DLN: 93493074010627

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

Open to Public

Department of the

Form **990**

Treasury

foundations)

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Inspection

	I Revenue	<u>'</u>											
		.5 calendar year, or tax year b	eginning 07-01-2015 , and ending 06-3	80-2016	D Emp	lover iden	itification number						
_	eck if applications of the second sec	COMMUNITY FOOD BANK OF	F NEW JERSEY INC			- -							
_	me change	% ROBERT BARRY				2423882							
_	itial return	Boning Business as											
	nal 'terminated		box if mail is not delivered to street address) Ro	om/suite	E Telep	hone numb	per						
Am	ended retu				(908	3)355-3	663						
Ap	olication per	nding City or town, state or provin HILLSIDE, NJ 07205	nce, country, and ZIP or foreign postal code		G Gross	s receints \$	102,872,781						
		F Name and address of	principal officer	H(a)	Is this a grou	•							
		ROBERT BARRY			subordinates	•	⊤ Yes 🗸						
		31 EVANS TERMINAL HILLSIDE, NJ 07205	ROAD		No		, ,,						
Та	x-exempt s	tatus — —	() ◄ (insert no)		Are all subor included?	ainates	⊤Yes						
w	ebsite: ▶	www cfbnj org	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		•		(see instructions)						
		Tittle closing org			Group exem								
Forr	n of organiz	ation 🗸 Corporation Trust	Association ○ Other ►	L Yea	r of formation	1982 M	State of legal domicile N						
Pa	rt I S	Summary											
	1 Briefl	y describe the organization's r	mission or most significant activities										
		nission is to fight hunger & pov wer all sectors of society in th	verty in NJ by assisting those in need & s ne battle	seeking long-t	term solution	s We will	l engage, educate &						
ي													
ē													
o venialisti	2 Chec	ck this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets											
ಶ ≙		_	governing body (Part VI, line 1a)			3	21						
ACHAINES		· -	mbers of the governing body (Part VI, lin	•		4	21						
į		• •	yed in calendar year 2015 (Part V, line 2	•		5	240						
٦.		·	ate if necessary)........ from Part VIII, column (C), line 12..			6 7a	48,322						
			ome from Form 990-T, line 34			7a 7b	-2,10						
	D				Prior Year	1 75 1	Current Year						
	8 C	ontributions and grants (Part \	VIII, line 1h)		91,703	3,996	92,823,313						
ē.	9 Pi	rogram service revenue (Part '	VIII, line 2g)		2,932	2,263	2,714,845						
Ravenua	10 Ir	nvestment income (Part VIII,	column (A), lines 3, 4, and 7d)			1,891	286,219						
<u>~</u>			mn (A), lines 5, 6d, 8c, 9c, 10c, and 11e		271	768,	506,074						
		otal revenue—add lines 8 thro 2)	ugh 11 (must equal Part VIII, column (A	(), line	95,459	9,918	96,330,45						
	13 G	rants and similar amounts pair	d (Part IX, column (A), lines 1-3).		80,667	7,314	82,072,916						
	14 B	enefits paid to or for members	(Part IX, column (A), line 4)			0	(
S			employee benefits (Part IX, column (A), I	ınes	10,926	5,349	12,532,215						
nse		-10) rofessional fundraising fees (F	Part IX, column (A), line 11e)		5.5.7	7,915	613,33						
Expenses		otal fundraising expenses (Part IX, co				7,5 1.5	010,000						
Δi			nn (A), lines 11a-11d, 11f-24e)	〒. ├─	4,927	7,404	5,272,646						
	18 T	otal expenses Add lines 13-1	17 (must equal Part IX, column (A), line	25)	97,078	3,982	100,491,112						
	19 R	evenue less expenses Subtra	ct line 18 from line 12		-1,619	,064	-4,160,66						
Net Assets of Fund Balances				Begini	ning of Curren	t Year	End of Year						
alan	20 ⊤∈	otal assets (Part X, line 16)			34,978	3,318	30,700,533						
2 B)		3,380		3,693,00						
ž j	22 N	et assets or fund balances Su	ubtract line 21 from line 20		31,598	3,295	27,007,526						
		ignature Block				h - h -							
			ave examined this return, including acco and complete Declaration of preparer (ot										
repa	rer has a	ny knowledge											
		******			2017-03-10)							
Sign		Signature of officer			Date								
lere		ROBERT BARRY CFO											
		Type or print name and title	I December 1	ls:		DTT**							
) -!-	J	Print/Type preparer's name Catherine Bendall	Preparer's signature Cathenne Bendall	Date	Check I if	PTIN P00521	196						
Paid		Firm's name WithumSmithE	I 3rown PC		self-employe Firm's EIN ▶	<u>" </u>							
	parer	Firm's address ▶ 1 SPRING STR			Phone no (7.	32) 828-16	14						
JSE	Only	NEW BRIINSWI	ICK NJ 08001		1								

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

orm	990 (2015)			Page 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕲	10	Yes	
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12 a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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: IV	Checklist of Required Schedules	s (continued)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Pai	rt IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

member of any of these persons? If "Yes," complete Schedule L, Part III

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🗦 🕏 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Pa	rt IV Checklist of Required Schedules (continued)
21	Did the organization report more than \$5,000 of grants or other assistance to any domest
	domestic government on Part IX, column (A.) line 12 If "Yes," complete Schedule I, Parts I a

21	Yes	

Yes

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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35a

35b

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Yes

Yes

Yes

Yes

Yes

Form 990 (2015)

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Nο

Nο

Nο

Νo

Nο

Nο

Νo

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance			_
		Check if Schedule O contains a response or note to any line in this Part V		Yes	· No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	3	163	140
			0		
c	Did th	e organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gamın	g (gambling) winnings to prize winners?	1 c	Yes	
2a	Tax S	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered s return	0		
b	If at le	east one is reported on line 2a, did the organization file all required federal employment tax returns? If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a		e organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	over, a	y time during the calendar year, did the organization have an interest in, or a signature or other authority a financial account in a foreign country (such as a bank account, securities account, or other financial int)?	4a		No
b	If "Ye: See in (FBAR	s," enter the name of the foreign country structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 3)			
5a	Was th	he organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did an	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does	the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
b	_	ization solicit any contributions that were not tax deductible as charitable contributions? s," did the organization include with every solicitation an express statement that such contributions or gift	s		
7		not tax deductible?	6b		
а		e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
b		s," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c		e organization sell, exchange, or otherwise dispose of tangible personal property for which it was required rm 8282?	7c		No
d	If"Ye:	s," indicate the number of Forms 8282 filed during the year			
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the require	organization received a contribution of qualified intellectual property, did the organization file Form 8899 a	7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings at any time in the year?	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966?	9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Sectio	on 501(c)(7) organizations. Enter			
а	Initiat	tion fees and capital contributions included on Part VIII, line 12 10a			
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les			
11		on 501(c)(12) organizations. Enter			
		Income from members or shareholders			
Ь		income from other sources (Do not net amounts due or paid to other sources at amounts due or received from them)			
12a	Sectio	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b	If "Ye: year	s," enter the amount of tax-exempt interest received or accrued during the 12b			
13	Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.			
а		organization licensed to issue qualified health plans in more than one state? Note. See the instructions for onal information the organization must report on Schedule O	13a		
b		the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans			
c	Enter	the amount of reserves on hand	_		
14a	Did th	e organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

Yes

1a Enter the number of voting members of the governing body at the end of the tax year

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee

	year	l 1a		21			
	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		21			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		•	пy	2		No
3	Did the organization delegate control over management duties customarily performs supervision of officers, directors or trustees, or key employees to a management co	,			3		No
4	Did the organization make any significant changes to its governing documents since filed?	e the p	orior Form 990 was		4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .		5		No
6	Did the organization have members or stockholders?				6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?		elect or appoint one		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?	al by) i	,	ers,	7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ions ui	ndertaken durıng the				
а	The governing body?				8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			.	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			the	9		No
	and and an acceptance of the control	• • •					
Se	ection B. Policies (This Section B requests information about policies not	reau	red by the Intern	al Re	venu	ue Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not	requi	red by the Intern	al Re	venu	ue Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	requi	red by the Intern		venu 10 a		
0a		 tivitie:	s of such chapters,				No
0a b	Did the organization have local chapters, branches, or affiliates?	tivitie:	s of such chapters, xempt purposes?	iling	10 a		No
0a b 1a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization that the organization provided a complete copy of this Form 990 to all members of its	tivitie: ion's e ts gov	s of such chapters, xempt purposes? erning body before fi	iling	10a 10b	Yes	No
0a b 1a	Did the organization have local chapters, branches, or affiliates?	tivitie: ion's e ts gov	s of such chapters, xempt purposes? erning body before fi	iling •	10a 10b	Yes	No
0a b 1a b	Did the organization have local chapters, branches, or affiliates?	tivitie: on's e ts gov Form 9	s of such chapters, xempt purposes? erning body before fi 	iling :	10a 10b 11a	Yes	No
0a b 1a b 2a b	Did the organization have local chapters, branches, or affiliates?	tivitie: ion's e ts gov Form 9	s of such chapters, xempt purposes? erning body before fi	illing • • e	10a 10b 11a	Yes	No
0a b 1a b 2a b	Did the organization have local chapters, branches, or affiliates?	tivitie: ion's e ts gov Form 9	s of such chapters, xempt purposes? erning body before fi	illing • • e	10a 10b 11a 12a 12b	Yes Yes Yes	No
0a b 1a b 2a b	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9 Illy inte	s of such chapters, xempt purposes? erning body before fi	illing • • e	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
0a b 1a b 2a b	Did the organization have local chapters, branches, or affiliates?	tivities on's e ts gov Form 9 Illy inte	s of such chapters, xempt purposes? erning body before for the second se	e	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
0a b 1a b 2a b c	Did the organization have local chapters, branches, or affiliates?	tivities on's e ts gov Form 9 Illy inte	s of such chapters, xempt purposes? erning body before for the second se	e e	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
0a b 1a b 2a b c 3 4 5	Did the organization have local chapters, branches, or affiliates?	tivities on's e ts gov Form 9 Illy inte	s of such chapters, xempt purposes? erning body before for the second se	iling e rribe on?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
0a b 1a b 2a b c 3 4 5	Did the organization have local chapters, branches, or affiliates?	tivities on's e ts gov Form 9 Illy inte	s of such chapters, xempt purposes? erning body before for the second se	iling e rribe on?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
0a b 1a b 2a b c 3 4 5	Did the organization have local chapters, branches, or affiliates?	tivities on's e ts gov Form 9 Illy inte the p riew ar ne deli	s of such chapters, xempt purposes? erning body before for the series of	e	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Vown website Another's website Vopon request Other (explain in Schedule O)

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?

