIN STATUTORILY DEFINED PERIODS FOR BOTH FEDERAL
AND THE STATE OF NEW JERSEY.

SCHEDULE G

Department of the Treasury

(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.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service	► Go	to www.irs.gov/Form990 for instr	uction	s and	the latest informat	ion.		Inspection
Name of the organization								entification number
		ITH FOOD PANTRY, I					22-3618	
	ing Activities, complete this par	 Complete if the organization answer t. 	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
1 Indicate whether th	e organization rais	sed funds through any of the followir	ng acti	vities.	Check all that apply			
a Mail solicitat	ions				overnment grants			
	email solicitations			-	nment grants			
c Phone solicit		g Special	fundra	aising	events			
d In-person so								
		or oral agreement with any individual		-				- D.
		art VII) or entity in connection with p viduals or entities (fundraisers) pursu					Ye LLL	
compensated at le			iani io	agree	ements under which	uie it	iliulaisel is to	be
		r Organization.			•			+
(i) Name and addres	s of individual		(iii)	Did raiser ustody	(iv) Gross receipts	(v)	Amount paid	(vi) Amount paid
or entity (fund		(ii) Activity	have c	ustody itrol of	from activity	1	or retained by) fundraiser	to (or retained by) organization
, (,		contrib	utions?	'	list	ted in col. (i)	Organization
			Yes	No				
								+
								_
3 List all states in whi or licensing.	ch the organization	on is registered or licensed to solicit	contrik	outions	s or has been notified	d it is	exempt from	registration

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

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 INTERFAITH FOOD PANTRY, INC. 22-3618468 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 (add col. (a) through TURKEY TROT 1 SPRING GALA col. (c)) (event type) (event type) (total number) Revenue 64,396. 20,947. 296,095 381,438. 1 Gross receipts 38,925 38,925. 2 Less: Contributions 64,396. 257,170. 20,947. 342,513. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 38,725. 38,725. 6 Rent/facility costs 7 Food and beverages 8 Entertainment 19,502. 57,232. 9 Other direct expenses 33,433. 4,297. 10 Direct expense summary. Add lines 4 through 9 in column (d) 246,556. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** 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: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990 EZ) 2019 INTERFAITH FOOD PANTRY, INC. 22-3	3618468	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 formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	o An outside facility		<u> </u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	
17	the the hame and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$		
C	If "Yes," enter name and address of the third party:		
	Nama N		
	Name ▶		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Carning manager compensation > \(\psi_{} \)		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
ě		Yes	□ No
	retain the state gaming license?	L res	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year > \$		01 401
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II.	art III, lines 9	, 90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	i (Form 990 or 990-EZ)	INTERFAITH	FOOD	PANTRY,	INC.	22-3618468 Page 4
Part IV	i (Form 990 or 990-EZ) Supplemental Info	rmation (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.

OMB No. 1545-0047

Open to Public Inspection

Name o	of the organization							Employer identification number
			NTRY, INC.					22-3618468
Part I	General Information on Grants a	nd Assistance						
	Does the organization maintain records					•		
С	criteria used to award the grants or assi	stance?						X Yes No
2 [Describe in Part IV the organization's pro	ocedures for moni	toring the use of grant	funds in the Unite	ed States.			
Part I	aranto ana otner Addictance to	_				anization answered "\	Yes" on Form 990, Part	t IV, line 21, for any
	recipient that received more than					(f) Method of	Г	ı
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	Enter total number of section 501(c)(3) a			ne line 1 table			1	\

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PROVIDE EMERGENCY FOOD ITEMS	32913	0.	2,627,356.	FMV	FOOD ITEMS
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	ı (b); and any other a	dditional information.	
LINE 1					
DONATED FOOD ITEMS TO IMPROVE THE	HEALTH O	F MORRIS C	OUNTY, NJ	RESIDENTS	
BY PROVIDING ACCESS TO FOOD.					

