

PUBLIC DISCLOSURE

OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

2012

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public InspectionDepartment of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning		11/02, 2012, and ending		06/30, 2013		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HURRICANE SANDY NEW JERSEY RELIEF FUND INC.			D Employer identification number 36-4745729		
	Doing Business As					
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		E Telephone number	
	906 MT KEMBLE AVENUE, 3RD FLOOR				(973) 521-5820	
	City, town or post office, state, and ZIP code MORRISTOWN, NJ 07960			G Gross receipts \$ 28,985,771.		
F Name and address of principal officer:			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			If "No," attach a list. (see instructions)			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶			
J Website: ▶ N/A			L Year of formation: 2012			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			M State of legal domicile: NJ			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: HURRICANE SANDY NJ RELIEF FUND, INC. RAISES AND DISTRIBUTES FUNDS TO ORGANIZATIONS THAT SUPPORT THE RECOVERY AND REBUILDING EFFORTS OF NEW JERSEY COMMUNITIES IMPACTED BY HURRICANE SANDY.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9.	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9.	
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	6.	
	6 Total number of volunteers (estimate if necessary)	6	27.	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0		
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	0	28,985,771.	
	9 Program service revenue (Part VIII, line 2g)	0	0	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	28,985,771.		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	10,604,600.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	303,562.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	41,571.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 348,281.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0	330,978.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	0	11,280,711.	
19 Revenue less expenses. Subtract line 18 from line 12	0	17,705,060.		
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	0	23,348,149.	
	21 Total liabilities (Part X, line 26)	0	5,643,089.	
22 Net assets or fund balances. Subtract line 21 from line 20.	0	17,705,060.		

Part II Signature Block

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

Sign Here	▶ Signature of officer		Date		
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JAMES DECKER		05/15/2014		P00039958
	Firm's name ▶ WITHUMSMITH+BROWN, PC	Firm's EIN ▶ 22-2027092		Firm's address ▶ 1 SPRING STREET NEW BRUNSWICK, NJ 08901	
	Phone no. 732-828-1614				
May the IRS discuss this return with the preparer shown above? (see instructions)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)JSA
2E1010 1.000

7690GB M998 4/10/2014 9:52:13 AM V 12-7.12

PAGE 1

PUBLIC DISCLOSURE

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

36-4745729

Form 990 (2012)

Page **2**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:
ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ 10,766,819. including grants of \$ _____) (Revenue \$ _____)
TO SUPPORT THE RECOVERY AND REBUILDING EFFORTS OF NEW JERSEY COMMUNITIES IMPACTED BY HURRICANE SANDY.

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

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶** 10,766,819.

PUBLIC DISCLOSURE

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

Part IV Checklist of Required Schedules

		Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	17	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		X
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

PUBLIC DISCLOSURE

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

36-4745729

Form 990 (2012)

Page **4**

Part IV Checklist of Required Schedules (continued)

		Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		X
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? <i>If "Yes," complete Schedule L, Part I.</i>	25a		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>	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? <i>If "Yes," complete Schedule L, Part III.</i>	27		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34		X
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2012)

PUBLIC DISCLOSURE

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

36-4745729

Form 990 (2012)

Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds 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.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

PUBLIC DISCLOSURE

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 to any question in this Part VI. X

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year.	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 relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . .	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . .	11a		X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b		X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NJ,
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ CAMILLE HENDERSON 906 MT KEMBLE AVENUE, 3RD FLOOR MORRISTOWN, NJ 07960 973-521-5820

PUBLIC DISCLOSURE

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY PAT CHRISTIE PRESIDENT	2.00	X		X			0	0	0	
(2) ROBERTO MIGNONE VICE PRESIDENT	1.00	X		X			0	0	0	
(3) HOWARD KAMINSKY TREASURER	1.00	X		X			0	0	0	
(4) EILEEN KEAN SECRETARY	1.00	X		X			0	0	0	
(5) RICH BAGGER DIRECTOR	1.00	X					0	0	0	
(6) WENDY LAZARUS DIRECTOR	1.00	X					0	0	0	
(7) JOHN LUMPKIN DIRECTOR	1.00	X					0	0	0	
(8) WILLIAM PALATUCCI DIRECTOR	1.00	X					0	0	0	
(9) JERRY ZARO DIRECTOR	1.00	X					0	0	0	
(10) KATHERINE CAMILLE HENDERSON EXECUTIVE DIRECTOR	40.00	X					100,962.	0	0	
(11) -----										
(12) -----										
(13) -----										
(14) -----										