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

O State the name, address, and telephone number of the person who possesses the organization's books and records
►ROBERT BARRY 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205 (908) 355-3663

16b

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII .

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 - in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or 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) A verage hours per week (list any hours	more to	than o	one I both ector	box, an d	heck unless officer stee)		(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
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			organization and related organizations
See Additional Data Table										

(A) Name and Title	(B) Average hours per week (list any hours	more t	ition than o on is	one l both	oox, an	heck unless officer stee)	i	(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
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			organization and related organizations
See Additional Data Table										
			_							
						<u> </u>				
1b Sub-Total						•				
c Total from continuation s d Total (add lines 1b and 1c	•			٠.	•			1,198,553	86,489	148,475
d Total (add lines 1b and 1c Total number of individual \$100,000 of reportable co	ls (including but not	lımıted	to the	se I		▶ d abov	e) wl		,	148,

			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		No
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? If "Yes," complete Schedule I for such individual	4	Yes	
		-	1 05	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No.

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

compensation from the organization Report compensation fo	r the calendar year ending with or within the organization'	s tax year
(A) Name and business address	(B) Description of services	(C) Compensation
THE STANFORD GROUP, 1571 HOLLY BLVD MANASQUAN, NJ 08736	DIRECT MAILINGS	465,906
STILL LIFE, N/A MORRISTOWN, NJ 07960	EVENT DESIGNER	160,572
HUGHES ENVIRONMENTAL ENGINEER, PO BOX 340 MONTVALE, NJ 07645	BUILDING IMPROVEMENT	155,666
		1

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \blacktriangleright 3

orm 99	0 (20	15)						Page 9
Part V	1111	Statement o	f Revenue					
		Check if Schedu	ile O contains a respor	nse or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S ts	1a	Federated camp	paigns 1a					
ant un	b	Membership du	es 1b					
Gr Vmo	с	Fundraising eve	ents 1c	135,140				
ifts. ar A	d	Related organiz	ations 1d					
, Gi	e	Government grants	(contributions) 1e	6,288,804				
ons Sir	f	All other contribution	ons, gifts, grants, and 1f	86,399,369		-		
outi her	•	sımılar amounts no	t included above		ļ	ļ		
iti Ot	g	Noncash contribution 1a-1f \$	ons included in lines	74,461,974				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines	1a-1f		92,823,313			
				Business Code				
PRU€	2a	PURCHASED FOOD	REVENUES	624210	2,685,008	2,685,008		
- γ -γ-	b	CATERING REVENU SERVICE PROGRAM		624210	29,837	29,837		
ce l	с	SERVICE FROOKAP	<u>'</u>					
er vi	d							
n S	e							
Program Service Revenue	f	All other progra	m service revenue					
ΔŤ	g	Total. Add lines	2a-2f	•	2,714,845			
	3	Investment inc	ome (including dividend	ds, interest,	208,306			208,306
	4		ar amounts) tment of tax-exempt bond ;	_	0			
	5			· · · · · · · · · · · · · · · · · · ·	0			
		, i	(ı) Real	(II) Personal				
	6a	Gross rents	63,297					
	b	Less rental	63,509					
	с	expenses Rental income	-212	0				
	d	or (loss) Net rental incor	me or (loss)		-212		-212	
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	6,467,528					
	b	Less cost or other basis and	6,389,615					
	_	sales expenses Gain or (loss)	77,913					
	c d		s)		77,913			77,913
Other Revenue	8a	Gross income fi events (not incl \$135,	rom fundraising luding	,				
ğ.		See Part IV, lin	e 18 a					
the	ь	Less direct exp		89,206 89,206				
Ó	С		loss) from fundraising (О			
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a					
	b	Less direct exp	penses b					
	С	Net income or (loss) from gaming activ	vities	0			
	10a	Gross sales of I returns and allo						
	b	Less cost of go						
	c		loss) from sales of inve		0			
	4	Miscellaneous		Business Code 900099	E06 206	Ene 200		
	11a b	MISCELLANEO	OUSINCOME	900099	506,286	506,286		
	С							
	d	All other revenu						
	e	Total. Add lines	ı	•				
	12		See Instructions	. -	506,286			
			· -	٢	96,330,451	3,221,131	-212	286,219 Form 990 (2015)

Part IX Statement of Functional Expenses

	Γ				
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	80,256,630	80,256,630		
2	Grants and other assistance to domestic individuals See Part IV, line 22	1,816,286	1,816,286		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	1,314,407	446,482	528,537	339,388
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	8,047,385	6,511,500	1,183,591	352,294
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	350,022	270,322	60,177	19,523
9	Other employee benefits	2,159,563	1,667,157	370,355	122,051
10	Payroll taxes			·	<u> </u>
	· · · · · · · · · · · · ·	660,838	495,628	118,951	46,259
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	73,912		73,912	
c	Accounting	93,000	50,311	42,689	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	613,335			613,335
f	Investment management fees	65,034		65,034	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	334,189	327,396	6,793	0
12	Advertising and promotion	89,888	8,900		80,988
13	Office expenses	972,974	659,925	211,322	101,727
14	Information technology	0			
15	Royalties	0			
16	Occupancy	1,183,730	1,023,240	115,553	44,937
17	Travel	891,108	836,231	39,858	15,019
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	67,854	16,963	50,891	
20	Interest	8,163		8,163	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,350,505	1,006,791	247,474	96,240
23	Insurance	142,289	127,710	14,579	
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					
Ь					
c d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	100,491,112	95,521,472	3,137,879	1,831,761
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note to any li	ine in th	nis Part X			· · · · √
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			214,779	1	841,367
	2	Savings and temporary cash investments			86,266	2	69,201
	3	Pledges and grants receivable, net			1,232,528	3	448,915
	4	Accounts receivable, net	735,049	4	894,244		
	5	Loans and other receivables from current and former off key employees, and highest compensated employees. Schedule L					
ts	6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins II of Schedule L	(c)(3)(section	B), and n 501(c)(9)	0	5	0
Assets					0	6	0
As	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			7,358,975	8	7,347,506
	9	Prepaid expenses and deferred charges			172,778	9	76,500
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	25,408,657			
	b	Less accumulated depreciation	10b	10,788,197	14,233,146	10 c	14,620,460
	11	Investments—publicly traded securities			8,322,310	11	4,540,305
	12	Investments—other securities See Part IV, line 11 $$.			2,622,487	12	1,862,035
	13	Investments—program-related See Part IV, line 11 .			0	13	0
	14	Intangible assets	0	14	0		
	15	Other assets See Part IV, line 11			0	15	0
	16	Total assets.Add lines 1 through 15 (must equal line 34			34,978,318	16	30,700,533
	17	Accounts payable and accrued expenses			2,035,466	17	1,787,863
	18	Grants payable			0	18	0
	19	Deferred revenue			1,319,557	19	1,272,766
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability Complete Part IV	of Sche	edule D	0	21	0
abilities	22	Loans and other payables to current and former officers key employees, highest compensated employees, and d	•	, ,			
Ξ		persons Complete Part II of Schedule L			0	22	0
<u>:</u>	23	Secured mortgages and notes payable to unrelated third	d partie	s	0	23	632,378
	24	Unsecured notes and loans payable to unrelated third p	arties		25,000	24	0
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D					
					0	25	0
	26	Total liabilities. Add lines 17 through 25			3,380,023	26	3,693,007
ces		Organizations that follow SFAS 117 (ASC 958), check h lines 27 through 29, and lines 33 and 34.	ere ▶	√ and complete			
alan	27	Unrestricted net assets			28,892,612	27	25,418,266
8	28	Temporarily restricted net assets			2,690,683	28	1,574,260
Ĕ	29	Permanently restricted net assets			15,000	29	15,000
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), complete lines 30 through 34.	check h	ere ▶			
	30	Capital stock or trust principal, or current funds				30	
\$ S E	31	Paid-in or capital surplus, or land, building or equipment	t fund			31	
Net Assets	32	Retained earnings, endowment, accumulated income, or	other f	unds		32	
S e:	33	Total net assets or fund balances			31,598,295	33	27,007,526
	34	Total liabilities and net assets/fund balances			34,978,318	34	30,700,533
	•						Form 990 (2015)

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

Check if Schedule O contains a response or note to any line in this Part XII

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments

Total expenses (must equal Part IX, column (A), line 25)
Revenue less expenses Subtract line 2 from line 1
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))
Net unrealized gains (losses) on investments
Donated services and use of facilities
Investment expenses

Cash 🗸 Accrual Cother

Both consolidated and separate basis

Both consolidated and separate basis

Page **12**

96,330,451

100,491,112

-4,160,661

31,598,295

-430,108

27,007,526

No

Νo

Yes

Yes

Yes

Yes

Yes Form 990 (2015)

2a

2b

2c

3a

3b

1

2

3

4

5

6

7

8

9

10

Software ID: Software Version:

