# **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.

nterr	nal Reve	nue Servi	ce	▶	Information a	bout Form	990 and its	instructions	is at www.ir	s.gov/f	orm990.		Insped	ction
A F	or the	e 2013	3 caler	dar year, or ta	ax year begir	nning	0.7	7/01, <b>201</b> 3	3, and endir	ng		06,	/30, <b>20</b> <sub>14</sub>	<u> </u>
				e of organization	<u>.</u>	-					D Employer ide			
<b>B</b> c	heck if ap			RRICANE SAN	IDY NEW JI	ERSEY R	ELTEF F	UND INC.						
	Addre			Business As	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			21,2	·		36-4745	729		
	chang	Г		per and street (or F	P.O. box if mail is	not delivered	to street addr	ess)	Room/suite		E Telephone no			
	+	change		MT KEMBLE				,	110011110		(973) 52			
	Initial	ŀ		or town, state or pr				do			(973) 32	1-5	620	
	Termin					and ZIF or lon	eigii postai co	ue					10.76	0 507
	return Applic	L		RRISTOWN, N							G Gross receip		. 🗀	0,537.
	pendir	ng		e and address of pr	·		FRAWLEY				H(a) Is this a grou subordinates		$\vdash$	
				MT KEMBLE	<del> </del>			TOWN, NJ	07960		H(b) Are all subord			
		empt sta		X 501(c)(3)	501(c) (	) <b>《</b> (ir	sert no.)	4947(a)(1)	or 52	27	If "No," attac	h a list.	(see instructions)	)
				YNJRELIEFFU	UND.ORG						H(c) Group exemp	otion nu	ımber 🕨	
				X Corporation	Trust	Association	Other	<u> </u>	L Year o	of format	ion: 2012 <b>M</b>	State	of legal domicil	e: NJ
Pa	art I	Sun	nmary											
	1	Briefly	descri	oe the organizati	on's mission o	r most signif	ficant activiti	es: RAISE	S AND DI	STRI	BUTES FUN	DS 7	ГО	
9		ORGA	NIZA	TIONS THAT	SUPPORT	THE REC	COVERY	AND REBU	ILDING E	EFFOR	TS OF NEW			
Governance		JERS	SEY C	OMMUNITIES	IMPACTEI	BY HUI	RRICANE	SANDY.						
/er	2	Check	this bo	x ▶ if the	organization d	liscontinued	l its operation	ons or dispos	ed of more the	 an 25%	of its net assets	 S.		
်				ting members of	-			•				3		9.
⋖				dependent voting								4		9.
ijes				of individuals en								5		6.
Activities				of volunteers (es								6		9.
Act	72	Total	inrolate	ed business rever	ue from Part V	(III. column (	C) line 12					7a		
												7b		
	D	net un	related	business taxable	e income from	FOIII 990-1	, iirie 34 <u> </u>			· · ·	Prior Year	7.0	Current	Voor
		0 ( )			VIII P 41-V							1		50,537
e	8	Contrib	outions	and grants (Part	VIII, line 1n)			COF	Y FOR		28,985,77		10,76	0,337
Revenue	9	Progra	m serv	ice revenue (Part	VIII, line 2g)			PUBLIC	NSPECTION			0		
Be	10	mvesu	ment m	come (Part VIII,	Column (A), iine	es 3, 4, and	7u)					0		
				e (Part VIII, colui							20 005 77	0	10.7/	
				- add lines 8 thr	· ·					_	28,985,77	_		50,537
				milar amounts pa						_	10,604,60	_	20,01	11,240
				to or for member								0		
e				er compensation,							303,56	_	60	)8 <b>,</b> 583
Expenses	16a	Profes	sional	fundraising fees (	Part IX, column	n (A), line 11	e)				41,57	11.		
Ϋ́				sing expenses (Pa										
_	17	Other 6	expens	es (Part IX, colur	nn (A), lines 11	a-11d, 11f-2	24e)				330,97	_		29,496
	18	Total e	xpense	es. Add lines 13-	17 (must equal	Part IX, col	umn (A), line	e 25)			11,280,71	1.	20,94	19,319
		Reveni	ue less	expenses. Subtr	ract line 18 from	n line 12					17,705,06	0.	-10,18	38 <b>,</b> 782.
Soci										Begin	ning of Current Y	'ear	End of Y	ear
Net Assets or Fund Balances	20	Total a	ssets (	Part X, line 16)							23,348,14	9.	16,24	19,275
AB d B	21	Total li	abilitie	s (Part X, line 26)							5,643,08	9.	7,53	32 <b>,</b> 997
훒	22			fund balances.							17,705,06	0.	8 <b>,</b> 71	16,278
Рa	rt II	Sig	nature	Block										
Und	der pen	alties of	f perjury	, I declare that I ha	ave examined th	is return, inc	luding accom	panying sched	lules and state	ments, a	and to the best of	my k	nowledge and	belief, it is
true	e, corre	ct, and c	complete	e. Declaration of pre	eparer (other thar	n officer) is ba	sed on all inf	ormation of wh	icn preparer ha	as any kr	nowledge.			
Sig		<b>7</b> 5	Signatur	e of officer							Date			
Hei	re	K	KIM F	'RAWLEY										
		_		print name and title										
		· ·	· · · · · · · · · · · · · · · · · · ·	parer's name		Preparer's s	signature		Date		Check	if P	TIN	
Paid	i	JAME		ECKER			-				self-employe	"	P0003995	8
Prep	parer			► WITHIMS	мттш⊥вром	IN DC					Firm's EIN			

For Paperwork Reduction Act Notice, see the separate instructions.

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

Form **990** (2013)

732-828-1614 X Yes

Firm's address ▶ 1 SPRING STREET NEW BRUNSWICK, NJ 08901

No

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Pa		tatement of Program Service A	ccomplishments esponse or note to any line in this Part	III						
1	Briefly des	scribe the organization's mission:  HMENT 1								
	-									
2			icant program services during the ye		Yes X No					
	If "Yes," de	escribe these new services on So	chedule O.							
3	services?		or make significant changes in h		Yes X No					
4	Describe expenses.		vice accomplishments for each of i 4) organizations are required to rep		-					
4a	(Code:	) (Expenses \$ 20,4	36,866. including grants of \$ 20	, <sub>011,240</sub> . ) (Revenue \$	)					
	TO SUPP	ORT THE RECOVERY AND F	REBUILDING EFFORTS OF NEW							
•	COMMUNITIES IMPACTED BY HURRICANE SANDY.									
	-									
	(Code:	\(Fynenses \$	including grants of \$	\ (Revenue \$						
75		) (Ελροίισσο ψ	microding grants of $\psi$	/ (Νονοπάο ψ						
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)					
4d	Other pro	gram services (Describe in Sche	dule O.)							
	(Expenses	s\$ including gra	nts of \$ ) (Revenue	)						
4e	Total prog	gram service expenses >	20,436,866.							