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service Noncash Contributions

OMB No. 1545-0047

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

INC.

Attach to Form 990.

INTERFAITH FOOD PANTRY,

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

Open to Public Inspection

Name of the organization

Employer identification number 22-3618468

Pa	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de			_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ition a	mount	S
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								
8	Boats and planes							
	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	1,226,280	2,636,501.	FMV BY POUN	D		
20	Drugs and medical supplies							
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 organiz	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 828	83, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by	y contribution	on any property rep	ported in Part I, lines 1 throu	igh 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.							
31	Does the organization have a gift acceptance p	oolicy that r	equires the review	of any nonstandard contrib	utions?	31		Х
	Does the organization hire or use third parties of							
4	contributions?		•		.	32a		Х
h	If "Yes," describe in Part II.					<u> </u>		_
33	If the organization didn't report an amount in co	olumn (c) fo	or a type of propert	v for which column (a) is ch	ecked			
-	describe in Part II.	J.G. 111 (0) 10	a type of propert	, is. willon column (a) is one	Jones,			
LHA		the Instruc	tions for Form 99	n	Schedule M	l (For	n 990	2010
	. J. I apolition i logacion Actitolice, see			~.	Jonicaule IV			

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

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

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

INTERFAITH FOOD PANTRY, INC.

Employer identification number 22-3618468

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATION AND RELATED RESOURCES AND TO PROVIDE VOLUNTEER OPPORTUNITIES

AND EDUCATE THE PUBLIC ABOUT HUNGER.

FORM 990, PART VI, SECTION B, LINE 11B:

INTERFAITH FOOD PANTRY, INC. HAS ITS FORM 990 PREPARED BY AN OUTSIDE

ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE

THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990

HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE AND IS

READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS PROVIDED TO THE

MEMBERS OF THE ORGANIZATIONS GOVERNING BODY FOR ANY COMMENTS PRIOR TO ITS

SUBMISSION. THE GOVERNING BODY IS PROVIDED WITH A REASONABLE AMOUNT OF TIME

TO REVIEW THE FORM 990. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND

PROVIDED THROUGH MANAGEMENT TO THE OUTSIDE ACCOUNTING FIRM. ANY APPLICABLE

ISSUES ARE ADDRESSED PRIOR TO THE RETURN BEING FINALIZED AND APPROVED FOR

FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

INTERFAITH FOOD PANTRY, INC. CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT REGULARLY MONITORS AND ENFORCES. THE BOARD MANDATES THAT ALL MEMBERS OF MANAGEMENT AND THE GOVERNING BODY ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, THE GOVERNING BODY AND MANAGEMENT WILL INVESTIGATE THE ISSUE. IF A CONFLICT OF INTEREST IS DETERMINED TO EXIST, MANAGEMENT AND THE GOVERNING BODY WILL BE NOTIFIED IMMEDIATELY. THE MEMBER WILL NOT BE ALLOWED TO VOTE OR BE A PART OF ANY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** INTERFAITH FOOD PANTRY, INC. 22-3618468 DECISIONS ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO WITH THE CONFLICT UNTIL SUCH TIME THAT THERE IS NO LONGER A CONFLICT. IN ADDITION, WHENEVER A LARGE PURCHASE OR OTHER TRANSACTION FOR SERVICES ARE PROVIDED THEY ARE REVIEWED FOR APPROVAL. THE TRUSTEES ARE REQUIRED TO MAKE FULL DISCLOSURE OF ANY INTEREST THEY, THEIR FAMILY, OR ORGANIZATION MAY HAVE. THE BOARD THEN DECIDES IF INVOLVEMENT WOULD CONSTITUTE A CONFLICT OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION OF THE ORGANIZATIONS OFFICERS OR KEY EMPLOYEES IS REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES, AN INDEPENDENT BODY. THE QUALIFICATIONS AND EXPERIENCE OF THE INDIVIDUAL ARE ALSO TAKEN INTO ACCOUNT WHEN DETERMINING COMPENSATION. FORM 990, PART VI, SECTION C, LINE 19: INTERFAITH FOOD PANTRY, INC. MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE UPON WRITTEN REQUEST AT THE ORGANIZATION'S OFFICE AT 2 EXECUTIVE DRIVE, MORRIS PLAINS, NJ 07950. IN ADDITION, THE FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN REQUEST AT THE ORGANIZATION'S OFFICE AT 2 EXECUTIVE DRIVE, MORRIS PLAINS, NJ 07950. FORM 990 PART XII LINE 2C NO CHANGE FROM THE PRIOR YEAR.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	₋ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	BUILDING	11/01/11	SL	30.00	1	.6	2,415,844.				2,415,844.	577,117.		80,528.	657,645.
2	LEASEHOLD IMPROVEMENTS	03/31/12	SL	30.00	1	.6	52,344.				52,344.	11,779.		1,745.	13,524.
3	GARDEN AND SHED	09/24/13	SL	7.00	1	.6	6,094.				6,094.	4,573.		871.	5,444.
4	FIRE SYSTEM FOR WALK IN	10/08/13	SL	5.00	1	.6	2,388.				2,388.	2,388.		0.	2,388.
5	DOOR	10/21/13	SL	7.00	1	.6	1,100.				1,100.	811.		157.	968.
6	VAN	04/04/05	SL	5.00	1	.6	32,102.				32,102.	32,102.		0.	32,102.
7	VAN PARTS	10/12/05	SL	5.00	1	.6	850.				850.	850.		0.	850.
8	VAN	09/22/16	SL	5.00	1	.6	58,789.				58,789.	26,455.		11,758.	38,213.
9	COMPUTERS	03/10/03	SL	5.00	1	.6	2,750.				2,750.	2,750.		0.	2,750.
10	EQUIPMENT- FLOOR SCALE	07/23/04	SL	7.00	1	.6	1,048.				1,048.	1,048.		0.	1,048.
11	COMPUTER EQUIPMENT	11/12/04	SL	5.00	1	.6	2,769.				2,769.	2,769.		0.	2,769.
12	EQUIPMENT- FREEZER	10/12/05	SL	7.00	1	.6	2,657.				2,657.	2,657.		0.	2,657.
13	EQUIPMENT	12/12/05	SL	7.00	1	.6	957.				957.	957.		0.	957.
14	KYOCERA USED COPY MACHINE	06/22/09	SL	5.00	1	.6	4,467.				4,467.	4,467.		0.	4,467.
15	GENERATOR	11/01/11	SL	7.00	1	.6	34,894.				34,894.	34,894.		0.	34,894.
16	REFRIGERATOR/FREEZER	11/01/11	SL	7.00	1	.6	4,194.				4,194.	4,194.		0.	4,194.
17	KITCHEN APPLIANCES	11/01/11	SL	7.00	1	.6	12,090.				12,090.	12,090.		0.	12,090.
18	KITCHEN FAN	11/01/11	SL	7.00	1	.6	13,500.				13,500.	13,500.		0.	13,500.