PUBLIC DISCLOSURE

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

36-4745729

Form 990 (2012)

Page **8**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-total							100,962.	0	0	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							100,962.	0	0	

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

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

Section B. Independent Contractors

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

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

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

PUBLIC DISCLOSURE

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	28,985,771.				
	g Noncash contributions included in lines 1a-1f: \$		67,497.				
	h Total. Add lines 1a-1f			28,985,771.			
Program Service Revenue			Business Code				
	2a _____						
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			0				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		0				
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties	(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)			0			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events			0		
	9a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities			0		
	10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory				0			
Miscellaneous Revenue		Business Code					
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			0				
12 Total revenue. See instructions			28,985,771.				

PUBLIC DISCLOSURE

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 to any question in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	10,604,600.	10,604,600.		
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	100,962.	47,796.	29,703.	23,463.
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	162,329.	76,849.	47,756.	37,724.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	40,271.	19,065.	11,848.	9,358.
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	54,488.	150.	54,338.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	41,571.			41,571.
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	16,645.	1,045.	10,607.	4,993.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	4,873.	2,624.	961.	1,288.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>DIRECT FUNDRAISING</u>	215,414.			215,414.
b <u>OPERATIONS</u>	39,558.	14,690.	10,398.	14,470.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,280,711.	10,766,819.	165,611.	348,281.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

PUBLIC DISCLOSURE

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

36-4745729

Form 990 (2012)

Page **11**

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year	(B) End of year	
Assets	1 Cash - non-interest-bearing	0	22,754,234.	
	2 Savings and temporary cash investments	0	0	
	3 Pledges and grants receivable, net	0	505,299.	
	4 Accounts receivable, net	0	0	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	0	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	0	
	7 Notes and loans receivable, net	0	0	
	8 Inventories for sale or use	0	0	
	9 Prepaid expenses and deferred charges	0	17,023.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	83,368.	
	b Less: accumulated depreciation	10b	11,775.	10c
	11 Investments - publicly traded securities	0	0	
	12 Investments - other securities. See Part IV, line 11	0	0	
	13 Investments - program-related. See Part IV, line 11	0	0	
	14 Intangible assets	0	0	
	15 Other assets. See Part IV, line 11	0	0	
16 Total assets. Add lines 1 through 15 (must equal line 34)	0	23,348,149.		
Liabilities	17 Accounts payable and accrued expenses	0	98,539.	
	18 Grants payable	0	5,544,550.	
	19 Deferred revenue	0	0	
	20 Tax-exempt bond liabilities	0	0	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	0	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	0	
	23 Secured mortgages and notes payable to unrelated third parties	0	0	
	24 Unsecured notes and loans payable to unrelated third parties	0	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	0	
	26 Total liabilities. Add lines 17 through 25	0	5,643,089.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	0	17,705,060.	
	28 Temporarily restricted net assets	0	0	
	29 Permanently restricted net assets	0	0	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	0	
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	0	
	32 Retained earnings, endowment, accumulated income, or other funds	0	0	
33 Total net assets or fund balances	0	17,705,060.		
34 Total liabilities and net assets/fund balances	0	23,348,149.		

Form **990** (2012)

PUBLIC DISCLOSURE

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

36-4745729

Form 990 (2012)

Page **12**

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	28,985,771.
2 Total expenses (must equal Part IX, column (A), line 25)	2	11,280,711.
3 Revenue less expenses. Subtract line 2 from line 1	3	17,705,060.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0
5 Net unrealized gains (losses) on investments	5	0
6 Donated services and use of facilities	6	0
7 Investment expenses	7	0
8 Prior period adjustments	8	0
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	17,705,060.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2012)

PUBLIC DISCLOSURE

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization HURRICANE SANDY NEW JERSEY RELIEF FUND INC.	Employer identification number 36-4745729
--	---