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Page 1

Part	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 <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	,		Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Λ
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,	5		Х
6	Part III	3		Λ
6	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,			
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	-		
	complete Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	115	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
1	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	12a	x	
h	complete Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	124	- 11	
	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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 (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	4.0		37
4.0	Part VIII, lines 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?	4.0		v
nn -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 202 did the organization attach a copy of its audited financial statements to this return?	20a		X
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on 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			
23	·			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23	Х	
04 -	employees? If "Yes," complete Schedule J	23		
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-		Х
	through 24d and complete Schedule K. If "No," go to line 25a	24a		
	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		
	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) and 501(c)(4) 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		<u>X</u>
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 L	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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, or key employee? If "Yes," complete Schedule L, Part IV.	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>			
•	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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,			
04	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	Jou		
D	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	335		
36		36		Х
07	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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,			٧,
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		1,	
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	Х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	_		
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		17
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	٥-		v
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6 h		
7	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		Х
h	and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5		
·	required to file Form 8282?	7c		Х
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
-	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4 -		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	4.4-		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

JSA 3E1040 1.000

Part VI

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

Sect	ion 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	9		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ationship with			
	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or un	der the direc	t		
	supervision of officers, directors, or trustees, or key employees to a management company or othe	r person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fil	ed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a	issets?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to ele		t		
	one or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval		,		
	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during	1		
	the year by the following:	_			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot		t		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal Revenu	ie Coa	e.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of s	such chapters	,		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	rposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fil	ing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t	hat could give	•		
	rise to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the po	olicy? If "Yes,	"		
	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review an	d approval by	/		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?	•		
а	The organization's CEO, Executive Director, or top management official		15a		
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arrangemen	t		
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization t				
	participation in joint venture arrangements under applicable federal tax law, and take steps to	safeguard the	•		
<u> </u>	organization's exempt status with respect to such arrangements?		16b		<u> </u>
sect	ion C. Disclosure				
17	', '				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section	on 501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	adula O\			
	X Own website Another's website Upon request Other (explain in Sch	•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of i	nterest	policy	, and
	financial statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books		the		
	organization: ▶kim frawley 906 mt kemble avenue, 3rd floor morristown, nj 07960 973-5	21-5820			

JSA 3E1042 1.000

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	erson	(D) Reportable Reportrustee)  (D) Reportable compensation compension re  the organ		(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
	2.00	х		х				0	0	0
(2)ROBERTO MIGNONE	1.00			21						
VICE PRESIDENT		Х		Х				0	0	0
(3)HOWARD KAMINSKY	1.00									
TREASURER		Х		Х				0	0	0
(4)EILEEN KEAN	1.00									
SECRETARY		X		Х				0	0	0
(5)RICH BAGGER	1.00									
DIRECTOR		Х						0	0	0
_(6)WENDY_LAZARUS DIRECTOR	1.00	х						0	0	0
(7)JOHN LUMPKIN	1.00									
DIRECTOR		Х						0	0	0
	1.00	Х						0	0	0
(9)JERRY ZARO DIRECTOR	1.00	Х						0	0	0
(10)KATHERINE CAMILE HENDERSON	40.00									
FORMER EXECUTIVE DIRECTOR		Х		Х				181,731.	0	0
(11)PHAEDRA KIM FRAWLEY	40.00							,		
CURRENT EXECUTIVE DIRECTOR	t	Х		Х				129,615.	0	0
(12)										
(13)										
(14)										

Form 990 (2013)

JSA

orm	HURRICA 990 (2013)	NE SANDY	NEW	I J	ERS	SEY	REL	IE:	F FUND INC.	36	-47457	729	P	age <b>8</b>
	t VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	plo	yee	es, a	and F	ligi	hest Compensat	ed Emplo	yees (co	ontinue		age <b>o</b>
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	s pe	ition more	n ooth st highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensati relate organiza (W-2/1099	on from ed tions	Esi am comp fro orga and	(F) timated ount of other oensatio om the anization I related nization	on n
. – –														
С	Sub-total Total from continuation sheets to Part VII, S							<b>&gt;</b>	311,346.		0			0
	Total (add lines 1b and 1c)									\$100 000 ·	of			0
	reportable compensation from the organization		2											
^	Did the executantian list one former officer	aar diraata		4					Javos or biabos		atad		Yes	No
	Did the organization list any former office employee on line 1a? If "Yes," complete Scheoo											3		Х
	For any individual listed on line 1a, is the organization and related organizations gradinidual.	eater than	\$15	0,0	00?	lf	"Yes	3,"					Х	
5	individualDid any person listed on line 1a receive or for services rendered to the organization? If ")	accrue coi	mpen	sati	on f	rom	any	un				5	Λ	X
	tion B. Independent Contractors	es, complet	ie Scr	leuu	iie J	101	Sucri	per	5011			<u> </u>		Λ
1	Complete this table for your five highest con compensation from the organization. Report year.													
	(A) Name and business ad	dress							(B) Description of se	rvices	Co	(C) ompens	ation	
								$\perp$						

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

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

Part VIII	Statement	of	Revenue
-----------	-----------	----	---------

		Check if Schedule O contains a response or note to a	ny line in this Part	VIII		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) . 1e  All other contributions, gifts, grants, and similar amounts not included above . 1f 10,760,537.  Noncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a-1f	10,760,537.			
am Service Revenue	2a b c d	Business Code				
Program	f	All other program service revenue				
<u>ā</u>	3	Total. Add lines 2a-2f				
	4	Income from investment of tax-exempt bond proceeds				
	5 6a	Royalties (i) Real (ii) Personal  Gross rents	0			
	b	Less: rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)	0			
	7a	Gross amount from sales of assets other than inventory	-			
	b	Less: cost or other basis and sales expenses  Gain or (loss)	_			
	c d	Gain or (loss)	. 0			
enne	8a	Gross income from fundraising events (not including \$				
Other Revenue		of contributions reported on line 1c).  See Part IV, line 18	-			
the	b	Less: direct expenses	. 0			
0		Gross income from gaming activities. See Part IV, line 19	0			
	b	Less: direct expenses b				
	С	Net income or (loss) from gaming activities	0			
		Gross sales of inventory, less returns and allowances				
	b c	Less: cost of goods sold	. 0			
		Miscellaneous Revenue Business Code	Ü			
	11a					
	b					
	С					
	d	All other revenue	_			
	12	Total. Add lines 11a-11d				
			10,/00,00/.			ı

### Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	20,011,240.	20,011,240.								
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0									
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0									
4	Benefits paid to or for members	0									
5	Compensation of current officers, directors, trustees, and key employees	311,346.	175,306.	44,965.	91,075.						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0									
7	Other salaries and wages	232,760.	131,057.	33,615.	68,088.						
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0									
9	Other employee benefits	26,072.	14,680.	3,765.	7,627.						
10	Payroll taxes	38,405.	21,624.	5,547.	11,234.						
	Fees for services (non-employees): Management	0									
	Legal	0									
С	Accounting Lobbying	85,978. 0	20,154.	55,882.	9,942.						
	Professional fundraising services. See Part IV, line 17	0									
	Investment management fees	0									
	Other. (If line 11g amount exceeds 10% of line 25, column										
	(A) amount, list line 11g expenses on Schedule O.).  Advertising and promotion	151,030. 0	17,861.	49,526.	83,643.						
	Office expenses	64,374.	28,187.	22,390.	13,797.						
	Information technology	0		,							
		0									
	Occupancy	0									
	Travel	13,789.	8,616.	1,858.	3,315.						
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0									
19	Conferences, conventions, and meetings	0									
	Interest	0									
	Payments to affiliates	0									
22	Depreciation, depletion, and amortization	0									
23	Insurance	14,325.	8,141.	2,148.	4,036.						
24	Other expenses. Itemize expenses not covered										
	above (List miscellaneous expenses in line 24e. If										
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)										
а											
b											
С											
d											
е	All other expenses										
	Total functional expenses. Add lines 1 through 24e	20,949,319.	20,436,866.	219,696.	292,757.						
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)	0									