928111 04-01-19

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	₋ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	KITCHEN CABINETS	11/01/11	SL	7.00	1	.6	8,305.				8,305.	8,305.		0.	8,305.
20	TELEPHONE SYSTEM	12/21/11	SL	7.00	1	.6	11,225.				11,225.	11,225.		0.	11,225.
21	FLOOR SCALE	11/01/11	SL	7.00	1	.6	1,649.				1,649.	1,649.		0.	1,649.
22	CHALKBOARD BAILER	11/01/11	SL	7.00	1	.6	8,000.				8,000.	8,000.		0.	8,000.
23	PALLET RACHS	11/01/11	SL	7.00	1	.6	14,000.				14,000.	14,000.		0.	14,000.
24	FORKLIFT	11/01/11	SL	7.00	1	.6	13,375.				13,375.	13,375.		0.	13,375.
25	SOLAR PANNELS	11/01/11	SL	7.00	1	.6	2,000.				2,000.	2,000.		0.	2,000.
26	COMPUTER SERVER	04/29/12	SL	5.00	1	.6	4,960.				4,960.	4,960.		0.	4,960.
27	SECURITY SYSTEM	01/24/12	SL	7.00	1	.6	7,781.				7,781.	7,691.		90.	7,781.
28	WALK IN EXPANSION	09/25/13	SL	5.00	1	.6	4,160.				4,160.	4,160.		0.	4,160.
29	FREEZER	12/31/15	SL	10.00	1	.6	2,537.				2,537.	762.		254.	1,016.
30	COMPUTER	11/09/15	SL	5.00	1	.6	1,241.				1,241.	785.		248.	1,033.
31	COMPUTER UPGRADE	10/17/16	SL	5.00	1	.6	15,131.				15,131.	6,556.		3,026.	9,582.
32	TECH INFRASTRUCTURE UPGRADE	04/01/17	SL	5.00	1	.6	5,595.				5,595.	1,958.		1,119.	3,077.
33	LOBBY FURNITURE	11/01/11	SL	5.00	1	.6	2,000.				2,000.	2,000.		0.	2,000.
34	DESK CHAIRS	11/01/11	SL	5.00	1	.6	2,250.				2,250.	2,250.		0.	2,250.
35	FURNITURE- NOVARTIS	11/01/11	SL	5.00	1	.6	100,000.				100,000.	100,000.		0.	100,000.
36	SOLAR PANNELS	03/05/13	SL	20.00	1	.6	110,068.				110,068.	32,101.		5,503.	37,604.

928111 04-01-19

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o l	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	ROOF SNOW GUARDS	12/23/14	SL	10.00	1	16	3,500.				3,500.	1,400.		350.	1,750.
38	DAIKIN BOARDS	11/06/18	SL	5.00	1	16	1,734.				1,734.	58.		347.	405.
39	LIFTMASTER	12/06/18	SL	5.00	1	16	2,463.				2,463.	41.		493.	534.
40	FRIDGE	08/07/18	SL	5.00	1	16	3,361.				3,361.	392.		672.	1,064.
41	CONVEYOR BELT	06/07/18	SL	5.00	1	16	2,315.				2,315.	386.		463.	849.
42	CBOX ALARM SYSTEM	08/27/18	SL	5.00	1	16	1,146.				1,146.	115.		229.	344.
43	VAN	09/20/19	SL	5.00	1	16	46,478.				46,478.			2,324.	2,324.
44	KITCHEN OVENS	12/06/19	SL	5.00	1	16	2,920.				2,920.			35.	35.
	* TOTAL 990 PAGE 10 DEPR						3,027,031.				3,027,031.	959,570.		110,212.	1,069,782.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						2,977,633.			0.	2,977,633.	959,570.			1,067,423.
	ACQUISITIONS						49,398.			0.	49,398.	0.			2,359.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						3,027,031.			0.	3,027,031.	959,570.			1,069,782.
	ENDING ACCUM DEPR											1,069,782.			
	ENDING BOOK VALUE											1,957,249.			