EIN: 22-2423882

Name: COMMUNITY FOOD BANK OF NEW JERSEY INC

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers, pendent Co	Direc ntract	ctor: tors	s,Tı	rus	tees	, Ke	ey Employees	, Highest	
(A) Name and Tıtle	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot ecto	not box h an or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	
Richard Brody DIRECTOR	2 0	х						0	0	d
Josh Weinreich CHAIRMAN	2 0	х		х				0	0	d
Alan C Levitan VICE CHAIRMAN	2 0	x		x				0	0	C
Michael Rimland Treasurer	2 0	x		х				0	0	C
Michele D Ansbacher DIRECTOR	20	x						0	0	C
Thomas F Coyne DIRECTOR	2 0	×						0	0	C
Robert H Doherty Director	2 0	х						0	0	C
Ronald V Ehrhardt DIRECTOR	2 0	x						0	0	d
Antony J Ferolie DIRECTOR	2 0	×						0	0	d
Ronald B Giles Director	2 0	x						0	0	d

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Inde					ııu	stee	э, г	tey Employe	es, nignest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	Pos m unle:	ition ore t	(C (do han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Brian W Kronick Esq	2 0									
DIRECTOR	0 0	Х						0	0	0
WENDY M LAZARUS	2 0							,	0	
DIRECTOR	0 0	X						·	U	U
Karen Meleta DIRECTOR	2 0	х						0	0	С
Michael A Ostroff	2 0									
DIRECTOR	0 0	Х						0	0	0
Judith A Spires	2 0									
DIRECTOR	0 0	Х						0	0	C
SEKHAR RAMASWAMY	2 0									
DIRECTOR	0 0	X						0	0	C
JOSEPH F DEMPSEY JR	2 0									
SECRETARY	0 0	Х		×				0	0	C

2 0

00 20

0 0

Χ

TONY MURPHY DIRECTOR

DIRECTOR

DIRECTOR

ALMA DEMETROPOLIS

ANDREW FEDERBUSCH

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	MISC)		and related organizations
JOSH WESTON	2 0	.,								
DIRECTOR	0 0	X						0	0	0
ROBERT BARRY	40 0									
CFO	0 0			×				148,659	0	22,995
CATHERINE MCCANN	40 0									
VP OF OPERATIONS	0 0			×				173,616	0	16,320
PHYLLIS DUNLOP	40 0									
VP DEVELOPMENT	0 0			X				157,354	0	17,622
KAMILI WILLIAMS	40 0									
VP AGENCY RELATIONS	1 0			×				132,666	0	17,984
Lisa L Knothe	40 0									
VP OF HUMAN RESOURCES	0 0			X				121,301	0	17,781
DEBRA VIZZI	40 0									
PRESIDENT & CEO	0 0			×				81,288	0	7,140
RICHARD UNIACKE	40 0									
				×				93,410	0	8,643
VP SOUTHERN BRANCH	0 0			-	_					
Kathleen Dichiara	40 0			×				175,267	86,489	31,600

40 0

0 0

8,390

114,992

Past CEO

IT MANAGER

JONATHAN FISHMAN

efile GRAPHIC	print -	DO NOT	PROCESS	As Filed	I Data

DLN: 93493074010627 OMB No 1545-0047

Employer identification number

Schedule A (Form 990 or 990-EZ) 2015

22-2423882

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

2

COMMUNITY FOOD BANK OF NEW JERSEY INC

hospital's name, city, and state

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

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

www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

Open to Public Inspection

6	_	170(b)(1)(A)(iv). (Co			described in s	ection 170(h)	· · · · · · · · · · · · · · · · · · ·						
7	 ~												
8													
9	_	receipts from activitie from gross investmen organization after Jun	es related to it t income and e 30,1975 S	s exempt functions—s unrelated business ta: ee section 509(a)(2).	subject to certa xable income ((Complete Par	ain exceptions less section 5 t III)	atributions, membership s, and (2) no more than 511 tax) from businesse ion 509(a)(4).	331/3% of its suppor					
11	_	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.											
a	_	supported organization organization You mus	n(s) the power t complete Pa	to regularly appoint o	r elect a major B.	rity of the dire	organization(s), typical ctors or trustees of the	supporting					
b			pporting orgar	nization vested in the :			ported organization(s), t r manage the supported						
c	Γ		ntegrated. A	supporting organizatio			th, and functionally integ D, and E.	grated with, its					
d			ated The orga	nızatıon generally mu	st satisfy a dis	tribution requ	on with its supported org irrement and an attentiv						
е		Check this box if the o integrated, or Type III					t is a Type I, Type II, T	ype III functionally					
f	Ente	r the number of supporte	ed organizatio	ns			<u></u>						
g		Provide the following ii	nformation abo	out the supported orga	inization(s)								
Nam	e of s	(i) supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv Is the orga listed in your docum	anızatıon governing	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)					
					Yes	No							
Total													
For P	anerv	vork Reduction Act Noti	ce, see the In	structions for Form 99	00 or 990F7.	Cat No 1:	1285F						

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2015 Page 2 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

S	ection A. Public Support																									
(or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	15	(f) Total																		
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	84,592,341	97,882,766	96,005,378	91,696,623	92	,792,528	462,969,636																		
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							0																		
	organization without charge																									
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included	84,592,341	97,882,766	96,005,378	91,696,623	92	2,792,528	462,969,636																		
	on line 1 that exceeds 2% of the amount shown on line 11, column (f)							v																		
6	Public support. Subtract line 5 from line 4							462,969,636																		
S	ection B. Total Support				<u>.</u>																					
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 20	15	(f) Total																		
	fiscal year beginning in) ▶	84,592,341	97,882,766	96,005,378	91,696,623		,792,528	462,969,636																		
7 8	A mounts from line 4 Gross income from interest,	04,392,341	37,002,700	30,003,376	91,090,023	32	,792,320	402,909,030																		
	dividends, payments received on securities loans, rents, royalties and income from	316,363	284,797	237,319	302,480	208,306		208,306		208,306		208,306		208,300		208,306		208,306		208,306		208,306		208,5		1,349,265
9	similar sources 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 VI)	128,546	254,426	382,006	271,230		506,286	1,542,494																		
11	Total support. Add lines 7 through 10							465,861,395																		
12	Gross receipts from related activ	ities, etc (see ins	tructions)			12		14,685,028																		
13	First five years.If the Form 990 is	s for the organizat	ion's first, second	, third, fourth, or f	fifth tax year as a	section 5	01(c)(3)	organization,																		
	check this box and stop here						.▶ □																			
S	ection C. Computation of P	ublic Support	Percentage																							
14	Public support percentage for 20	15 (line 6, column	(f) divided by line	: 11, column (f))		14		99 379 %																		
15	Public support percentage for 20	14 Schedule A, Pa	art II, line 14			15		94 235 %																		
16a	33 1/3% support test-2015.If th	ie organization did	not check the bo	k on line 13, and l	line 14 is 33 1/3%	or more	, check th																			
b	and stop here. The organization q 33 1/3% support test—2014. If th	•	, , , ,		, and line 15 is 33	1/3% or	more, ch	▶ ✓ eck this																		
17a	box and stop here. The organizati 10%-facts-and-circumstances tes is 10% or more, and if the organization m	st— 2015. If the org zation meets the f	anization did not o acts-and-circums	check a box on lir tances test, chec	k this box and st	p here. E	Explain	▶ □																		
b	organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the org Explain in Part VI how the organization	janization meets ti	ne "facts-and-circ	umstances" test	, check this box a	nd stop h	iere.	▶ □																		

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do						
,	not include any "unusual grants") Gross receipts from admissions,						
2	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						
h	Amounts included on lines 2 and						
U	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)						
Se	ction B. Total Support		•	•		•	
	Calendar year				T		I
(or f	iscal year beginning in) ▶	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
`9	A mounts 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						
	VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3) organization
	check this box and stop here						▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	L4 Schedule A. P	art III. line 15			16	
			·			1.0	
	ction D. Computation of Inv						
17	Investment income percentage for	2015 (line 10c, c	olumn (f) divided	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
19a	33 1/3% support tests—2015.If the	organization did	not check the bo	ox on line 14. and	l line 15 is more t		and line 17 is not
	more than 33 1/3%, check this box						▶┌
b	33 1/3% support tests—2014.If the	-		•		-	•
_	18 is not more than 33 1/3%, check	-					_
20	Private foundation. If the organizati						

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in Part VI how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	v the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities				
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement				
3	Parent of Supported Organizations Answer (a) and (b) below.				

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

1 Check here if the organization satisfied the Integral Part Test as a qualifying Type III non-functionally integrated supporting organizations must complete.	_		ructions. All other
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection gross income or for management, conservation, or maintenance of proper held for production of income (see instructions)			
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1 c		
d Total (add lines 1a, 1b, and 1c)	1 d		
Discount claimed for blockage or other factors (explain in detail in Part VI)	, _		
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5		
Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functiona	ılly-ıntegrate	d Type III supporting	organization (see
instructions)			

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
A mounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furth		ported organizations un	
excess of income from activity	ers exempt purposes or supp	orted organizations, in	
3 Administrative expenses paid to accomplish exem	pt purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instri			
7 Total annual distributions. Add lines 1 through 6			
7 Total allilual distributions. And lines 1 tillough o			
8 Distributions to attentive supported organizations details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
	T	····	I
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>C</u>			
d From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract			
lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schodulo A	(Form 990 or 990-F7) (2015

SCHEDULE D

(Form 990)