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# Part X Balance Sheet

	rt X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this F	Part X		X
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	22,754,234.	1	15,523,963.
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	505,299.	3	663,188.
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		-	0
2	_	organizations (see instructions). Complete Part II of Schedule L	0		0
Assets	7	Notes and loans receivable, net	0		0
¥	8	Inventories for sale or use Prepaid expenses and deferred charges	17.000		10, 222
	9		17,023.	9	18,320.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 83,368.			
	L .			10-	43,804.
		Less: accumulated depreciation 10b 39,564.			43,804.
	11 12	Investments - publicly traded securities Investments - other securities. See Part IV, line 11			0
	13	Investments - program-related. See Part IV, line 11		13	0
	14				0
	15	Intangible assets Other assets. See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	16,249,275.
_	17	Accounts payable and accrued expenses		17	61,207.
	18	Grants payable	5,544,550.	18	7,471,790.
	19	Deferred revenue	0		0
	20	Tax-exempt bond liabilities			0
ģ	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0		0
Liabilities	22	Loans and other payables to current and former officers, directors,			
БÉ		trustees, key employees, highest compensated employees, and			
Ë		disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		23	0
	24	Unsecured notes and loans payable to unrelated third parties		24	0
	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	0	25	0
	26	Total liabilities. Add lines 17 through 25	5,643,089.	26	7,532,997.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets	17,705,060.	27	7,984,198.
Fund Balances	28	Temporarily restricted net assets	0	28	732,080.
P	29	Permanently restricted net assets	0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here on and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	17,705,060.	33	8,716,278.
	34	Total liabilities and net assets/fund balances	23,348,149.	34	16,249,275.

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	(2010)				ı a	ge 12
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			60,5 49,3	
2	2 Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses. Subtract line 2 from line 1	3			88,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	L7,7	05,0	60.
5	Net unrealized gains (losses) on investments					
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8		1,2	00,0	00.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		8,7	16,2	278.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			-		Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited or	na			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sight				
	of the audit, review, or compilation of its financial statements and selection of an independent accou	•		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e		in			
	Schedule O.	•				
За	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	lergo 1	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		-	3b		

### **SCHEDULE A** (Form 990 or 990-EZ)

# **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Name	Name of the organization Employer identification number								ber			
HUR	RIC	ANE SANDY NEW	JERSEY RELIE	F FUND INC.						36-	-4745729	
Par	1	Reason for Publ	lic Charity Status	<b>s</b> (All organizations mu	st con	nplete	this pa	art.) Se	e instr	uctions		
The o	orga	nization is not a priv	ate foundation bed	cause it is: (For lines 1 th	rough	11, che	eck only	one box	x.)			
1		A church, convention	on of churches, or	association of churches	describ	ed in s	ection	170(b)(	1)(A)(i)			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3		A hospital or a coo	perative hospital s	ervice organization descri	ibed in	sectio	n 170(b	)(1)(A)	(iii).			
4		A medical researc	h organization op	erated in conjunction wi	th a h	ospita	l descr	ibed in	sectio	n 170(b	o)(1)(A)(iii).	Enter the
		hospital's name, cit										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6	_		•	or governmental unit des								
7	X	_	=	es a substantial part of it	s supp	ort fro	m a go	vernme	ental un	it or fro	om the gene	eral public
	_	described in sectio										
8	_			on 170(b)(1)(A)(vi). (Com								
9 [		_	=	es: (1) more than 331/3 %							-	_
				exempt functions - subj								
				ome and unrelated busi						n 511	tax) from b	usinesses
		· · · · · · · ·		ne 30, 1975. See <b>section</b>								
10	_	-		ted exclusively to test for	-	-				-		4 41
11 [		•	•	rated exclusively for the			•					•
				ipported organizations de les the type of supporting					-			e section
		a Type I		c Type III-Function	•			· —			unctionally in	tearated
e				e organization is not con	-	-					=	_
• l			=	other than one or more			-	-	-		-	-
		or section 509(a)(2	<del>-</del>	other than one or more	pabliol,	, oupp	ortou o	· ga····za		0001100	u III 00000011	000(0)(1)
f		. , ,	•	n determination from the	e IRS	that it	is a T	vpe I. T	vne II.	or Typ	e III suppor	tina
-		organization, check						,, ,	, j,	, ,		
g				nization accepted any gift	or cor	ntributi	on from	n any of	the			
·		following persons?	,	, , , ,				,			ı	
			directly or indirec	tly controls, either alone	or toge	ether v	vith per	rsons de	escribe	d in (ii)	and	Yes No
				the supported organization								
				scribed in (i) above?							110(ii)	
		(iii) A 35% controll	led entity of a pers	on described in (i) or (ii) a	bove?						11g(iii)	
h		Provide the following	ng information abo	ut the supported organiza	ation(s)	).						
		ame of supported	(ii) EIN	(iii) Type of organization	(iv)	ls the zation in		ou notify		s the	(vii) Amount	
		organization		(described on lines 1-9 above or IRC section	col. (i)	listed in		anization ) of your		zation in rganized	supp	Ort
				(see instructions))	docui	overning ment?		oort?		Ū.S.?		
					Yes	No	Yes	No	Yes	No		
(A)												
(B)												
(C)												
(D)												
(E)												
Tota												

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Page 2

Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
	Part III. If the organization fails to qualify under the tests listed below please complete Part III.)