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

PUBLIC DISCLOSURE

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

36-4745729

Schedule A (Form 990 or 990-EZ) 2012

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0	28,985,771.	28,985,771.
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.	28,985,771.
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
6 Public support. Subtract line 5 from line 4.						28,985,771.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4					28,985,771.	28,985,771.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
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						28,985,771.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2012

PUBLIC DISCLOSURE

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

36-4745729

Schedule A (Form 990 or 990-EZ) 2012

Page **3**

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

(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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

PUBLIC DISCLOSURE

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

36-4745729

Schedule A (Form 990 or 990-EZ) 2012

Page **4**

Part IV **Supplemental Information.** Complete this part to 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).

PUBLIC DISCLOSURE

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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. ▶ See separate instructions.

Name of the organization

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

Employer identification number

36-4745729

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating 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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2012

PUBLIC DISCLOSURE

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

36-4745729

Schedule D (Form 990) 2012

Page **2**

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

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		83,368.	11,775.	71,593.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				71,593.

Schedule D (Form 990) 2012

PUBLIC DISCLOSURE

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

36-4745729

Schedule D (Form 990) 2012

Page **3**

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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

PUBLIC DISCLOSURE

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

36-4745729

Schedule D (Form 990) 2012

Page **4**

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

1	Total revenue, gains, and other support per audited financial statements		1	29,980,976.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	995,205.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	995,205.
3	Subtract line 2e from line 1		3	28,985,771.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	28,985,771.

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

1	Total expenses and losses per audited financial statements		1	12,275,916.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	995,205.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	995,205.
3	Subtract line 2e from line 1		3	11,280,711.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	11,280,711.

Part XIII Supplemental Information

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

SEE PAGE 5

Schedule D (Form 990) 2012

PUBLIC DISCLOSURE

Part XIII Supplemental Information *(continued)*

UNCERTAIN TAX POSITION FOOTNOTE

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 STATEMENT OF FINANCIAL POSITION. THE FUND HAD NO UNRECOGNIZED BENEFITS AT JUNE 30, 2013 AND HAS INCURRED NO INTEREST OR PENALTIES RELATED TO INCOME TAXES FOR THE PERIOD.

PUBLIC DISCLOSURE

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

Employer identification number

36-4745729

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

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

- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 LINDSAY B. REYNOLDS			X		41,571.	
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					41,571.	

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

NJ,

PUBLIC DISCLOSURE

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

36-4745729

Schedule G (Form 990 or 990-EZ) 2012

Page **2**

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

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue				
1 Gross receipts				
2 Less: Contributions				
3 Gross income (line 1 minus line 2).				
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary. Add lines 4 through 9 in column (d)				()
11 Net income summary. Combine line 3, column (d), and line 10				()

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

PUBLIC DISCLOSURE

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

36-4745729

Schedule G (Form 990 or 990-EZ) 2012

Page **3**

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

PUBLIC DISCLOSURE

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

Employer identification number

36-4745729

Part I 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 the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use 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 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.

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)	180 TURNING LIVES AROUND 1 BETHANY ROAD HAZLET, NJ 07730	222130220		157,000.				TO SUPPORT THE RECCO
(2)	ATLANTIC CITY LT RECOVERY GROUP 1 SOUTH NEW YORK AVENUE	223427697		600,000.				TO SUPPORT THE RECCO
(3)	ATLANTIC CITY RESCUE MISSION 2009 BACHARACH BOULEVARD	226076337		50,000.				TO SUPPORT THE RECCO
(4)	BAYONNE ECONOMIC OPPORTUNITY FOUNDATION 555 KENNEDY BLVD BAYONNE, NJ 07002	221811616		150,000.				TO SUPPORT THE RECCO
(5)	BIG BROTHERS BIG SISTERS OF OCEAN COUNTY, I 20 HADLEY AVE TOMS RIVER, NJ 08753	311596917		100,000.				TO SUPPORT THE RECCO
(6)	CAPE COUNSELING SERVICES 1129 ROUTE 9 SOUTH	222226231		132,000.				TO SUPPORT THE RECCO
(7)	CAREGIVER VOLUNTEERS OF CENTRAL JERSEY 253 CHESTNUT STREET TOMS RIVER, NJ 08753	223197568		20,000.				TO SUPPORT THE RECCO
(8)	CATHOLIC CHARITIES, DIOCESE OF TRENTON 383 WEST STATE STREET TRENTON, NJ 08607	210634494		400,000.				TO SUPPORT THE RECCO
(9)	CATHOLIC FAMILY & COMMUNITY SERVICES 24 DE GRASSE STREET PATERSON, NJ 07505	221487121		30,000.				TO SUPPORT THE RECCO
(10)	CHILDREN'S HOME SOCIETY OF NEW JERSEY 635 SOUTH CLINTON AVENUE TRENTON, NJ 08611	210634966		39,000.				TO SUPPORT THE RECCO
(11)	COSTAL HABITAT FOR HUMANITY 200 HIGHWAY 71 SPRING LAK HEIGHTS, NJ 07762	223285769		839,000.				TO SUPPORT THE RECCO
(12)	COMMUNITY YMCA 113 TINDALE ROAD MIDDLETOWN, NJ 07748-2321	210635051		148,000.				TO SUPPORT THE RECCO