928111 04-01-19

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Business or activity to which this form relates

Attachment Sequence No. **179** Identifying number

INT	TERFAITH FOOD PANTR	Y, INC.		FOR	RM 99	90 E	PAGE 10			22-3618468
Pai	rt Election To Expense Certain Prop	erty Under Section 1	179 Note: If yo	ou have any li	sted pro	perty,	complete Par	t V b	efore y	
1 1	Maximum amount (see instructions)								1	1,020,000.
2 T	otal cost of section 179 property place								2	
	hreshold cost of section 179 propert								3	2,550,000.
	Reduction in limitation. Subtract line 3								4	
5 D	ollar limitation for tax year. Subtract line 4 from lin	ne 1. If zero or less, enter	r -0 If married fil	ling separately, se	e instructi	ons			5	
6	(a) Description of p	property		(b) Cost (busir	ness use o	nly)	(c) Elected	cost		
	isted property. Enter the amount fron					7			1	
	otal elected cost of section 179 prop								8	
	entative deduction. Enter the smalle								9	
	Carryover of disallowed deduction from								10	
	Business income limitation. Enter the		•		-	-			11	
	Section 179 expense deduction. Add								12	
	Carryover of disallowed deduction to an arryover of disallowed deduction to a carryover of the control of the carryover of th				🔼	13				
Pai					la liatad	nrono	т. 1			
			-	-						
	Special depreciation allowance for qua						-		44	
	he tax year Property subject to section 168(f)(1) e								14 15	
	Other depreciation (including ACRS)								16	110,212.
_	t III MACRS Depreciation (Don'	t include listed pro							10	110/2120
				ection A						
17 N	MACRS deductions for assets placed	in service in tax v	ears beginnir	na before 201	9				17	
	you are electing to group any assets placed in se									
	Section B - Assets	s Placed in Service	ce During 20	19 Tax Year	Using t	he Ge	neral Depreci	ation	Syst	em
	(a) Classification of property	(b) Month and year placed		or depreciation nvestment use		lecovery	(e) Convention	(f) N	1ethod	(g) Depreciation deduction
		in service		e instructions)	р	eriod	,	.,		(3)
19a	3-year property									
b	5-year property									
c	7-year property									
d	10-year property									
<u>e</u>	15-year property							_		
f_	20-year property									
<u>g</u>	25-year property				+	yrs.		+	S/L	
h	Residential rental property	/				5 yrs.	MM	_	S/L	
	. , ,	/			1	5 yrs.	MM	+	S/L	
i	Nonresidential real property	/			39	yrs.	MM	_	S/L	
	Section C - Assets	Diseasi in Camina	During 201	O Tay Vaar II	laina Ha	- Alta	MM Donro		S/L	
		Placed in Service	During 20 i	9 Tax Year U	sing in	e Aitei	native Depre	_		stem
<u>20a</u>	Class life				10			_	S/L	
<u>b</u>	12-year	/			+	yrs. yrs.	MM	_	S/L	
c	30-year 40-year	/				yrs.	MM	_	S/L S/L	
	rt IV Summary (See instructions.)	/			1 40	yıs.	IVIIVI		3/ L	
	isted property. Enter amount from lin	28							21	
	otal. Add amounts from line 12, lines			Ω in column (c					-1	
	Enter here and on the appropriate line	-							22	110,212.
	or assets shown above and placed in					100 1110				===,===
	portion of the basis attributable to sec	-		,		23				