Sec	tion A. Public Support	. ,			•	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	C	28,985,771.	10,760,537.	39,746,308.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3				28,985,771.	10,760,537.	39,746,308.
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)						0
<u>6</u>	Public support. Subtract line 5 from line 4. tion B. Total Support						39,746,308.
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
7	Amounts from line 4	(a) 2000	(3) 2010	(6) 2011	28,985,771.	10,760,537.	39,746,308.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				20,303,7711	10,700,337.	33,740,300.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11	Total support. Add lines 7 through 10						39,746,308.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	<b>First five years.</b> If the Form 990 is f organization, check this box and <b>stop here</b>						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2013 (li	ne 6, column (f	) divided by line	11, column (f))		14	<u>%</u>
15	Public support percentage from 2012	Schedule A, Pa	art II, line 14			15	<u></u>
16a	331/3% support test - 2013. If the o	•					
	this box and <b>stop here</b> . The organizati	-		_			
b	331/3% support test - 2012. If the c	•					
	check this box and <b>stop here.</b> The org						
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					-	•
	Part IV how the organization meets to			-	•		
<b>L</b>	organization						
D	10%-facts-and-circumstances test - 2		_				
	15 is 10% or more, and if the organization						-
	Explain in Part IV how the organization						
18	supported organization <b>Private foundation.</b> If the organization	did not check	a box on line 13,	16a, 16b, 17a	a, or 17b, check	this box and see	
	instructions	<u> </u>					<u> </u>

Schedule A (Form 990 or 990-EZ) 2013

(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support			, i	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6.						
	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501(	c)(3)
	organization, check this box and stop here.	ū			•	`	```
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2013 (line 8,			nn (f))		15	%
16	Public support percentage from 2012 Sche					16	%
Sec	tion D. Computation of Investmen					· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2013 (lin		•	3, column (f))		17	%
18	Investment income percentage from 2012 S					18	%
	331/3% support tests - 2013. If the org						
	17 is not more than 331/3%, check thi						
b	331/3% support tests - 2012. If the orga	-	-	•		•	
-	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		=	•			

JSA 3E1221 1.000

HORRICANE DANDI NEW CERDEL RELIEF FORD INC. 50-474572

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

### Schedule B

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

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2013** 

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. Internal Revenue Service **Employer identification number** Name of the organization HURRICANE SANDY NEW JERSEY RELIEF FUND INC. 36-4745729 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** | X | For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or

the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.

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

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

Complete Parts I and II.

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

Employer identification number 36-4745729

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _		\$500,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 _		\$4,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _		\$2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$250,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b)	(a)	
	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5 _			
(a) No.		Total contributions	Person X Payroll Noncash (Complete Part II for

Name of organization HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

Employer identification number 36-4745729

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

Employer identification number

			36-4745729				
Part III	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.						
	For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc., contributions of <b>\$1,000</b> or less for the year. (Enter this information once. See instructions.) ▶\$						
	Use duplicate copies of Part III if additional space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				

from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held				
		(e) Transfer	of gift					
	Transferee's name, address, and ZIP	+ 4	Relation	onship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, and ZIP	+ 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held				
	(e) Transfer of gift							
			5.1.1					
	Transferee's name, address, and ZIP	+ 4	Relatio	onship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held				
		(e) Transfer	of gift					
	Tunnafauaria	4	<b>5</b> -1 ··	anabin of the materials to the second				
	Transferee's name, address, and ZIP	+ 4	Relation	onship of transferor to transferee				
		-						

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

	of the organization				Employer identification number
	RICANE SANDY NEW JERSEY RELIEF FUND I				36-4745729
Par	Organizations Maintaining Donor Advised Complete if the organization answered "Yes			or Acc	counts.
		(a) Donor advis	ed funds		(b) Funds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advi	isors in writing that	the assets held	d in do	onor advised
	funds are the organization's property, subject to the organization	ganization's exclusiv	e legal control?	?	Yes No
6	Did the organization inform all grantees, donors, and d	onor advisors in wri	ting that grant	funds	can be used
	only for charitable purposes and not for the benefit of				
	conferring impermissible private benefit?				Yes No
Par	<b>Conservation Easements.</b> Complete if the o	organization answ	ered "Yes" to	Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the org	· · · · · · · · · · · · · · · · · · ·	hat apply).		
	Preservation of land for public use (e.g., recreation	on or education)	Preservati	on of a	n historically important land area
	Protection of natural habitat		Preservati	on of a	certified historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a	a qualified conserva	ition contributio	n in th	e form of a conservation
	easement on the last day of the tax year.				
					Held at the End of the Tax Year
а	Total number of conservation easements				a
b	Total acreage restricted by conservation easements .				b
С	Number of conservation easements on a certified history			2	С
d	Number of conservation easements included in (c) acc	•			
_	historic structure listed in the National Register				d
3	Number of conservation easements modified, transfer	rred, released, extin	guished, or ter	minate	ed by the organization during the
_	tax year >				
4	Number of states where property subject to conservat				
5	Does the organization have a written policy regarding	•			-
^	violations, and enforcement of the conservation easem				
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing	g conservation	easem	ients during the year
7	Amount of expenses incurred in monitoring, inspecting	and onforcing con	anniation agai	m a nta	during the year
7	►\$	, and emorcing con	isei valion ease	ments	during the year
8	Does each conservation easement reported on line 2(	d) above satisfy the	roquiromonte d	of coatio	on 170/h)//)/P)
0					
9	(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports con				
3	balance sheet, and include, if applicable, the text of th				·
	organization's accounting for conservation easements.		garnzadorro ini	ariolar	
Par		Art, Historical Tre	easures, or O	ther S	imilar Assets.
	Complete if the organization answered "Ye				
1a	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar a public service, provide, in Part XIII, the text of the footn	116 (ASC 958), no	ot to report in	its rev	enue statement and balance sheet
	public service, provide, in Part XIII, the text of the footr	issets neid for pub note to its financial s	ic exhibition, tatements that	educat descril	tion, or research in furtherance of bes these items.
	If the organization elected, as permitted under SFA				
-	works of art, historical treasures, or other similar a	ssets held for pub			
	public service, provide the following amounts relating t	to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1 .				
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, h				ets for financial gain, provide the
	following amounts required to be reported under SFAS				
a	Revenues included in Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X				▶ \$