Department of the

Internal Revenue Service

Treasury

Supplemental Financial Statements

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

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

OMB No 1545-0047

2015

DLN: 93493074010627

Open to Public Inspection

	me of the organization MMUNITY FOOD BANK OF NEW JERSEY INC		Empi	oyer identification number
				423882
Pā	Organizations Maintaining Donor Complete if the organization answere	Advised Funds or Other Similar F	unds	or Accounts.
	Complete if the organization answere	(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year	(a) Donor advised fullus	(5)	r unus and other accounts
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t	<u> </u>	nor advis	sed Yes No
5	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?			
Pa	rt III Conservation Easements. Comple	ete if the organization answered "Yes"	on Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	e organızatıon (check all that apply)		
	Preservation of land for public use (e g , recreeducation)		an histor	ically important land area
	Protection of natural habitat	Preservation of	a certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization leasement on the last day of the tax year	held a qualified conservation contribution in	the form	of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme		2b	
C	Number of conservation easements on a certified	, ,	2c	
d	Number of conservation easements included in (o historic structure listed in the National Register	c) acquired after 8/1//06, and not on a	2d	
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or terminal	ted by th	e organization during the
	tax year ▶			
1	Number of states where property subject to cons	ervation easement is located ▶		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	- · · · · · · · · · · · · · · · · · · ·	ndling of	∀ es No
5	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enfor	cing cons	servation easements during the
	A mount of expenses incurred in monitoring, inspe	acting handling of violations, and enforcing	concerva	ition eacements during the year
7	► \$	ecting, handling of violations, and emorcing	CONSEIVA	ition easements during the year
8	Does each conservation easement reported on lin (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the requirements of se	ction 17	0(h)(4) Yes No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financial sements	al statem	ients that describes
'a i	TEXT Organizations Maintaining Collect Complete if the organization answere	tions of Art, Historical Treasures,	or Oth	ner Similar Assets.
1 -	If the organization elected, as permitted under SF		enue stat	ement and balance sheet

- 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
 - 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) Revenue included on Form 990, Part VIII, line 1
 - (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical 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 Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

 ▶ \$

 or Form 990.
 Cat No 52283D
 Schedule D (Form 990) 2015

▶ \$ _

Par	t III	Organizations Maintaining (continued)	Collections of Art	, Hi	storic	al '	Treası	ires, or C	ther Sim	ilar Ass	ets	
3	-	the organization's acquisition, acce ction items (check all that apply)	ession, and other recor	ds,c	heck aı	ı y o	f the foll	owing that a	are a signific	ant use o	fits	
а		Public exhibition		d		Loa	an or ex	change prog	ırams			
b	_	Scholarly research		e	Γ	O th	ner					
c		Preservation for future generations										
4	Provi Part >	de a description of the organization's KIII	s collections and expla	ın ho	w they	furtl	her the	organızatıor	ı's exempt p	urpose in		
5		g the year, did the organization solic s to be sold to raise funds rather tha								☐ Yes	∏ No)
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		orm	990, I	art	: IV, lın	e 9, or rep	oorted an a	amount o	n Forr	n 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interme	ediary	/ for co	ntrık	outions	or other ass	ets not	Yes	∏ No)
ь	If'	'Yes," explain the arrangement in Pa	art XIII and complete t	he fo	llowing	tab	le			A mou	nt	
c	Ве	ginning balance						1c				
d	Αd	ditions during the year						1d				
e	Dis	tributions during the year						1e				
f	En	ding balance						1f				
2 a	Did th	ne organization include an amount oi	n Form 990, Part X, line	e 21,	for esc	row	orcust	odial accou	nt liability?	□ Yes	□ No	,
										,	,	
b	If"Y∈	es," explain the arrangement in Part	XIII Check here if the	expl	anatıoı	n ha:	s been p	provided in I	Part XIII .			
Pa	rt V	Endowment Funds. Comple	te if the organization	n ans	swere	Y" t	'es" to	Form 990,	Part IV, lı	ne 10.		
			(a)Current year	(b) Pr	nor year		b (c) Tw	o years back	(d)Three year		e)Four ye	
1a	_	nning of year balance	15,000		15	.000		15,000		15,000		15,000
b	Cont.	ributions										
c	Net i losse	nvestment earnings, gains, and										
d	Gran	ts or scholarships										
e		r expenditures for facilities programs										
f	A dmi	nistrative expenses										
g		of year balance	15,000		15	000		15,000		15,000		15,000
2	Provi	de the estimated percentage of the o	current year end baland	ce (lir	ne 1g, c	olu	mn (a))	held as				
а	Board	I designated or quasi-endowment >	•	`			` ''					
ь		anent endowment ► 100 000 %										
c		orarily restricted endowment										
•		ercentages on lines 2a, 2b, and 2c	should equal 100%									
3a	•	nere endowment funds not in the pos	*	ation	that ar	e he	eld and a	administere	d for the			
	_	ization by									Yes	No
		related organizations		•		•				3a(i)	_	No
ь		elated organizations es" on 3a(ii), are the related organiza		d on	 Schodi	Jo B				3a(ii)	<u> </u>	No
4		ribe in Part XIII the intended uses of	·				•			. 30		<u></u>
Pa	rt VI	Land, Buildings, and Equip										
		Complete if the organization a		rm 9			IV, line					
		Description of property		Co	a) ost or oth investr)	ier b		(b) st or other bas (other)		nulated eciation	(d)Boo	k value
1 a	Land							1,328,1	00			1,328,100
b	Buildin	gs 						16,314,3	49 4	1,840,790	1	1,473,559
c	Leasel	nold improvements										
d	Equipn	nent						7,158,8	09 5	5,912,839		1,245,970
е	Other							607,3	99	34,568		572,831
				1			1	20.,0	1	.,		_,

14,620,460

See Form 990, Part X, line 12.			
(a) Description of security or categ (including name of security)	ory	(b) Book value	(c)Method of valuation Cost or end-of-year market valu
1)Financial derivatives			ossess end of year market vale
2)Closely-held equity interests 3)Other			
A) COMMUNITY FDTN OF NJ HOLDING		235,933	F
B) CORPORATE BONDS		1,626,102	F
otal. (Column (b) must equal Form 990, Part X, col (B) line 12) •	1,862,035	
Part VIII Investments—Program Related Complete if the organization answe	red 'Yes' on Form 99	0. Part IV. line 11c case	Faure 000 Bank V line 13
(a) Description of investment	100 103 011101111 99	(b) Book value	(c) Method of valuation
			Cost or end-of-year market valu
Part IX Other Assets. Complete if the organiz		Form 990, Part IV, line 1	Ld See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line 1	
Part IX Other Assets. Complete if the organiz	ation answered 'Yes' on	Form 990, Part IV, line 1	
Other Assets. Complete if the organiz (a) De (a) De Total. (Column (b) must equal Form 990, Part X, col (B) In	ation answered 'Yes' on escription		(b) Book value
Other Assets. Complete if the organiz (a) De (a) De (b) Market State	ation answered 'Yes' on escription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organization of the Control of the Cont	ation answered 'Yes' on escription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)	d 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)	d 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)	d 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)	d 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)	d 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)	d 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)	d 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)	d 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)	d 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)	d 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25. (a) Description of liability	ne 15)	d 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the of See Form 990, Part X, line 25.	ne 15) Organization answere (b) Book value	d 'Yes' on Form 990, Pa	(b) Book value

Schedule D (Form 990) 2015

1

2

а

b

c

Part XIII

information

95,898,818

d	Other (Describe in Part XIII)	2d		63,509		
e	Add lines 2a through 2d		'		2e	-366,599
3	Subtract line 2e from line 1			_	3	96,265,417
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		65,034		
b	Other (Describe in Part XIII)	4b				
c	Add lines 4a and 4b				4c	65,034
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line	12)			5	96,330,451
Part	Reconciliation of Expenses per Audited Financial St Complete if the organization answered 'Yes' on Form 990,			•	s pei	Return.
1	Total expenses and losses per audited financial statements				1	100,489,587
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
c	Other losses	2c				
d	Other (Describe in Part XIII)	. 2d		63,509		
e	Add lines 2a through 2d	. —			2e	63,509
3	Subtract line 2e from line 1				3	100,426,078
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b.	. 4a		65,034		

2a

2b

2c

-430,108

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements .

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

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

Explanation

Income from the endowment funds can be used to defray operating expenses of the organization

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . .

Donated services and use of facilities

Recoveries of prior year grants .

Other (Describe in Part XIII)

Supplemental Information

Add lines 4a and 4b .

Return Reference

Schedule D, Part V, Line 4

4c

5

65,034

100,491,112

Schedule D (Form 990) 2015	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation
Schedule D, Part XI and XII, Line 2d	Expenses related to the rental income of \$63,509 are netted against the revenue for presentation in the form 990

Schedule D (Form 990) 2015

DLN: 93493074010627

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-F7, line 6a

OMB No 1545-0047

2015

Department of the Treasury Attach to Form 990 or Form 990-EZ Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 Name of the organization **Employer identification number**

COMMUNITY FOOD BANK OF NEW JERSEY INC 22-2423882 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities Check all that apply ✓ Mail solicitations e Solicitation of non-government grants ☐ Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 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 ✓Yes No services? 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 (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to (or retained by) ındıvıdual fundraiser have from activity (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? No 1 THE STANFORD GROUP MAILINGS 70 WEST 40TH STREET 8TH FLOOR 465,906 Nο NEW YORK, NY 10018 amergent database 9 centennial drive management Nο 109,104 peabody, MA 01960 10 Total 575,010 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

Part II	Fundraising	Events

Fundraising Events.

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

		(a) Event #1	(b) Event #2	(c)Other events	(d) Total events
		3RD PARTY EVENT (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue					
Rev	1 Gross receipts	119,991	104,355		224,346
	2 Less Contributions	30,785	104,355		135,140
	Gross income (line 1 minus line 2)	89,206			89,206
	4 Cash prizes				
	5 Noncash prizes				
Se	6 Rent/facility costs				
Expenses	7 Food and beverages	50,371			50,371
	8 Entertainment				
Direct	9 Other direct expenses	38,835			38,835
△	10 Direct expense summary Add lines 4	-			89,206
Dar	11 Net income summary Subtract line 1: rt III Gaming.	0 from line 3, column (c	1)	<u> ▶</u>	
r a	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on I	Form 990, Part IV, line	e 19, or reported mo	re than \$15,000 on
Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
Expenses	2 Cash prizes				
	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	│ Yes <u></u>	├ Yes <u> </u>	│ Yes <u></u>	
	7 Direct expense summary Add lines 2	through 5 in column (c	i)		
	8 Net gaming income summary Subtrac	ct line 7 from line 1, col	umn (d)		
9 a	Enter the state(s) in which the organizat				Yes No
b	-				
L0a	Were any of the organization's gaming li	censes revoked, suspe	nded or terminated during	the tax year?	Yes No
b	If "Yes," explain				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I (Form 990) Department of the Treasury

Internal Revenue Service

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

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

Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

DLN: 93493074010627

2015

Open to Public Inspection

Employer identification number

Name of the organization						Employer Identificati	on number
COMMUNITY FOOD BANK OF NEW J	ERSEYINC					22-2423882	
Part I General Information	n on Grants and	l Assistance				<u>.</u>	
Does the organization maintain r the selection criteria used to awa Describe in Part IV the organiza	ard the grants or as:	sistance?				tance, and	√ Yes
Part II Grants and Other Assistanthat received more than \$				plete if the organization	answered "Yes" on Fe	orm 990, Part IV, line 2:	1, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
2 Enter total number of section 503 Enter total number of other organ	. , . ,	-					426

Part IV Supplemental Informa	tion. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	additional information.