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 ▶ -----

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

Schedule I (Form 990) (2012)

PUBLIC DISCLOSURE

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

Employer identification number

36-4745729

Part I 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 the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use 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 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.

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)	CPC BEHAVIORAL HEALTHCARE 10 INDUSTRIAL WAY EAST EATONTOWN, NJ 07724	210719369		94,000.				TO SUPPORT THE RECCO
(2)	DRESS FOR SUCCESS MERCER COUNTY 3131 PRINCETON PIKE LAWRENCEVILLE, NJ 08648	371536476		28,000.				TO SUPPORT THE RECCO
(3)	FAMILY PROMISE OF MONTHMOUTH COUNTY PO BOX 70 MIDDLETOWN, NJ 07748	223674477		50,000.				TO SUPPORT THE RECCO
(4)	FIRST BAPTIST CHURCH OF MANASQUAN 47 SOUTH STREET MANASQUAN, NJ 08736	226016705		10,000.				TO SUPPORT THE RECCO
(5)	GATEWAY CHURCH OF CHRIST 6 CRAWFORDS CORNER ROAD HOLMDEL, NJ 07733	275273315		50,000.				TO SUPPORT THE RECCO
(6)	HABCORE INC. P.O. BOX 2361 RED BANK, NJ 07701	521596165		100,000.				TO SUPPORT THE RECCO
(7)	HABITAT FOR HUMANITY HUDSON COUNTY 614 KEARNY AVENUE? KEARNY, NJ 07032	432048858		94,800.				TO SUPPORT THE RECCO
(8)	HABITAT FOR HUMANITY OF TRENTON 601 N. CLINTON AVE TRENTON, NJ 08638	222736214		15,000.				TO SUPPORT THE RECCO
(9)	INTERSECT FUND CORPORATION 109 CHURCH STREET NEW BRUNSWICK, NJ 08901	364636828		350,000.				TO SUPPORT THE RECCO
(10)	JERSEY CARES 494 BROAD STREET NEWARK, NJ 07102	223294530		75,000.				TO SUPPORT THE RECCO
(11)	JEWISH FAMILY SERVICE OF ATLANTIC COUNTY 607 N JEROME AVE MARGATE CITY, NJ 08402	222119902		55,500.				TO SUPPORT THE RECCO
(12)	LEGAL SERVICES OF NEW JERSEY P.O. BOX 1357 EDISON, NJ 08818	222059939		450,000.				TO SUPPORT THE RECCO

- 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 ▶ -----

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

Schedule I (Form 990) (2012)

PUBLIC DISCLOSURE

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

Employer identification number

36-4745729

Part I 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 the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use 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 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.