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

Page <b>2</b>
Page <b>2</b>

Par	rt III Organizations Maintaining Co	ollections of	Art, His	torical T	reasure	es, c	or Oth	ner Similar	Asse	ts (conti	nued)
3	Using the organization's acquisition, ac collection items (check all that apply):	cession, and ot	her reco	ds, checl	k any of	f the	follow	ing that are	a sigr	nificant us	se of its
а	Public exhibition		d		or excha						
b	Scholarly research		e	Other							
С	Preservation for future generations	5									
4	Provide a description of the organization	n's collections	and expl	ain how t	they furt	ther	the org	ganization's	exemp	t purpose	in Part
	XIII.										
5	During the year, did the organization soli	cit or receive do	onations o	of art, histo	orical tre	easur	res, or o	other similar			
	assets to be sold to raise funds rather that	an to be maintai	ined as pa	rt of the	organiza	tion'	s collec	tion?	<u> [</u>	Yes	No
Par	rt IV Escrow and Custodial Arrang			ne organ	ization	ansv	wered	"Yes" to Fo	rm 99	0, Part IV	', line 9,
	or reported an amount on For	m 990, Part X,	line 21.								
1a	Is the organization an agent, trustee, cus	todian or other	intermed	arv for co	ontributio	ons c	or other	assets not			
	included on Form 990, Part X?								Г	Yes	No
b	If "Yes," explain the arrangement in Part	XIII and comple	te the foll	owing tab	ole:				L		
-				- · · · · · · · · · · · · · · · · · · ·	Γ			Am	ount		
С	Beginning balance					10		7			
	Additions during the year										
	Distributions during the year				<u> </u>	-					
f	Ending balance				-	_					
2a	Did the organization include an amount									Yes	No
	If "Yes," explain the arrangement in Part										
	rt V Endowment Funds. Complete										
rai		Current year	( <b>b)</b> Prid		(c) Two			(d) Three yea		(e) Four y	ears hack
1a	Beginning of year balance	y ourrent your	(5) 1 11	, you	(6) 1110	you.	o buok	(a) mice year	TO BUOK	(6) 1 001 )	
b	Contributions										
c	Net investment earnings, gains,										
·	and losses										
ч	Grants or scholarships										
	Other expenditures for facilities										
-	and programs										
	Administrative expenses										
	•										
g	End of year balance		-l ll	/!: <b>4</b>		(-))					
2	Provide the estimated percentage of the Board designated or quasi-endowment		id balance %	e (line 1g,	column	(a)) I	neid as:	•			
a	Permanent endowment	<del>~</del>	. /0								
	· - · · · · · · · · · · · · · · · · · ·	%									
С	The percentages in lines 2a, 2b, and 2c:		00/								
20	Are there endowment funds not in the per	•		ation that	are held	d and	l admin	ictored for th	10		
Ja	organization by:	2556551011 01 1116	5 Organiza	ation that	are nero	anc	aumm	iistered for ti		\[\frac{1}{V}\]	
	(i) unrelated organizations										es No
										3a(i)	
h	(ii) related organizations If "Yes" to 3a(ii), are the related organiza									3a(ii)	
	Describe in Part XIII the intended uses o		•							3b	
4			ni s endo	Willellt lui	105.						<del></del>
Par	rt VI Land, Buildings, and Equipme Complete if the organization a	answered "Yes	" to Forr	n 990, Pa	art IV, li	ine 1	1a. Se	e Form 99	0, Par	t X, line 1	0.
	Description of property	(a) Cost or o	ther basis	(b) Cost of	or other bas		(c) Acc	umulated		d) Book value	
10	Land	(investn	nent)	(0	ther)		depre	eciation			
1a											
b	Buildings					_					
C	Leasehold improvements	•			02.25	+		20 564			2 004
d	Equipment	•			83,36	٥.		39,564.		4.	3,804.
e Tata	Other		000 0 :	V ==1 :	o (D) "	2 12	(a) )				2 004
ıota	al. Add lines 1a through 1e. (Column (d) n	ıusı equai Form	990, Part	A, COIUMI	ı (២), IIN	₽ <i>10</i> (	<i>U).)</i>	<u> ▶ </u>		4.	3,804.

Page 3 Schedule D (Form 990) 2013

Part VII	Investments - Other Securities. Complete if the organization answered	1 "Yes" to Form 990	) Part IV line 11h See Form 990 Part	X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	Λ, ΙΙΙΟ 12.
	(including name of security)	(b) Book value	Cost or end-of-year market value	ne
	al derivatives			
	held equity interests			
(3) Other				
(B)				
(C)				
(D)				
(E)				
<del>(F)</del>				
<u>(G)</u>				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
T GIT VIII	Complete if the organization answered	"Yes" to Form 990	, Part IV, line 11c. See Form 990, Part	X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
-(4)			Cost or end-of-year market value	
(1)				
(2)				
(3)				
<u>(4)</u>				
(5) (6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	d "Yes" to Form 990	), Part IV, line 11d. See Form 990, Part	X, line 15.
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B)	ine 15.)		
Part X	Other Liabilities.	1 "Voo" to Form 000	Dort IV line 11e er 11f Coe Form 00	0 Dort V
	Complete if the organization answered line 25.	a res lo Form 990	o, Part IV, line TTe or TTI. See Form 99	u, Part X,
1.	(a) Description of liability	(b) Book valu	ue	
	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>•</b>		
	or uncertain tax positions. In Part XIII, provide the	text of the footnote to the	ne organization's financial statements that reports	the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

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Schedule D (Form 990) 2013 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements Wit Complete if the organization answered "Yes" to Form 990, Part IV,			1.	<u> </u>
1	Total revenue, gains, and other support per guidted financial statements			1	11,002,472.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	
a		2a			
b		2b	241,935.		
C		2c			
d		2d			
e	Add lines 2a through 2d			2e	241,935.
3	Subtract line 2e from line 1			3	10,760,537.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i			
а		4a			
b		4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	10,760,537.
Part				rn.	
	Complete if the organization answered "Yes" to Form 990, Part IV,	line	12a.		
1	Total expenses and losses per audited financial statements			1	21,191,254.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а		2a	241,935.		
b		2b			
С	Other losses	2c			
d		2d			
е	Add lines 2a through 2d			2e	241,935.
3	Subtract line 2e from line 1	,		3	20,949,319.
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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	20,949,319.
	XIII Supplemental Information.				
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro				
		JVIUE	any additional inion	iation	•
SEE	PAGE 5				
		_			
			<b></b>		<b>_</b>

JSA 3E1271 1.000

# Part XIII Supplemental Information (continued)

PRESENTED IN THESE FINANCIAL STATEMENTS.

FORM 990, SCHEDULE D, PART X, LINE 2

THE FUND IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE INCOME TAX UNDER SIMILAR PROVISIONS. ACCORDINGLY, NO PROVISION FOR FEDERAL INCOME TAX HAS BEEN RECORDED IN THE STATEMENTS OF FINANCIAL POSITION. THE FUND HAD NO UNRECOGNIZED BENEFITS AT JUNE 30, 2014 AND JUNE 30, 2013 AND HAS INCURRED NO INTEREST OR PENALTIES RELATED TO INCOME TAXES FOR THE PERIODS

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

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

▶ Attach to Form 990.

Name of the organization Department of the Treasury Internal Revenue Service

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public 20**13** 

**Employer identification number** 

HOUNTCHIE GENUI NEW CENTER REFIER FOND INC.	6-4/45/29
Part   General Information on Grants and Assistance	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	, I
the selection criteria used to award the grants or assistance?	X Yes
z Describe in Fart IV the organization's procedures for informorning the use or grant funds in the ornited states.	
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	nswered "Yes" to
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash or government (f) Method of valuation (book, FMV, appraisal, onn-cash onn-	(g) Description of non-cash assistance or assistance
_(1) 180_TURNING_LIVES_AROUND	
1 BETHANY ROAD HAZLET, NJ 07730 22-2130220 501(C)(3) 100,000.	SEE PART IV
1 SOUTH NEW YORK AVENUE 22-3427697 501(C)(3) 145,000.	SEE PART
(3) BAYONNE ECONOMIC OPPORTUNITY FOUNDATION	
555 KENNEDY BLVD BAYONNE, NJ 07002   22-1811616   501(C)(3)   100,000.	SEE PART IV
(4) CAREGIVER VOLUNTEERS OF CENTRAL JERSEY	
253 CHESTNUT STREET TOMS RIVER, NJ 08753 22-3197568 501(C)(3) 150,000.	SEE PART
(5) COASTAL HABITAT FOR HUMANITY	
IE	SEE PART
(6) FAMILY PROMISE OF MONTHMOUTH COUNTY	
PO BOX 70 MIDDLETOWN, NJ 07748 22-3674477 501(C)(3) 50,000.	SEE PART IV
(7) GATEWAY CHURCH OF CHRIST	
6 CRAWFORDS CORNER ROAD HOLMDEL, NJ 07733 27-5273315 501(C)(3) 350,000.	SEE PART IV
(8) JERSEY CARES	
494 BROAD STREET NEWARK, NJ 07102 22-3294530 501(C)(3) 203,000.	SEE PART IV
(9) JEWISH FAMILY SERVICE OF ATLANTIC COUNTY	
607 N JEROME AVE MARGATE CITY, NJ 08402 22-2119902 501(C)(3) 80,000.	SEE PART IV
(10) LUTHERAN SOCIAL MINISTRIES OF NJ	
3 MANHATTAN DRIVE BURLINGTON, NJ 08016 22-3640683 501(C)(3) 60,000.	SEE PART
(11) OCEAN MENTAL HEALTH SERVICES	
160 ATLANTIC CITY BOULEVARD 21-0722291 501(C)(3) 255,720.	SEE PART
(12) PORTLIGHT STRATEGIES	
60 FENWICK HALL ALLEE, #721 58-2299951 501(C)(3) 50,000.	SEE PART
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	· · · · · · · · · · · · · · · · · · ·