Return Reference Explanation Schedule I, Part I, Line 2 All grants including cash and noncash are monitored by the organization for coypliance with the outlined use of funds. The four food regional food banks receive funding to supplement their food distribution operations. Employees make annual site visits to ensure that the regional food banks are operating as intended. Agencies that are allowed to make food purchases or receive food or commodities under the governmental programs are reviewed annually to ensure eligibility. Site visits are performed on a random basis to ensure that the agency is in compliance with food storage requirements and to see that the food is being used appropriately. Additionally, all distributions are verified monthly to ensure that the purchases and distributions are

able to receive distributions or make purchases

appropriate for the type of agency operations. Agencies that do not meet the eligibility requirements or that do not stay in compliance will no longer be

Additional Data

Software ID: Software Version:

EIN: 22-2423882

Name: COMMUNITY FOOD BANK OF NEW JERSEY INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FR ENGLISH EMERG FOOD PANTRY 435 Main St Paterson,NJ 07501	99-9999999	501(c)(3)		469,876	FMV		Food Distribution			
INTERFAITH FOOD PANTRY 2 Executive Drive Morris Plains,NJ 07950	22-3618468	501(c)(3)		461,758	FMV		Food Distribution			
COMMUNITY ASSISTANCE PANTRY 6735 BLACK HORSE PIKE EGG HARBOR TWP,NJ 08234	22-2423882	501(c)(3)		454,843	FMV		Food Distribution			

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) **HUMAN NEEDS FOOD** 22-3057065 501(c)(3) 421,240 FMV Food Distribution PANTRY 9 Label Street Montclair, NJ 07042 THE SOCIETY ST VINCENT 99-9999999 501(c)(3) 387,672 FMV Food Distribution

381,477 FMV

Food Distribution

DEPAUL 230 New Brunswick Ave. Perth Amboy, NJ 08861

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

99-9999999

FRANKLIN TWP FOOD PANTRY

Somerset, NJ 088750333

PO BOX 333

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 22-2294015 501(c)(3) 374,120 FMV Food Distribution LOVE OF IESUS MINISTRIES 448 Highland Avenue stribution

Orange,NJ 07050					
CUMACECHO 223 Ellison St Paterson,NJ 07509	36-2167731	501(c)(3)	332,527	FMV	Food Distribution
PALISADES EMERGENCY	22-2985600	501(c)(3)	328,642	FMV	Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

RESIDENCE 108 36th Street Union City, NJ 07087

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) FRANCISCAN CHARITIES 20-1557589 501(c)(3) 296.034 FMV Food Distribution 103 16th Ave Newark, NJ 07103 oution

BETHEL COMMANDMENT CHURCH PO BOX 67 WHITESBORO,NJ 08252	22-2091948	501(c)(3)	294,901	FMV	Food Distribution
MINISTERIO DE	22-3521623	501(c)(3)	282.934	FMV	Food Distribution

RESTAURACION 163-165 Third Street Elizabeth, NJ 07208

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) ST PAUL'S COMMUNITY 22-3075855 501(c)(3) 274,287 FMV Food Distribution CORP 451 Van Houten St Daterson N1 07501

Faterson, NJ 0/JUL					
BETHEL DEVELOPMENT CORP PO BOX 784 MILLVILLE,NJ 08332	43-1995790	501(c)(3)	271,905	FMV	Food Distribution
ST CECILIA OFFICE OF	99-9999999	501(c)(3)	253,204	FMV	Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

55 W Demarest Ave Englewood, NJ 07631

CONCERN

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) IGLESIA CRISTIANA 03-0410632 501(c)(3) 247,820 FMV Food Distribution EVANGELIO CO 49 S Day St bution

238,879 FMV

Food Distribution

Orange, NJ 07050					
JOHN BROOKS RECOVERY CENTER 1315 PACIFIC AVENUE ATLANTIC CITY,NJ 08401	22-1901742	501(c)(3)	240,956	FMV	Food Distribu

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

ST JAMES SOCIAL SERVICE

588 Martin Luther King Blvd Newark, NJ 07102

CORP

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 45-2737333 501(c)(3) 233,263 FMV Food Distribution HOMBRES Y MUJERES DE VALORPAR C 2 Mt DI - - - - - A ... - - - - -

225,356 FMV

Food Distribution

Newark,NJ 07104	
EBENEZER BAPTIST 22-3562301 501(c)(3) 232,264 FMV Food Distriction CHURCH 153 William St Orange, NJ 07050	ıstrıbution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

CALVARY TEMPLE -

COMPASSION IN 1111 Preakness Ave Wayne, NJ 07470

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 51-0389791 501(c)(3) 224,963 FMV INNER CITY EMERG(JOI'S Food Distribution ANGELS) 114 S Arlington Ave East Orange, NJ 07018 WILLING HEART CTR-22-1937486 501(c)(3) 222,990 FMV Food Distribution

211,410 FMV

Food Distribution

METROPOLITAN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

555 Martin Luther King Blvd Newark, NJ 07103

LET'S CELEBRATE

46-48 Fairview Ave Jersey City, NJ 07304

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) MT SINAI GOSPEL CHURCH 36-2192827 501(c)(3) 209,721 FMV Food Distribution 27-53 Prescott Street Jersey City, NJ 07304 stribution

DUE A CANIT OD ONE DADTICT					
SOC OF ST VINCENT DEPAUL 29 Abeel Street New Brunswick, NJ 08901	99-9999999	501(c)(3)	207,993	FMV	Food Dist

198 Chadwick Avenue Newark, NJ 07108

Food Distribution PLEASANT GROVE BAPTISTI 75-3227222 501(c)(3) 205,531 IFMV CHURCH

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) VINELAND MINISTERIUM 21-0637390 501(c)(3) 204,398 FMV Food Distribution 700 E LANDIS AVE stribution

VINELAND,NJ 08360					
FRIENDS OF JEAN WEBSTER PO BOX 5146 ATLANTIC CITY,NJ 08401	22-3363270	501(c)(3)	201,758	FMV	Food Distribution
ST JOSEPHS SOCIAL	52-1467470	501(c)(3)	198,646	FMV	Food Distribution

SERVICE CTR 118 Division St Elizabeth, NJ 07201

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) 501(c)(3) 198,627 FMV Food Distribution HOLY REDEEMER 22-3197910 1801 ROUTE 9 NORTH CWAINTON NI 00210 stribution

SWAINTON, NJ 08210					
SALVATION ARMY- VINELAND	13-5562351	501(c)(3)	196,974	FMV	Food Dist
PO BOX 354					
VINELAND,NJ 08360					ı

CENTER 911 East 23rd St Paterson, NJ 07513

HISPANIC MULTIPURPOSE 22-2130436 501(c)(3) 191,133 FMV Food Distribution

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 501(c)(3) 189,695 FMV THE SHARING PLACEINC 99-9999999 Food Distribution 440 Hoboken Avenue Jersey City, NJ 07306 ution

176.883 FMV

Food Distribution

ST ANDREWS RESURRECTION	22-2282866	501(c)(3)	179,025	FMV	Food Distributi
MINISTRIES					
936 BALTIC AVE					
ATLANTIC CITY,NJ 08401					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

MARKET STREET MISSION

Morristown, NJ 07960

9 Market St

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) CASA DE ORACION PUERTA 45-4249941 501(c)(3) 173,353 FMV Food Distribution DEL CIE 202 Broadway Distribution

Bayonne, NJ 07002					
IGLESIA PENTECOSTAL EL TABERNA 3408 Bergenline Ave Flr 2 Union City, N.1, 07087	54-2073010	501(c)(3)	169,403	FMV	Food Dis

515 43rd St

Union City, NJ 07087

SALVATION ARMY - UNION 13-5562351 501(c)(3) 157,339 FMV Food Distribution CIT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) GOSPEL TABERNACLE 22-2685236 501(c)(3) 154,838 FMV Food Distribution 5029 Kennedy Blvd North Borgon N1 07047 ribution

North Bergen, NJ 07047					
EPIPHANY LUTHERAN CHURCH PO BOX 741 PLEASANTVILLE,NJ 08232	41-1568278	501(c)(3)	154,188	FMV	Food Distribution
CALVARY CHAPEL OF OLD	22-2603508	501(c)(3)	151,554	FMV	Food Distribution

BRIDGE

135 White Oak Lane Old Bridge, NJ 08857

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 501(c)(3) 150.988 FMV MT OLIVE BAPTIST 99-9999999 Food Distribution CHURCH 400 Arlington Avenue Jersey City, NJ 07304 ST MATTHEW'S LUTHERAN 21-2723312 501(c)(3) 149.011 FMV Food Distribution

148,302 FMV

Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

CHURCH 85 Wavne Street

Jersey City, NJ 07302 CANAAN BAPTIST CHURCH

131 POMONA AVENUE NEWARK, NJ 07112

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) HOUSE OF PRAYER FOOD 22-3599608 501(c)(3) 144.028 FMV Food Distribution PANTRY 138 Hickory Street ORANGE, NJ 07050 SOLID ROCK BAPTIST 22-2305385 501(c)(3) 143,986 FMV Food Distribution