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) LUTHERAN SOCIAL MINISTRIES OF NJ 3 MANHATTAN DRIVE BURLINGTON, NJ 08016	223640683		205,000.				TO SUPPORT THE RECCO
(2) MIDDLESEX COUNTY LT RECOVERY COMMITTEE 32 FORD ADDRESS MILLTOWN, NJ 08840	221520408		300,000.				TO SUPPORT THE RECCO
(3) NEWARK EMERGENCY SERVICES FOR FAMILIES, INC. 982 BROAD ST NEWARK, NJ 07102	222191674		10,000.				TO SUPPORT THE RECCO
(4) NORTHERN OCEAN HABITAT FOR HUMANITY 1201 ROUTE 166 TOMS RIVER, NJ 08753	223661840		400,000.				TO SUPPORT THE RECCO
(5) OCEAN MENTAL HEALTH SERVICES 160 ATLANTIC CITY BOULEVARD	210722291		239,000.				TO SUPPORT THE RECCO
(6) OPERATION HOPE, INC. 707 WILSHIRE BOULEVARD, 30TH FLOOR	954378084		600,000.				TO SUPPORT THE RECCO
(7) POINT PLEASANT PRESBYTERIAN CHURCH 701 FORMAN AVE	236393377		31,300.				TO SUPPORT THE RECCO
(8) PORTLIGHT STRATEGIES 60 FENWICK HALL ALLEE, #721	582299951		250,000.				TO SUPPORT THE RECCO
(9) PREFERRED BEHAVIORAL HEALTH OF NJ PO BOX 2036 LAKEWOOD, NJ 08701	222196988		300,000.				TO SUPPORT THE RECCO
(10) PRINCETON AREA COMMUNITY FOUNDATION 15 PRINCESS RD LAWRENCEVILLE, NJ 08648	521746234		1,500,000.				TO SUPPORT THE RECCO
(11) REBUILDING TOGETHER FOR BERGEN COUNTY 217 ROCK RD GLEN ROCK, NJ 07452	223614933		345,000.				TO SUPPORT THE RECCO
(12) SALVATION ARMY 4 GARY ROAD UNION, NJ 07083	135562351		400,000.				TO SUPPORT THE RECCO

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 ▶ -----

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

Schedule I (Form 990) (2012)

PUBLIC DISCLOSURE

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

Employer identification number

36-4745729

Part I 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 the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use 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 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.

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)	ST. FRANCIS COMMUNITY CENTER, LBICC 29 13TH ST SURF CITY, NJ 08008	222003458		64,000.				TO SUPPORT THE RECCO
(2)	ST. MARY'S BY THE SEA 101 LEHIGH CAPE MAY POINT	222023166		14,000.				TO SUPPORT THE RECCO
(3)	UCEDC 75 CHESTNUT ST CRANFORD, NJ 07016	222155884		328,000.				TO SUPPORT THE RECCO
(4)	UNITED POLICYHOLDERS 381 BUSH STREET, 8TH FLOOR	943162024		47,000.				TO SUPPORT THE RECCO
(5)	UNITED WAY OF CENTRAL JERSEY - MIDDLESEX 32 FORD AVE MILLTOWN, NJ 08850	221520408		150,000.				TO SUPPORT THE RECCO
(6)	UNITED WAY OF MONMOUTH COUNTY 1415 WYCKOFF RD WALL TOWNSHIP, NJ 07727	221828435		250,000.				TO SUPPORT THE RECCO
(7)	UNITED WAY OF OCEAN COUNTY 650 WASHINGTON ST TOMS RIVER, NJ 08753	222148978		250,000.				TO SUPPORT THE RECCO
(8)	UW OF GREATER PHIL. & SO. JERSEY - ATLANTIC 4 EAST JIMMIE LEEDS ROAD GALLOWAY, NJ 08205	231556045		100,000.				TO SUPPORT THE RECCO
(9)	UW OF GREATER PHIL. & SO. JERSEY - CAPE MAY P.O. BOX 595 WILDWOOD, NJ 08260	231556045		50,000.				TO SUPPORT THE RECCO
(10)	VOLUNTEER CENTER OF BERGEN COUNTY, INC. 64 PASSAIC ST HACKENSACK, NJ 07601	221821282		600,000.				TO SUPPORT THE RECCO
(11)	VOLUNTEER LAWYERS FOR JUSTICE PO BOX 32040 NEWARK, NJ 07102	300528128		133,000.				TO SUPPORT THE RECCO
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 48.

3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2012)

PUBLIC DISCLOSURE

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

36-4745729

Schedule I (Form 990) (2012)

Page **2**

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) 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					
2					
3					
4					
5					
6					
7					

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.