V 13-7.15

3 Enter total number of other organizations listed in the line 1 table .... For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

20**13** 

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Schedule I (Form 990) (2013)				r Form 990.	structions fo	For Paperwork Reduction Act Notice, see the Instructions for Form 990
				1 table	ed in the line	3 Enter total number of other organizations listed in the line 1 table
▼		о 	listed in the line 1 table	rganizations list	overnment o	2 Enter total number of section 501(c)(3) and government organizations
SEE PART IV			98,000.	501(C)(3)	21-6000130	07719
					1	(12) BELMAR SCHOOL DISTRICT
SEE PART IV			250,000.	501(C)(3)	22-3019683	2800 HIGH STREET PORT NORRIS, NJ 08349
					-	(11) BAYSHORE CENTER AT BIVALVE
SEE PART IV			725,000.	501(C)(3)	22-3114280	59 BROAD STREET EATONTOWN, NJ 07724
					1	(10) AFFORDABLE HOUSING ALLIANCE
SEE PART IV			750,000.	501(C)(3)	80-0883260	1001 WICKAPECKO DR. OCEAN, NJ 07712
					1	(9) A FUTURE WITH HOPE
SEE PART IV			266,000.	501(C)(3)	30-0528128	PO BOX 32040 NEWARK, NJ 07102
					1	(8) VOLUNTEER LAWYERS FOR JUSTICE
SEE PART IV			350,000.	501(C)(3)	22-1821282	64 PASSAIC ST HACKENSACK, NJ 07601
					1	(7) VOLUNTEER CENTER OF BERGEN COUNTY, INC.
SEE PART IV			100,000.	501(C)(3)	23-1556045	4 EAST JIMMIE LEEDS ROAD GALLOWAY, NJ 08205
						_(6) UW OF GREATER PHIL. & SO. JERSEYATLANTIC
SEE PART IV			29,000.	501(C)(3)	94-3162024	381 BUSH STREET, 8TH FLOOR
						_(5) UNITED_POLICYHOLDERS
SEE PART IV			600,000.	501(C)(3)	22-2155884	75 CHESTNUT ST CRANFORD, NJ 07016
					1	_(4) UCEDC
SEE PART IV			200,000.	501(C)(3)	22-3614933	217 ROCK RD GLEN ROCK, NJ 07452
					1	(3) REBUILDING TOGETHER FOR BERGEN COUNTY
SEE PART IV			174,100.	501(C)(3)	52-1746234	15 PRINCESS RD LAWRENCEVILLE, NJ 08648
					1	(2) PRINCETON AREA COMMUNITY FOUNDATION
SEE PART IV			245,800.	501(C)(3)	22-2196988	PO BOX 2036 LAKEWOOD, NJ 08701
						(1) PREFERRED BEHAVIORAL HEALTH OF NJ
(g) Description of non-cash assistance or assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non- cash assistance	(d) Amount of cash grant	(c) IRC section if applicable	(b) EIN	1 (a) Name and address of organization or government
nplete if the organization answered "Yes" to Form 990, additional space is needed.	mplete if the organization a additional space is needed		otions in the Unit	s and Organiza more than \$5,0	overnments at received	Part II Grants and Other Assistance to Governments and Organizations in the United States. Co Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if
		United States.	f grant fund	itoring the use o	res for mon	2 Describe in Part IV the organization's procedures for monitoring the use
Yes No				9?	or assistance	the selection criteria used to award the grants or assistance?
or assistance, and	eligibility for the grants or assistance,		grants or assistan	e amount of the	bstantiate the	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees'
					Assistance	Part I General Information on Grants and Assistance
36-4745729				•	FUND INC	HURRICANE SANDY NEW JERSEY RELIEF
						Maille of the organization

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

OMB No. 1545-0047

20 13

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

**Employer identification number** Inspection

Open to Public

Name of the organization Department of the Treasury Internal Revenue Service HURRICANE SANDY NEW JERSEY RELIEF FUND INC. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990

Part General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 36-4745729 × Yes

**Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BRICK TOWNSHIP BOARD OF EDUCATION							
101 HENDRICKSON AVENUE BRICK, NJ 08724	21-6000220	501(C)(3)	1,909,000.				SEE PART IV
(2) CHURCH_OF_VISITATION/VISITATION_RELIEF_CENT_							
	53-0196617	501(C)(3)	430,000.				SEE PART IV
(3) COMMUNITY_HEALTH_LAW_PROJECT							
185 VALLEY ST. SOUTH ORAGNE, NJ 07079	22-2136004	501(C)(3)	125,000.				SEE PART IV
(4) COMMUNITY LOAN FUND OF NJ							
108 CHURCH STREET, THRID FLOOR	22-2872262	501(C)(3)	5,700,000.				SEE PART IV
(5) COMMUNITY SERVICES OF OCEAN COUNTY							
225 4TH ST. LAKEWOOD, NJ 08701	22-2070381	501(C)(3)	39,000.				SEE PART IV
(6) FIRST PRESBYTERIAN CHURCH OF MATAWAN							
883 STATE HWY 34 MATAWAN, NJ 07747	22-6393377	501(C)(3)	68,000.				SEE PART IV
(7) FOODBANK OF MONMOUTH & OCEAN COUNTIES							
	22-2622522	501(C)(3)	276,420.				SEE PART IV
(8) HABITAT FOR HUMANITY INTERNATIONAL							
270 PEACHTREE STREET ATLANTA, GA 30303	91-1914868	501(C)(3)	655,200.				SEE PART IV
(9) HIGHLANDS HIGH SCHOOL DISTRICT							
2	21-6000207	501(C)(3)	64,000.				SEE PART IV
10) HOBOKEN SCHOOL DISTRICT							
158 FOURTH STREET HOBOKEN, NJ 07030	22-6001992	501(C)(3)	819,000.				SEE PART IV
11) IRONBOUND COMMUNITY CORPORATION							
317 ELM STREET NEWARK, NJ 07105	22-1916086	501(C)(3)	375,000.				SEE PART IV
12) LITTLE FERRY BOARD OF EDUCATION							
NJ 07643	22-6002039	501(C)(3)	294,000.				SEE PART IV
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	vernment or	ganizations liste	ed in the line 1 table			<b>•</b>	 
3 Enter total number of other organizations listed in the line 1 table	in the line	1 table	- - - - -			•	
or Paperwork Reduction Act Notice, see the Instructions for Form 990.	tructions for	Form 990.				Schedu	Schedule I (Form 990) (2013)

