

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

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

OMB No. 1545-0047

2019
 Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning **07/01/19**, and ending **06/30/20**

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

C Name of organization **T.A.S.K. INC.**
(TRENTON AREA SOUP KITCHEN, INC)

D Employer identification number **22-2392881**

Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 872 **609-695-5456**

City or town, state or province, country, and ZIP or foreign postal code
TRENTON NJ 08609

E Telephone number

G Gross receipts \$ **5,517,619**

F Name and address of principal officer:
JOYCE CAMPBELL

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

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

J Website: **WWW.TRENTONSOUPKITCHEN.ORG** **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1981** **M** State of legal domicile: **NJ**

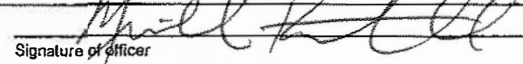
Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TASK FEEDS THOSE WHO ARE HUNGRY IN THE TRENTON AREA AND OFFERS PROGRAMS TO ENCOURAGE SELF-SUFFICIENCY AND IMPROVE THE QUALITY OF LIFE OF ITS PATRONS.		
	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) 20	
	4	Number of independent voting members of the governing body (Part VI, line 1b) 20	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a) 42	
	6	Total number of volunteers (estimate if necessary) 1629	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0	
7b	Net unrelated business taxable income from Form 990-T, line 39 0		
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year 4,018,808 Current Year 5,366,534
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		124,159 151,085
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,142,967 5,517,619
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,845,153 1,992,099	
16a Professional fundraising fees (Part IX, column (A), line 11e)		44,511 40,326	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 163,054			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,817,197 1,803,022	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,706,861 3,835,447	
19 Revenue less expenses. Subtract line 18 from line 12		436,106 1,682,172	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year 9,606,890 End of Year 11,463,297
	21 Total liabilities (Part X, line 26)		222,552 118,327
	22 Net assets or fund balances. Subtract line 21 from line 20		9,384,338 11,344,970

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 **1/21/2021**

MICHAEL ROTHWELL **BOARD TREASURER**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name **LEWIS W. PARKER III CPA** Preparer's signature **LEWIS W. PARKER III CPA** Date **01/15/21** Check if self-employed PTIN **P00062923**

Firm's name ▶ **HAMILTON FINANCIAL GROUP** Firm's EIN ▶ **22-3403296**

Firm's address ▶ **1540 KUSER ROAD, SUITE A4** Phone no. **609-581-0300**

MERCERVILLE, NJ 08619-3828

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No