PROCESS FOR DETERMINING, APPROVING, AND MONITORING GRANTS PAID

990, SCHEDULE I, PART 1, #2

GRANT APPLICATIONS ARE RECEIVED VIA THE ONLINE GRANTS MANAGEMENT SYSTEM

ON THE ORGANIZATION'S WEBSITE.

1 AS PART OF APPLICATION PROCESS, ORGANIZATIONS MUST SUBMIT THE

FOLLOWING DOCUMENTATION:

- PROOF OF NONPROFIT STATUS
- ARTICLES OF INCORPORATION
- FORM 990

Schedule I (Form 990) (2012)

JSA

2E1504 2.000

7690GB M998 4/10/2014 9:52:13 AM V 12-7.12

PAGE 33

PUBLIC DISCLOSURE

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

36-4745729

Schedule I (Form 990) (2012)

Page **2**

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) 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					
2					
3					
4					
5					
6					
7					

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.

- AUDITED FINANCIALS

- LIST OF BOARD OF DIRECTORS

2 PROPOSALS MUST INCLUDE:

- DETAILED PROJECT DESCRIPTION

- PROJECT TIMELINE

- MEASUREMENT PLAN

- DETAILED BUDGET

3 REVIEW PROCESS:

- PROPOSALS ARE REVIEWED 4-6 TIMES

- PROPOSALS UNDERGO AN INITIAL REVIEW BY A GRANT REVIEW TEAM

Schedule I (Form 990) (2012)

JSA

2E1504 2.000

7690GB M998 4/10/2014 9:52:13 AM V 12-7.12

PAGE 34

PUBLIC DISCLOSURE

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

36-4745729

Schedule I (Form 990) (2012)

Page **2**

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) 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					
2					
3					
4					
5					
6					
7					

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.

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 GRANTEEES AND OPPORTUNITY FOR

IMPACT.

4 ANNOUNCEMENTS:

Schedule I (Form 990) (2012)

JSA

2E1504 2.000

7690GB M998 4/10/2014 9:52:13 AM V 12-7.12

PAGE 35

PUBLIC DISCLOSURE

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

36-4745729

Schedule I (Form 990) (2012)

Page **2**

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) 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					
2					
3					
4					
5					
6					
7					

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.

- ANNOUNCEMENTS ARE MADE FOR ALL GRANT AWARDS
- ALL GRANT AWARDS ARE LISTED ON WEBSITE

5 GRANT MONITORING:

- 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 IMPLEMENTATION UTILIZATION RATES

- SITE VISITS ARE CONDUCTED FOR LARGER GRANTS.

IMPLEMENTATION UTILIZATION RATES

Schedule I (Form 990) (2012)

JSA

2E1504 2.000

7690GB M998 4/10/2014 9:52:13 AM V 12-7.12

PAGE 36

PUBLIC DISCLOSURE

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

36-4745729

Schedule I (Form 990) (2012)

Page **2**

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) 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					
2					
3					
4					
5					
6					
7					

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.

SITE VISITS CONDUCTED FOR LARGER GRANTS.

Schedule I (Form 990) (2012)

JSA

2E1504 2.000

7690GB M998 4/10/2014 9:52:13 AM V 12-7.12

PAGE 37

PUBLIC DISCLOSURE

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2012

Open To Public
Inspection

Name of the organization HURRICANE SANDY NEW JERSEY RELIEF FUND INC.	Employer identification number 36-4745729
--	---

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>ATCH 1</u>)		9.	67,498.	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

PUBLIC DISCLOSURE

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

36-4745729

Schedule M (Form 990) (2012)

Page 2

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
IBM COMPUTERS	X	8.	48,748.	FAIR VALUE
GRANTS MANAGEMENT SYSTEM	X	1.	18,750.	FAIR VALUE
TOTALS		<u>9.</u>	<u>67,498.</u>	

PUBLIC DISCLOSURE

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

Employer identification number

36-4745729

CONFLICT OF INTEREST POLICY

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
ORGANIZATION'S CODE OF ETHICS POLICY.

PROCESS FOR REVIEWING THE 990

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

IT IS BE 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.