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V 13-7.15

Name of the organization Department of the Treasury Internal Revenue Service

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

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

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

OMB No. 1545-0047 Open to Public 20 13

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

**Employer identification number** Inspection

36-4745729

Part I General Information on Grants and Assistance	<b>Assistance</b>						
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance?	stantiate the or assistance	e amount of the ३२	grants or assistand	es	. ⊊	grants or assistance, and	× Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	res for moni	toring the use c	of grant funds in the	United States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization a Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	overnments at received i	and Organiza more than \$5,0	ations in the Unit	ed States. Come duplicated if ac	plete if the organiz dditional space is n	plete if the organization answered "Yes" to Form 990, dditional space is needed.	es" to Form 990,
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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) <u>LUNCH BREAK INC.</u>							
ÆR E	22-2440028	501(C)(3)	27,000.				SEE PART IV
(2) MENTAL HEALTH ASSOCIATION OF MONMOUTH COUNT							
119 AVENUE OF THE COMMONS	21-0665639	501(C)(3)	230,000.				SEE PART IV
(3) OCEAN COUNTY LONG TERM RECOVERY GROUP							
(A) noon in our manner ind	10000	001(0)	1,000,000				
154 GREEN OAK BLVD MIDDLETOWN, NJ 07748	46-2160792	501(C)(3)	20,000.				SEE PART IV
P.O. BOX 997 SAYREVILLE, NJ 08872	22-6002289	501(C)(3)	796,000.				SEE PART IV
(6) SEASIDE HEIGHTS SCHOOL DISTRICT							
1200 BAY BOULEVARD	21-6000311	501(C)(3)	220,000.				SEE PART IV
(7) SOUTHWEST LT RECOVERY GROUP							
650 BROADWAY PITMAN, NJ 08071	21-0634592	501(C)(3)	150,000.				SEE PART IV
(8) TABLE TO TABLE INC.							
P.O. BOX 1051 ENGLEWOOD CLIFFS, NJ 07632	21-3646125	501(C)(3)	50,000.				SEE PART IV
(9) UNION BEACH SCHOOL DISTRICT							
1207 FLORANCE AVENUE UNION BEACH, NJ 07735	21-6000217	501(C)(3)	135,000.				SEE PART IV
10) UNITED WAY OF GREATER PHILADELPHIA AND SOUT							
4 EAST JIMMIE LEEDS ROAD, SUITE 10	23-1556045	501(C)(3)	100,000.				SEE PART IV
11) UNITED WAY OF NORTHERN NEW JERSEY							
222 RIDGEDALE AVENUE CEDAR KNOLLS, NJ 07927	22-1487247	501(C)(3)	150,000.				SEE PART IV
12) VISITING NURSES ASSN OF CENTER JERSEY INC							
176 RIVERSIDE AVE RED BANK, NJ 07701	21-0639369	501(C)(3)	140,000.				SEE PART IV
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	overnment o	rganizations list	ed in the line 1 table			•	
3 Enter total number of other organizations listed in the line 1 table	d in the line	1 table				•	

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

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

20**13** 

Open to Public

Department of the Treasury	Mildell to Folli 990.	Open
Internal Revenue Service	► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Inspe
Name of the organization	Emp	loyer identification numbe
HURRICANE SANDY	HURRICANE SANDY NEW JERSEY RELIEF FUND INC. 3	6-4745729

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.	FUND INC.					36-4745729	
Part   General Information on Grants and Assistance	<b>Assistance</b>						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees	ostantiate the	amount of the	grants or assistan	- 1	eligibility for the grants or assistance, and	,	]
the selection criteria used to award the grants or assistance?	or assistance	?					X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	res for monit	toring the use o	of grant funds in the	United States.			
Part III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	<b>overnments</b> at received r	and Organiza more than \$5,0	ations in the Unit 000. Part II can bo	<b>ed States.</b> Com e duplicated if a	plete if the organizadditional space is ne	ation answered "Ye eded.	s" to Form 990,
(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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1) YOUR GRANDMOTHER'S CUPBOARD	1						
173A ROUTE 37 W. TOMS RIVER, NJ 08755	03-0528898	501(C)(3)	16,000.				SEE PART IV
20 WEST PARK STREET MOONACHIE, NJ 07074	22-6002105	501(C)(3)	171,000.				SEE PART IV
_(3)	1						
(4)							
_(5)	_						
(6)	'						
_(7)							
_(8)	_						
(9)	•						
<u>(10)</u>							
<u>(11)</u>	-						
[12]	_						
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	overnment or	ganizations list	ed in the line 1 table			•	50.
l							

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

Schedule I (	Schedule I (Form 990) (2013) Pei
Part III	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed

מור ווו כמו	בר ממטונים וכמונים וומו שטמכר	000000000000000000000000000000000000000				
<b>(a)</b> Type o	(a) Type of grant or assistance	<b>(b)</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 non-cash assistance
1						
N						
ω						
4						
ភ						
6						
7						
Part IV Supplemen information.	<b>Supplemental Information.</b> Complete this part to provide the information required in Part information.	s part to prov	ide the informat	tion required in		l, line 2, Part III, column (b), and any other additional
990, SCHEDULE I,	PART 1, #2					
GRANT APPLICATIONS	NS ARE RECEIVED VIA THE ONLINE		GRANTS MANAGEMENT	ENT SYSTEM		
ON THE ORGANIZATION'S	ION'S WEBSITE. 1	AS PART OF		APPLICATION PROCESS,		
ORGANIZATIONS MUST	ST SUBMIT THE FOLLOWING	DOCUMENTATION:	TION:	- PROOF		
OF NONPROFIT STATUS	TUS - ARTICLES	OF	INCORPORATION	ı		
FORM 990	- AUDITED FINANCIALS		- LIST OF H	BOARD OF		
DIRECTORS 2	PROPOSALS MUST INCLUDE:		- DETAILED	PROJECT		
DESCRIPTION	- PROJECT TIMELINE	E	- MEASUREMENT	ENT PLAN		
- DETAILED	BUDGET 3 REVIEW	PROCESS:	- PRO	PROPOSALS ARE		
REVIEWED 4-6 TIMES	ES - PROPOSALS	UNDERGO	AN INITIAL F	REVIEW BY A		

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" or

Part	7	စ	បា	4	ω	N	_	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								(a) Type of grant or assistance
ete th								
is part to pro								<b>(b)</b> Number of recipients
vide the informa								(c) Amount of cash grant
tion required in								(d) Amount of non-cash assistance
Part I, line 2, Part III,								(e) Method of valuation (book, FMV, appraisal, other)
column (b), and any other additional								(f) Description of non-cash assistance