CHURCH 644 Chancellor Avenue Irvington, NJ 07111 62-0535346 501(c)(3) 143,341 FMV Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NAZARETH BAPTIST CHURCH 5800 Palisades Avenue

West New York, NJ 07093

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) ATLANTIC CITY RESCUE 22-6076337 501(c)(3) 142.852 FMV Food Distribution MISSION 2009 BACHRACH BLVD ustribution

ATLANTIC CITY,NJ 08401					
NEW DAWN MISS BAPT CHURCH 284 Peshine Avenue Newark,NJ 07108	30-0281415	501(c)(3)	140,893	FMV	Food Distribution
GHRCCOMMUNITY	26-0853750	501(c)(3)	140,316	FMV	Food Distribution

OUTREACH SV 199 6th Ave Paterson, NJ 07501

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) MISSION HOUSE OF GRACE 80-0574901 501(c)(3) 140.114 FMV Food Distribution INC 293 Pacific Ave Jersey City, NJ 07304 139,900 FMV Food Distribution

139,027 FMV

Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GOODWILL RESCUE MISSION INC 79 University Ave Newark,NJ 07107	22-1487207	501(c)(3)
NEWARK TRANSITIONAL	22-2730393	501(c)(3)

PROGRAM 212 Peshine Ave Newark, NJ 07108

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) ISAIAH HOUSE 22-2699121 501(c)(3) 138,542 FMV Food Distribution 85 N 14th Street Distribution

East Orange, NJ 07017					
RAHWAY FOOD FOR FRIENDS 1221 New Brunswick Ave	46-1061259	501(c)(3)	137,881	FMV	Food Dis

FRIENDS 1221 New Brunswick Ave Rahway,NJ 07065					
EVA'S KITCHEN	22-2424542	501(c)(3)	137.326	FMV	Food Distribution

EVA'S KITCHEN	22-2424542	501(c)(3)	137,326	FM V	Food Distribution
393 Main St					
Paterson, NJ 07505					

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 94-2952782 501(c)(3) 134.007 FMV Food Distribution BUDDHIST TZU CHI FOUNDATION 1 EO Commorco Dood tribution

131,839 FMV

Food Distribution

Cedar Grove, NJ 07009					
SALVATION ARMY - ELIZABETH	13-5562351	501(c)(3)	132,479	FMV	Food Disti
1005 East Jersey St					
Elizabeth, NJ 07201					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

CHURCH OF GOD OF

113 FABIAN AVENUE NORTHFIELD, NJ 08225

PROPHECY

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) 23-7367282 501(c)(3) 129,329 FMV Food Distribution GRACE BEYOND OUR DOORS 4844 MAYSLANDING RD MAYCLANDING NI 00000 stribution

MAYS LANDING, NJ 08330					
CALVARY BAPTIST CHURCH 66 So Grove Street East Orange, NJ 07018	13-5563018	501(c)(3)	128,566	FMV	Food Distribution
CENTER FOR FOOD ACTION	22-2189072	501(c)(3)	126,754	FMV	Food Distribution

NORTHWE 90 Ridge Road Mahwah,NJ 07430

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) FIRST BAPTIST CHURCH-13-5563018 501(c)(3) 126.644 FMV Food Distribution HILLSIDE 166 Hillside Ave Hillside, NJ 07205 istribution

120,835 FMV

Food Distribution

PRIMERA IGLESIA	99-9999999	501(c)(3)	126,336	FMV	Food Dis
METODISTA LIBRE DE PASSAIC					
575 Main Avenue					
Passaic,NJ 07055					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

SALVATION ARMY - PERTH

Perth Amboy, NJ 08861

AMB 433 State St

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) SALVATION ARMY -13-5562351 501(c)(3) 120.827 FMV Food Distribution PASSAIC 550 Main Ave Passaic, NJ 07055 GALLOWAY TWP MOBILE 22-2423882 501(c)(3) 120,367 FMV Food Distribution

PAN
6735 BLACK HORSE PIKE
EGG HARBOR TOWNSHIP,
NJ 08234

BRIDGETON UNION 22-2174978 501(c)(3) 117,608 FMV Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BAPTIST TEMPLE
24 SOUTH PINE STREET
BRIDGETON,NJ 08302

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 52-0643036 501(c)(3) 117,105 FMV Food Distribution MARANATHA SDA CHURCH 890 South Orange Avenue Newark, NJ 07106 istribution

SALVATION ARMY- BRIDGETON PO BOX 212 BRIDGETON,NJ 08302	99-9999999	501(c)(3)	116,342	FMV	Food Distribution
EMMANUEL CHURCH OF	22-2888758	501(c)(3)	116,085	FMV	Food Distribution

22-2888758 EMMANUEL CHURCH OF CHRIST

54 Irvine Turner Blvd Newark, NJ 07103

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or government assistance other) 13-5563018 501(c)(3) 115.199 FMV COMMUNITY BAPTIST Food Distribution CHURCH 535-549 Broadway MLK **NEWARK SPANISH 7TH DAY** 52-0643036 501(c)(3) 115,042 FMV Food Distribution

113.048 FMV

Paterson, NJ 07514 ADVENTI

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

58 2nd Avenue Newark, NJ 07104

44 SOUTH LAUREL STREET BRIDGETON, NJ 08302

20-1568764

BRIDGE THE GAP

Food Distribution

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) ST MAXIMILIAN KOLBE 22-2547030 501(c)(3) 112,457 FMV Food Distribution PANTRY 200 TUCKAHOE RD oution

MARMORA,NJ 08223					
FAITH TABERNACLE CHURCH	99-9999999	501(c)(3)	110,107	FMV	Food Distribut
1301 W Front Street					
Plainfield, NJ 07063					

LA ESPERANZA 7TH DAY 52-0643036 109,391 FMV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Jersey City, NJ 07307

501(c)(3)

Food Distribution ADVENTIST 57 Hancock Ave

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 22-3174286 501(c)(3) 108,885 FMV Food Distribution HOBOKEN COALITION SHELTER 300 Bloomfield St stribution

EBEN-EZER FOOD PANTRY 1152 S Orange Ave Newark,NJ 07106	84-1175729	501(c)(3)	107,771	FMV	Food Dist
Hoboken, NJ 07030					

HAMMONTON, NJ 08037

PATH STONE INC. 16-0984913 501(c)(3) 107,746 FMV 334 NO WASINGTON

Food Distribution STREET

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 22-3055539 501(c)(3) 106.895 FMV Food Distribution FITIAH'S PROMISE 18 Neilson Street New Brunswick, NJ 08901 81-0552809 501(c)(3) 105,323 FMV Food Distribution CARE PROG 488 South Orange Ave

DELIVERANCE HOLISTIC Newark, NJ 07103 ZAREPHATH CHRISTIAN 99-9999999 501(c)(3) 105,290 FMV Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CHURCH 595 Weston Canal Road Modular B Zarephath, NJ 08890

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 52-1844677 501(c)(3) 104.588 FMV Food Distribution HELP & HOPE MINISTRIES PO BOX 1656 . . .

MILLVILLE, NJ 08332					
MAIN ST PANTRY 6011 MAIN ST	22-2470839	501(c)(3)	103,856	FMV	Food Dis

Newark, NJ 07108

MAIN ST PANTRY 6011 MAIN ST MAYS LANDING,NJ 08330	22-24/0839	501(c)(3)	103,856	I-M V	Food Distribution
CT DALL TAREDNACIE	22 2621124	E01(c)(2)	102 116	EMV	Food Distribution

ST PAUL TABERNACLE	22-2621134	501(c)(3)	103,116	FMV	Food Distribution
530-532 Clinton Avenue					

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) CALVARY TOUCH OF GOD 22-3597115 501(c)(3) 102.999 FMV Food Distribution CHURCH 626 620 Bargan Ctroot

Newark, NJ 07108					
ZION REDEVELOPMENT INC 525 ATLANTIC AVE	22-3475261	501(c)(3)	102,707	FMV	Food Dis
ATLANTIC CITY,NJ 08401					

New Brunswick, NJ 08901

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525 ATLANTIC AVE ATLANTIC CITY,NJ 08401		, , , ,	·		
SALVATION ARMY - NEW BRNWK 287 Handy St	13-5562351	501(c)(3)	102,435	FMV	Food Distribution

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 13-5562351 501(c)(3) 102,130 FMV Food Distribution SALVATION ARMY - AC 22 SO TEXAS AVE istribution

ATLANTIC CITY, NJ 08401					
BETHANY BAPTIST	22-6000112	501(c)(3)	101,628	FM V	Food Dis
CHURCH PANTRY					
275 W Market St					
					1

282 McClellan Street Perth Amboy, NJ 08861

Newark, NJ 07103 THE MERCY HOUSE 22-2535179 501(c)(3) 100,105 FMV Food Distribution

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) PRAISE TEMPLE 22-3675838 501(c)(3) 99.223 FMV Food Distribution ECONOMIC DEV CRP 805-813 South Orange Distribution

96,395 FMV

Food Distribution

Avenue Newark,NJ 07106					
ST NICHOLAS OF TOLENTINE	99-9999999	501(c)(3)	98,343	FMV	Food Dis

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

1409 PACIFIC AVE ATLANTIC CITY, NJ 08401

ST PETER'S HAVEN

380 Clifton Ave Clifton, NJ 07011

(a) Name and address of **(b)** EIN (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) EL CENTRO 22-2487067 501(c)(3) 94.146 FMV Food Distribution HISPANOAMERICANO 525 E Front Street Plainfield, NJ 07060 BRIDGETON ASSEMBLY OF 99-9999999 501(c)(3) 93,743 FMV Food Distribution

GOD 281 COHANSEY STREET BRIDGETON, NJ 08302

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HAMMONTON, NJ 08037

PRESBYTERIAN CHURCH-23-6393377 501(c)(3) 93,375 FMV Food Distribution HAMMONTON 326 BELLEVUE AVE