HOW THE ORGANIZATIONS DOCUMENTS ARE MADE PUBLIC

FORM 990, PART VI, SECTION C, #19

THE ORGANIZATION MAKES THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST

PUBLIC DISCLOSURE

Name of the organization HURRICANE SANDY NEW JERSEY RELIEF FUND INC.	Employer identification number 36-4745729
---	--

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY PROVIDING ALL OF THESE DOCUMENTS ON THEIR WEBSITE.

PROCESS FOR DETERMINING COMPENSATION

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

THE ORGANIZATION'S PROCESS FOR DETERMINING COMPENSATION FOR THE EXECUTIVE DIRECTOR INCLUDES A REVIEW AND APPROVAL BY THE INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS.

SALARIES ARE APPROVED BY THE EXECUTIVE DIRECTOR.

ATTACHMENT 1

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

HURRICANE SANDY NJ RELIEF FUND, INC. 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

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	17,023.
TOTALS	<u>17,023.</u>

PUBLIC DISCLOSURE

36-4745729

New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section
124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101
(973) 504-6215

Form CRI-300R Long-Form Renewal Registration/Verification Statement (Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1.	This statement contains the facts and financial information for the fiscal year ending: <u>06 / 30 / 2013</u> <small>month day year</small>
2.	Federal ID Number (EIN) <u>36-4745729</u> 2a. N.J. Charities Registration Number: <u>CH- 3558500</u>
3.	Full legal name of the registering organization: <u>HURRICANE SANDY NEW JERSEY RELIEF FUND INC.</u> In care of: (if necessary, otherwise leave this line blank) _____
4.	Mailing Address: <u>906 MT KEMBLE AVENUE, 3RD MORRISTOWN, NJ 07960</u> <input type="checkbox"/> Change of Address <small>Street Address City State ZIP Code</small>
NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.	
5.	The principal street address of the registering organization _____ <input checked="" type="checkbox"/> Same as Mailing Address <small>Street Address City State ZIP Code</small>

6. Does the organization have any offices in New Jersey in addition to the one listed above? Yes No
If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the organization's records, and to whom correspondence should be addressed.

<u>CAMILLE HENDERSON</u> <small>Contact person</small>	<u>906 MT KEMBLE AVENUE, 3RD MORRISTOWN</u> <small>Street Address</small>	<u>NJ</u> <small>State</small>	<u>07960</u> <small>ZIP Code</small>
<u>973-521-5820</u> <small>Telephone number (include area code)</small>	_____ <small>Fax number (include area code)</small>		

7. Organization's contact information:

<u>(973) 521-5820</u> <small>Telephone number (include area code)</small>	_____ <small>Fax number (include area code)</small>
_____ <small>E-mail address</small>	_____ <small>Web site</small>

8. Type of organization (check one):

Nonprofit corporation Foundation Individual Association Society
 Partnership Trust Other (Specify) _____

PUBLIC DISCLOSURE

36-4745729

9. Where and when was the organization legally established? Date: 11/02/2012 State: NEW JERSEY
As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? Yes No
If "Yes," indicate all of the other names used: _____

11. Does the organization intend to solicit contributions from the general public? Yes No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions? Yes No
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? Yes No
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.

TO SUPPORT THE RECOVERY AND REBUILDING EFFORTS OF NEW JERSEY
COMMUNITITES IMPACTED BY HURRICANE SANDY.

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.

TO SUPPORT THE RECOVERY AND REBUILDING EFFORTS OF NEW JERSEY
COMMUNITITES IMPACTED BY HURRICANE SANDY.

15. Does the organization use an independent paid fund-raiser or fund-raising counsel? Yes No
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds? N/A Yes No
If "Yes," please describe the situation.

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported? Yes No
If "Yes," please explain: _____

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)? Yes No

a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed. N/A Yes No

b. Has a tax exemption been granted under another I.R.S. code? Yes No
If "Yes," advise which one: _____

c. Has an I.R.S. tax exemption been refused, changed or revoked? Yes No
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

PUBLIC DISCLOSURE

36-4745729

18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity? Yes No
If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.
19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer? Yes No
If "Yes," please attach to this registration the relevant document.
20. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction? Yes No
If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.
21. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction. Yes No
22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets. Yes No
If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.