GRANT REVIEW TEAM MADE UP OF STAFF, VOLUNTEERS AND GRANT COMMITTEE

MEMBERS; ADDITIONAL RESEARCH AND CONSULTATIONS WITH SUBJECT MATTER

EXPERTS ARE CONSULTED FOR PROPOSALS EARNING HIGH EVALUATION SCORES;

STRONGEST PROPOSALS ARE REVIEWED BY A 6 MEMBER GRANTS COMMITTEE

- PROPOSALS ARE EVALUATED ON SEVERAL CRITERIA INCLUDING: ORGANIZATIONAL

CAPACITY, TRACK RECORD OF SUCCESS, PROJECT ALIGNMENT TO PRIORITY FUNDING

AREAS, CLARITY OF PROJECT IMPLEMENTATION, BUDGET AND EXPECTED OUTCOMES,

SYNERGY WITH OTHER GRANTEES AND OPPORTUNITY FOR IMPACT. 4

ANNOUNCEMENTS:

- ANNOUNCEMENTS ARE MADE FOR ALL GRANT AWARDS

- ALL GRANT AWARDS ARE LISTED ON WEBSITE 5 GRANT MONITORING:

ochedne	Scredile I (Form 980) (2013)	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organiz	s. Complete if the organization answered "Yes" on Form 990, Part IV, line 2
	Part III can be duplicated if additional space is needed.	

Part IV	7	် ဝ	ហ	4	ယ	2	<b>-</b>	
Part IV Supplemental Information. Complete this part to provide the information required in Part information.								(a) Type of grant or assistance
nis part to pro								<b>(b)</b> Number of recipients
vide the informa								(c) Amount of cash grant
tion required in								(d) Amount of non-cash assistance
Part I, line 2, Part III,								(e) Method of valuation (book, FMV, appraisal, other)
l, line 2, Part III, column (b), and any other additional								(f) Description of non-cash assistance

- GRANTEES SUBMIT 1-3 IMPACT REPORTS AND A FINAL REPORT IN

ACCORDANCE WITH A REPORTING AND PAYMENT SCHEDULE DETAILED IN EACH GRANT

AGREEMENT - GRANT DISBURSEMENTS ARE MODIFIED TO ALIGN WITH

PROJECT AND IMPLEMTATION UTILIZATION RATES - SITE VISITS ARE

CONDUCTED FOR LARGER GRANTS.

schedule i	Schedule I (Form 990) (2013)
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</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 non-cash assistance
-					
2					
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4					
ហ					
6					
7					
<b>Part IV Supplemental Information.</b> Complete this part to provide the information required in Part information.	s part to prov	vide the informat	tion required in	Part I, line 2, Part III,	l, line 2, Part III, column (b), and any other additional
990, SCHEDULE I, PART II, COLUMN H					

TO SUPPORT THE RECCOVERY AND REBUILDING EFFORTS OF NEW JERSEY COMMUNITIES

IMPACTED BY HURRICANE SANDY.

Department of the Treasury

**Compensation Information** 

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

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

► Attach to Form 990. ► See separate instructions. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

Employer identification number 36-4745729

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	explain  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations Approval by the board or compensation committee			
_				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	, , , , , , , , , , , , , , , , , , ,			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		<u>X</u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

Page 2

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

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

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

	-	(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
KATHERINE CAMILE HENDER (i)	=	181,731.	0			0	181,731.	0
1 FORMER EXECUTIVE DIRECTOR (i	≘	0	0	0	0	0		0
(0)	=							 
	≘							
(1)	<u> </u>	                 	 	 	                     	 	 	 
3 (i	≘							
(3)	<u>=</u>	: 	 		 	 	 	
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16 (i	▣							

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2013

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

36-4745729

FORM 990, PART VI, SECTION B, #12C

THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH THEIR CONFLICT OF INTEREST POLICY BY HAVING ALL BOARD MEMBERS SIGN THE POLICY AT THE ANNUAL MEETING EACH YEAR. EMPLOYEES ARE EXPECTED TO FOLLOW THE ORGANIZANTION'S CODE OF ETHICS POLICY.

FORM 990, PART VI, SECTION B, #11B

IT IS THE POLICY OF THE BOARD OF DIRECTORS OF HURRICANE SANDY NJ RELIEF FUND THAT: ALL MEMBERS OF THE BOARD OF DIRECTORS SHALL BE PROVIDED WITH A REASONABLE OPPORTUNITY TO REVIEW AND COMMENT TO EXECUTIVE LEADERSHIP ON THE FORM 990 OF THE HURRICANE SANDY NJ RELIEF FUND BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE. EXECUTIVE LEADERSHIP OF THE HURRICANE SANDY NJ RELIEF FUND SHALL PROVIDE MEMBERS OF THE BOARD OF DIRECTORS WITH AN OVERVIEW OF THE HIGHLIGHTS OF THE FORM 990 FILED ON BEHALF OF HURRICANE SANDY NJ RELIEF FUND AT THE NEXT REGULARLY SCHEDULED BOARD MEETING FOLLOWING THE FILING OF THE FORM 990.

FORM 990, PART VI, SECTION C, #19

THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY PROVIDING ALL OF THESE DOCUMENTS ON THEIR WEBSITE.

FORM 990, PART VI, SECTION B, #15A & 15B

THE ORGANIZATION'S PROCESS FOR DETERMINING COMPENSATION FOR THE EXECUTIVE

Schedule O (Form 990 or 990-EZ) 2013 Page 2

Name of the organization

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

Employer identification number

36-4745729

DIRECTOR INCLUDES A REVIEW AND APPROVAL BY THE INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS.

SALARIES ARE APPROVED BY THE EXECUTIVE DIRECTOR.

FORM 990, PART XI, LINE 8, PRIOR YEAR ADJUSTMENTS

THE FUND HAS RECORDED A PRIOR PERIOD ADJUSTMENT IN ITS FINANCIAL

STATEMENTS AND HAS RESTATED ITS FINANCIAL STATEMENTS FOR THE YEAR ENDED

JUNE 30, 2013 AS A RESULT OF TWO UNRECORDED PLEDGES TOTALING \$1,200,000

THIS ADJUSTMENT HAS INCREASED NET ASSETS BY \$1,200,000.

\$1,200,000.

ATTACHMENT 1

# FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

RAISES AND DISTRIBUTES FUNDS TO ORGANIZATIONS THAT SUPPORT THE

RECOVERY AND REBUILDING EFFORTS OF NEW JERSEY COMMUNITIES IMPACTED BY

HURRICANE SANDY. THE FUND AIMS TO MAKE A SUSTAINABLE, LONG-TERM

IMPACT AND FOCUSES ON PROGRAMS THAT ADDRESS THE UNMET NEEDS OF NEW

JERSEY COMMUNITIES.

ATTACHMENT 2

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

ENDING
DESCRIPTION
BOOK VALUE

PREPAID EXPENSES 18,320.

TOTALS \_\_\_\_\_18,320.