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 22-6068955 501(c)(3) 92,988 FMV Food Distribution MORE THAN ENOUGH 5901 PACIFIC AVENUE WILDWOOD CREST, NJ ustribution

92,700 FMV

Food Distribution

08260					
COMMUNITY CHURCH	22-3426956	501(c)(3)	92,823	FMV	Food Dis
FIXER OF HEARTS					
1210 Cozzens Lane					
North Brunswick, NJ 08902					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

FRANKLIN - ST 10HN'S

COMMUNIT 142 Maple Ave Newark, NJ 07112

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) HOUSE OF MERCY MISSION 22-2637121 501(c)(3) 92.092 FMV Food Distribution 573 Springfield Ave Newark, NJ 07103 istribution

P'VILLE CTR HISPANIC OUTREACH 316 MARTIN LUTHER KING JR BLVD PLEASANTVILLE,NJ 08232	11-3806844	501(c)(3)	91,525	FMV	Food Distribution
CHURCH OF EPIPHANY	21-0634592	501(c)(3)	91,460	FMV	Food Distribution

CHURCH OF EPIPHANY OUTREACH

105 Main St Orange, NJ 07050

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) CHRIST GLORY FOOD 26-0553895 501(c)(3) 91.258 FMV Food Distribution PANTRY 1108 Grove Street Irvington, NJ 07111 21-6018574 501(c)(3) 91,086 FMV Food Distribution 245 BOSTON AVE

MORAVIAN CHURCH EGG HARBOR CITY, NJ 08215

ST PETERS COMMUNITY 20-2884675 90,041 FMV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Spotswood, NJ 08884

501(c)(3)

Food Distribution DEV CORP 505 Main Street

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 31-1672462 501(c)(3) 89.860 FMV Food Distribution SHEELD(SHILOH DEVE CORP 515-517 West Fourth Street Distribution

88.430 FMV

Food Distribution

Plainfield, NJ 07060					1
CONCERNED CITIZENS OF WHITESBORO	22-2241934	501(c)(3)	89,153	FMV	Food D
100 EAST MAIN STREET					1

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

WHITESBORO, NJ 08252

SALVATION ARMY - SALEM

PO BOX 6 Salem, NJ 08079

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance MT ZION BAPTIST CHURCH 99-9999999 501(c)(3) 87.899 FMV Food Distribution 208 Broadway Newark, NJ 07104 501(c)(3) 87,834 FMV Food Distribution 22-2285212

86,373 FMV

Food Distribution

MOUNT ZION BAPTIST CHURCH 61 Richards Avenue

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Dover, NJ 07801 FEFDING HANDS PANTRY 45-4159276

100 Grant Street Somerville, NJ 08876

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 20-2180471 501(c)(3) 85.916 FMV Food Distribution GRANDPARENTS RELATIVES CARE 304-306 Hamilton Ave D-+--- N1 07F04 tribution

Paterson, NJ 07501					
FIRST CORINTHIANS BAPTCHURCH 595 South 10th Street Newark,NJ 07103	22-2135863	501(c)(3)	85,004	FMV	Food Distribution
TRINITY ASSEMBLY OF GOD	44-0577787	501(c)(3)	84,541	FMV	Food Distribution

(FEED THE NEED) 160 Passaic Avenue Passaic, NJ 07055

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) HOPE HOUSE A DIV OF 22-3618468 501(c)(3) 82.958 FMV Food Distribution CATHOLIC

82,879 FMV

Food Distribution

19-21 Belmont Avenue Dover, NJ 07801					
THE APOSTLES HOUSE 18-24 Grant St	99-9999999	501(c)(3)	82,933	FMV	Food Distribution

Newark, NJ 07104

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

BRIAN P STACK ASSOC

1202 Summit Avenue Union City, NJ 07087

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) JESUS IS LORD 22-2100287 501(c)(3) 82,726 FMV Food Distribution 201-223- Spring Street Elizabeth.NJ 07201 tribution

FIRST 7TH DAY ADVENTIST CHURCH 15 Elmwood Ave Montclair,NJ 07042	52-0643036	501(c)(3)	82,277	FMV	Food Distribution
NORTH SIDE FOOD PANTRY	99-9999999	501(c)(3)	82,129	FMV	Food Distribution

02,129 |FM V 201(0)(2)

90 lefferson SPaterson 07522

S Paterson, NJ 07522

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) WOOD CLIFF CHRISTIAN 99-9999999 501(c)(3) 80.981 FMV Food Distribution HARVEST 7605 Palisade Avenue N Bergen, NJ 07047 CRUSADERS FOR CHRIST 22-2479052 501(c)(3) 79,681 FMV Food Distribution

1484 BRIDGETON MILLVILLE PIKE MILLVILLE, NJ 08332 79,529 FMV Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MANNA FROM HEAVEN 13-5563018 501(c)(3) FOOD PANTRY

324 Monroe Ave Plainfield, NJ 07063

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 22-2294015 501(c)(3) 79,326 FMV Food Distribution LOVE OF JESUS FOOD PANTRY 385 Broadway Daterson N1 07501 tribution

Faterson, NJ 07301					
SALVATION ARMY-BUENA PO BOX 316 VINELAND,NJ 08360	06-2517941	501(c)(3)	78,636	FMV	Food Distribution
ST LUKE'S CDC	22-3626408	501(c)(3)	77,978	FMV	Food Distribution

STIUKE'S CDC 77,978 FMV 22-3626408 501(c)(3) CHRISTHOUSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

269 Fair Street Paterson, NJ 07501

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) ST JAMES AME CHURCH 99-9999999 501(c)(3) 77.723 FMV Food Distribution 1743 BACHARACH BLVD stribution

ATLANTIC CITY, NJ 08401					
IMANI BAPTIST CHURCH 113-117 Elmwwod Ave East Orange, NJ 07017	22-3204744	501(c)(3)	77,658	FMV	Food Distribution
LITTLE ZION UAME	22-3104783	501(c)(3)	77,487	FMV	Food Distribution

CHURCH

154 Stephens St Belleville, NJ 07109

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 501(c)(3) 77.010 FMV Food Distribution STRAIGHT AND NARROW 22-6012277 396 Straight St PO Box.NJ 07501 ST VINCENT DEPAUL MAYS 21-0634505 501(c)(3) 76,916 FMV Food Distribution LANDING

76,471 FMV

Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

5021 HARDING HIGHWAY MAYS LANDING, NJ 08330 ZION UNITED CHURCH OF

CHRIST 17 Alexander St Newark, NJ 07106

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) ANGEL VISIT BAPTIST 22-3792342 501(c)(3) 76.293 FMV Food Distribution CHURCH PO BOX 951 istribution

WILDWOOD, NJ 08260					
NEW BORN HOLY CHURCH 250 Bergen Street Newark,NJ 07103	99-9999999	501(c)(3)	76,285	FMV	Food Distribution
FIRST HOPEWELL BAPTIST	22-2313428	501(c)(3)	75,980	FMV	Food Distribution

CHURCH 525 Orange St Newark, NJ 07107

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CENTER OF GRACE 52-2414770 501(c)(3) 74.720 FMV Food Distribution 175 Fair Street Paterson, NJ 07501 istribution

EDMUNDS & EDMUNDS COUNSELING PO BOX 903 BRIDGETON,NJ 08302	22-6331386	501(c)(3)	74,452	FMV	Food Distribution
HAITIAN PENTECOSTAL	22-3142926	501(c)(3)	73,917	FMV	Food Distribution

CHURCH & HOME OF HOPE WORLDWID

431 Maple Ave Linden, NJ 07036

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) NEW HOPE BAPTIST 36-2192827 501(c)(3) 73,280 FMV Food Distribution CHURCH PANTRY 144 Norman St tribution

East Orange, NJ 07017					
SRC FIVE LOAVES FOOD PANTRY ST 100 College Avenue New Brunswick,NJ 08901	99-9999999	501(c)(3)	72,613	FMV	Food Distr

New Brunswick, NJ 08901

501(c)(3) 72,383 FMV EMANUEL EVANG 99-9999999

Food Distribution LUTHERAN CHURCH 1-3 Kirkpatrick Street

(a) Name and address of (b) EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government other) assistance 501(c)(3) 71.689 FMV PANAMERICA ADVENTISTA 99-9999999 Food Distribution 55 BIRCH STREET VINELAND, NJ 08360 FIRST BAPTIST 13-5563018 501(c)(3) 71.664 FMV Food Distribution CRANFORDELIZABETH 402 Union Avenue

71,562 FMV

Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

SDA CHURCH OF THE

308 Reynolds Terrace Orange, NJ 07050

ORANGES

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) FOCUS 22-1839206 501(c)(3) 71,493 FMV Food Distribution 441-443 Broad St Newark, NJ 07102 stribution

FIRST BAPTIST OF WOODBINE PO BOX 629 WOODBINE,NJ 08270	22-2295177	501(c)(3)	71,290	FMV	Food Distribution
THE FIRST SEVENTH DAY	52-0643036	501(c)(3)	70,686	FMV	Food Distribution

ADV CHURCH 343 11th Ave Paterson, NJ 07514

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 22-3188864 501(c)(3) 70.611 FMV Food Distribution HOGAR CREA OF PERTH AMBOY 687 Cortland Street istribution

ATLANTIC CITY,NJ 08401					
1436 BEACH AVE					
DUNAMIS MINISTRIES	22-3425266	501(c)(3)	70,234	FMV	Food Dis
Perth Amboy, NJ 08861					

JERSEY CITY ESPISCOPAL 31-1551853 70,184 FMV 501(c)(3)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Jersey City, NJ 07306

Food Distribution CDC 68 Storm Avenue

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) VICTORY AT SUNRISE 36-2192827 501(c)(3) 70.132 FMV Food Distribution BAPTIST CHU 376 Clinton Pl Newark, NJ 07112 22-3833499 501(c)(3) 69,547 FMV Food Distribution