23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary
ATTACHMENT 1				

PUBLIC DISCLOSURE

36-4745729

CRI-300R Long-Form Registration Renewal Financial Statement

Note: If the financial value of a line item = 0, place a zero in the space provided.
Please report all figures as GROSS, not NET.

Full legal name and street address of the organization

Full legal name: HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

Fiscal year-end being reported: 06 / 30 / 2013 Federal ID Number (EIN) 36-4745729
month day year

Mailing address:
906 MT KEMBLE AVENUE, 3RD FLOOR MORRISTOWN, NJ 07960
Mailing Address P.O. Box Number or Suite City State ZIP code

Street address of the registering organization: _____
Street Address City State ZIP Code

New Jersey Charities Registration number: CH 3558500 -00 Telephone number: (973) 521-5820
(include area code)

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$250,000. **Note:** If the organization received gross revenue of less than \$250,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

A. Receipts

Line A1a. Direct Public Support received from the following sources:

- (1) Direct mail _____
- (2) Telephone solicitation _____
- (3) Commercial co-venture _____
- (4) Gross receipts from fund-raising events. _____
- (5) Canisters, counter cards, door to door etc _____
- (6) Corporations and other businesses _____
- (7) Foundations and trusts _____
- (8) Donated land, buildings, property, equipment and materials _____
- (9) Legacies and bequests. _____
- (10) Membership dues solely resulting from solicitations _____
- (11) Other support (specify). _____

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)) _____

Line A1c. Indirect Public Support received from the following sources:

- (1) Federated fund-raising organization. _____
- (2) From an affiliated organization _____
- (3) From another fund-raising organization. _____

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3)). _____

Line A1e. Total Gross Contributions (add lines A1b and A1d). _____

PUBLIC DISCLOSURE

36-4745729

Line A2. Government grants including purchase of service contracts (specify agency)

- a.
- b.
- c.
- d.

Line A2e. Total Government Grants (add lines 2a thru 2d)

Line A3. Other Support

- a. Bona fide membership
- b. Program service revenue
- c. Professional services rendered by volunteers
- d. Miscellaneous income (specify)

Line A3e. Total Other Support (add the total of lines A3a thru A3d)

Line A4. Total Gross Revenue (add lines A1e, A2e, and A3e)

B. Expenses

Line B1. Program expenses

Line B2. Management and general expenses

Line B3. Fund-raising expenses

Line B4. Payments to state/national affiliates (if applicable)

Line B5. Total Expenses (add the totals of line B1 thru B4)

C. Excess or Deficit

For the fiscal year-end (subtract line B5 from line A4)

D. Fund Balance

Line D1. Net assets or fund balances at beginning of the year

Line D2. Other changes in net assets or fund balances (attach explanation)

Line D3. Net assets or fund balances at end of year (Combine line C, D1 and D2)

Please Note: The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>.

PUBLIC DISCLOSURE

36-4745729

Long-Form Renewal Registration Statement Form CRI-300RC Confidential Information

Organization's Name: <u>HURRICANE SANDY NEW JERSEY RELIEF FUND INC.</u>	
N.J. Charities Registration Number: CH <u>-3558500</u> -00	Federal ID Number (EIN) <u>36-4745729</u>
Fiscal Year-End being reported: <u>06</u> / <u>30</u> / <u>2013</u> <small>month / day / year</small>	

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:
- a. each other? Yes No
 - b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? Yes No
 - c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? Yes No
 - d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.
25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? Yes No
If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature _____ Name CAMILLE HENDERSON Title EXECUTIVE DIRE Date 05/15/2014

Signature _____ Name HOWARD KAMINSKY Title TREASURER Date 05/15/2014

This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.

Note: Form CRI-300RC must be filed with Form CRI-300R.

PUBLIC DISCLOSURE

HURRICANE SANDY NEW JERSEY RELIEF FUND INC.

36-4745729

CRI-300R OFFICERS, DIRECTORS, TRUSTEES, FIVE HIGHEST PAID EMPLOYEES

ATTACHMENT 1

NAME AND ADDRESS

TITLE

TELEPHONE

COMPENSATION

SEE PART VII OF ATTACHED 990