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	240, Columns (, , ,	'												
			on and Other			ution: S	ee the	nstruc	tions for li	mits for p	asseng	ger autor	nobiles.)		
248	Do you have evidence to s		siness/investme	nt use cla	aimed?	<u>Ц</u> Y	es L	∐ No	24b If "Y	es," is the	e evide	nce writt	ten? L	Yes _	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	l ot	(d) Cost or her basis		(e) is for depr siness/inve use onl	estment	(f) Recovery period	(g Meth Conve	od/	Depre	h) ciation uction	(i Elec section co:	n 179
25	Special depreciation allo	wance for q	ualified listed	property	placed i	n servic	e durin	g the t	ax year an	d					
	used more than 50% in	a qualified b	usiness use		•						25				
26	Property used more that										•				
		: :	9	1											
		: :	9												
_			9	_											
 27	Property used 50% or le	ess in a quali		_					<u> </u>	<u>l</u>					
=-			9							S/L -					
_			9							S/L -					
			9,	_						S/L -					
	Add amounts in column	(h) linos 25			and on	lino 21	page 1		<u> </u>		28				
													29		
29	Add amounts in column	(1), 11116 20. E			7, page 1 3 - Info rn								. 29		
	mplete this section for ve			on C to s	see if you	meet a	an exce		o completi	ng this se	ection f	or those	vehicles	S.	
	Tatal business for saturate	and the second of the second			a)	-	b)	Ι,	(c)	(d		1	e)	(f)	
30	Total business/investment		· ·	Ver	nicle	Ver	nicle	<u> </u>	ehicle	Vehi	cle	Ver	nicle	Vehi	cle
	year (don't include commu														
	Total commuting miles of														
32	Total other personal (no driven	_													
33	Total miles driven during	the year.													
	Add lines 30 through 32														
34	Was the vehicle availab	le for person	ıal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used pr	rimarily by a	more												
	than 5% owner or relate	ed person?													
36	Is another vehicle availa	ble for perso	onal												
	use?														
٩ns	swer these questions to o		- Questions f you meet an e	-	-								ren't		
	re than 5% owners or rel														
37	Do you maintain a writte	n policy stat	tement that pr	ohibits a	ıll person	al use c	of vehicl	es, inc	luding cor	nmuting,	by you	r		Yes	No
														<u> </u>	
38	Do you maintain a writte	. ,	•	•						0, , ,					
	employees? See the ins														
39	Do you treat all use of ve	ehicles by er	mployees as p	ersonal	use?										
40	Do you provide more that	an five vehic	les to your em	ployees	, obtain ir	nformat	ion fron	n your	employees	about					
	the use of the vehicles,														
41	Do you meet the require	ments conc	erning qualifie	d autom	obile den	nonstra	tion use	?							
	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," don'	t complet	e Secti	on B fo	r the c	overed vel	nicles.					
P	art VI Amortization							_,							
	(a) Description of	costs	Date:	(b) amortization] ,	(c) Amortizab			(d) Code		(e) Amortiza	tion		(f) nortization r this year	
						amount			section	n	eriod or ner	centage I	10	,	
42		at begins du		begins		amount			section	р	eriod or per	centage	10		
42	Amortization of costs th	at begins du		begins		amount			section	p	eriod or per	centage	10		
42		at begins du		begins		amount			section	p	eriod or per	centage	10		

44 Total. Add amounts in column (f). See the instructions for where to report

44

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of the	nis form, visit www.irs.gov/e-file-providers/e-file-for-chari	ities-and-r	non-profits.				
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).				
All corpo	rations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnership	os, REMIC	s, and trusts		
must use	Form 7004 to request an extension of time to file incom	ne tax retu	rns.				
Type or	oe or Name of exempt organization or other filer, see instructions.				Taxpayer identification number (TIN)		
print File by the due date for filing your return. See instructions.	INTERFAITH FOOD PANTRY, INC.			22-3618468			
	Number, street, and room or suite no. If a P.O. box, see instructions. 2 EXECUTIVE DRIVE						
	MORRIS PLAINS, NJ 07950						
Enter the Return Code for the return that this application is for (file			ate application for each return)			. 0 1	
Application		Return	Application			Return	
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A			08	
Form 4720 (individual)		03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above)		05 06	Form 6069 Form 8870			11	
Telepl If the	wendy potkay ooks are in the care of ► 2 EXECUTIVE DR: none No. ► 973-538-8049 organization does not have an office or place of busines: is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ►	s in the Ur Group Exe	Fax No. ▶nited States, check this box	f this is fo	r the whole group, c		
1 I request an automatic 6-month extension of time until							
	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.				\$	0.	
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$				\$	0.	
	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by					^	
	ng EFTPS (Electronic Federal Tax Payment System). See If you are going to make an electronic funds withdrawal ons.			3c 453-EO ar	\$ nd Form 8879-EO fo	0 • or payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)