MORNING STAR COMM DEVE CORP 1009 Chandler Ave Linden, NJ 07036 13-5562351 501(c)(3) 69,158 FMV Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SALVATION ARMY -PLAINFIFLD

615 Watchung Ave Plainfield, NJ 07060

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 501(c)(3) 69.125 FMV GREATER MT MORIAH 22-3019594 Food Distribution HOME FOREIG 210 Clinton Avenue Newark, NJ 07108 BETHLEHEM FRENCH SDA 99-9999999 501(c)(3) 68,425 FMV Food Distribution

67,350 FMV

Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

CHURCH
30 N Clinton St
East Orange, NJ 07017
REVIVAL TEMPLE

81-85 16th Ave Newark, NJ 07103

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 22-1918234 501(c)(3) 67.145 FMV Food Distribution DAMON HOUSE 105 Joyce Kılmer Ave New Brunewick, N.1, 00001 Distribution

New Brunswick, NJ 08901					
COVENANT HOUSE - NJ 330 Washington St Newark,NJ 07102	13-3537710	501(c)(3)	66,698	FMV	Food Dis
CHDISTIAN FELLOWSHID	22 2056227	501(6)(2)	66 492	EMV	Eood Die

Paterson, NJ 07501

CHRISTIAN FELLOWSHIP 22-2956237 5U1(C)(3) 66,483 IFM V CENTER

Food Distribution 343-359 Van Houten Street

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) ROSEVILLE PRESBYTERIAN 99-9999999 501(c)(3) 66.345 FMV Food Distribution CHURCH 36 Roseville Ave Newark N.1 07107 ustribution

65,810 FMV

Food Distribution

					,	1
CHRIST THE GOOD	22-2547030	501(c)(3)	65,866	FMV		Food Dis
SHEPHERD PARISH 15 N EAST AVENUE						
VINELAND, NJ 08360						

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

26-3860591

COMMUNITY HARVESTERS CHURCH

204 N NEW YORK AVENUE ATLANTIC CITY, NJ 08401

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) LIVING WATER FAMILY 16-1634614 501(c)(3) 65.260 FMV Food Distribution BIBLE CENTER 104 Union Street tribution

Food Distribution

Carteret, NJ 07008					
JOHN WESLEY UNITED METHODIST 90 MATTHEW BROWN WAY BRIDGETON,NJ 08302	21-0643021	501(c)(3)	65,260	FMV	Food Distri
BETHANY LUTHERAN	99-9999999	501(c)(3)	64,777	FMV	Food Distri

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2015 Kennedy Blvd Jersey City, NJ 07305

CHURCH

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 53-0304696 501(c)(3) 63,701 FMV Food Distribution MT TEMAN AME -PEDIATRIC 160 Madicon Avenue

Elizabeth, NJ 07201					
MT OLIVE CHURCH OF GOD 24 Cleveland St Orange,NJ 07050	22-2321231	501(c)(3)	63,365	FMV	Food Distribution
SUYDAM STREET	22-3689305	501(c)(3)	63,191	FMV	Food Distribution

SUYDAM STREET REFORMED CHURCH

New Brunswick, NJ 08901

74 Drift Street

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) TOUSSAINT FOOD PANTRY 99-9999999 501(c)(3) 63.091 FMV Food Distribution 528 Martin Luther King Blvd Newark, NJ 07102 52-1592616 501(c)(3) 62,497 FMV Food Distribution

61,774 FMV

Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

NO JERSEY COMM	
RESEARCH INIT	`
393 Central Ave Ste 301	
Newark.NJ 07103	

A SERVANTS HEART PO BOX 188

BRIDGETON, NJ 08302

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, i non-cash assistance or assistance or government assistance other) NEW COMMUNITIES CORP -22-1911104 501(c)(3) 61.596 FMV Food Distribution SENIOR 220 Bruce St Newark, NJ 07103 oution

THESSALONIANS COMMUNITY OUTREACH CENTER 409-413 Ocean Avenue Jersey City,NJ 07305	22-2095254	501(c)(3)	61,224	FMV	Food Distribution
RENOVATION HOUSE - (A SERVICE OF YOUTH	22-2437084	501(c)(3)	60,236	FMV	Food Distribution

CHALLENGE)
200 Jefferson Street
Perth Amboy, NJ 08861

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) ABUNDANT LIFE CENTER 22-3290580 501(c)(3) 60,163 FMV Food Distribution 849 ROUTE 54 WILLIAMSTOWN N1 08094

501(c)(3)

52-2205369

CANAAN ECONOMIC COMM

552 E 22nd Street Paterson, NJ 07522

DEV

1112217(115151111,115 66651					
1ST PRESBYTERIAN CHURCH	99-9999999	501(c)(3)	59,828	FMV	Food Distribution
150 No Broadway					
South Amboy, NJ 08879					

59,755 FMV

Food Distribution

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 99-9999999 501(c)(3) 59.364 FMV Food Distribution ELIZABETHPORT PRESB CHURCH 200 Second St Elizabeth, NJ 07206 STAIDS ALLIANCE -22-2686586 501(c)(3) 59,061 FMV Food Distribution ATLANTIC CI 19 GORDONS ALLEY

ATLANTIC CITY, NJ 08401 PRAISE TABERNACLE 22-2333902 501(c)(3) 58,963 FMV Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2235 OCEAN HEIGHTS AVE EGG HARBOR TWP, NJ

08234

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 7TH DAY ADVENTIST 52-0643036 501(c)(3) 58.758 FMV Food Distribution CHURCH OF SOUTH PATERSON 255 21st Avenue Paterson, N1 07501 istribution

1 40013011/113 07301					
TRUE WITNESS OF JESUS CHRST FP 234 Godwin Ave Paterson,NJ 07544	22-2348389	501(c)(3)	58,058	FMV	Food Dist
DEACEELL ZION BARTICT	00 000000	501(6)(2)	57 572	EM1/	Food Dist

PEACEFUL ZION BAPTIST 5/,5/3 FMV 99-9999999 501(C)(3)|

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

East Orange, NJ 07018

Food Distribution CHURCH 213 Rhode Island Ave

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 22-2371359 501(c)(3) 57,304 FMV Food Distribution HOLY MOUN CHURCH (WE CARE) tribution

56,733 FMV

Food Distribution

220 East Grand Ave Rahway, NJ 07065					
UKRAINIAN EVANGELICAL OF GOD 2208 Stanley Ter Union, NJ 07083	99-9999999	501(c)(3)	57,281	FMV	Food Disti

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

ZION HILL BAPTIST

450 Highland Avenue Piscataway, NJ 08854

CHURCH

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) TABERNACLE CHURCH 26-0714972 501(c)(3) 56,666 FMV Food Distribution 675 S 20th Street Newark, NJ 07103 istribution

NEW COVENANT CHURCH OF GOD 225 E 7th St Plainfield, NJ 07060	99-9999999	501(c)(3)	56,514	FMV	Food Dis
DENTECOST FOOD DANTDY	13-3518705	501(c)(3)	55.066	EMV	Food Dis

301

East Orange, NJ 07018

Food Distribution PENTECUSI FUUD PANTRY 13-3518/05 501(C)(3) 55,966 IFM V 576 Central Avenue suite

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) GRACE LUTHERAN CHURCH 41-1568278 501(c)(3) 55,103 FMV Food Distribution 11 F DAWES AVENUE SOMERS POINT, NJ 08244 501(c)(3) 54.681 FMV Food Distribution 99-9999999

EMANUEL BAPTIST CHURCH 230 Chancellor Avenue Newark, NJ 07112

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1046 B RTE 47

RIO GRANDE, NJ 08242

FAMILY SUCCESS CENTER 22-2226231 501(c)(3) 53,912 FMV Food Distribution CAPE MAY

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 23-2172664 501(c)(3) 53,203 FMV Food Distribution ABUNDANT LIFE CHRISTIAN CTR 2245 Route 130 Ste 101

١.	Dayton, NJ 08810					
	TRINITY UAME 226 Warren Street Newark,NJ 07103	51-0389791	501(c)(3)	53,136	FMV	Food Distribution
	SALVATION ARMY	13-5562351	501(c)(3)	52,823	FMV	Food Distribution

KFARNY

443 Chestnut Street Kearny, NJ 07032

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) THE HOPE CENTER 22-3737867 501(c)(3) 52,576 FMV Food Distribution 43 Charles St Jersey City, NJ 07304 tribution

52,235 FMV

Food Distribution

JOAN TAND ROBIN L	45-2715926	501(c)(3)	52,279	FMV	Food Disti
CROWLEY MEMORIAL FOOD					
PANTRY					
220 S Harrison St East					
O range					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Orange, NJ 07050

434 E 4th St Plainfield, NJ 07062

CHURCH OF A LIVING GOD

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) COMMUNITY CHURCH OF 35-6064030 501(c)(3) 52,060 FMV Food Distribution GOD

51,462 FMV

Food Distribution

41 / W 6th St Plainfield, NJ 07060					
GOOD NEWS BIBLE MISSION 32 Dales Ave Jersey City, NJ 07306	52-1623231	501(c)(3)	51,872	FMV	Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

PARK AVE PANTRYBNAI

ISREAL 565 Broadway Passaic, NJ 07055

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) THE FIRST REFORMED 501(c)(3) 50.768 FMV Food Distribution 99-9999999 CHURCH FP 236 Washington St Boonton, N1 07005 istribution

20011011,113 07000					
POSITIVE HEALTH CARE	22-3153632	501(c)(3)	50,714	FMV	Food Dis
INC 333 Washington St					ĺ
Newark N1 07102					ĺ

Newark,NJ U/IUZ

22-6062869 501(c)(3) 50.697 FMV FLYNN FELLOWSHIP OF NJ

Food Distribution 1091 E Jersev St Elizabeth, NJ 07201

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 501(c)(3) 50.662 FMV BLESSED SACRAMENT 99-9999999 Food Distribution PANTRY 15 Baldwin Avenue Newark N1 07108 tribution

50.101 FMV

Food Distribution

Newalk, NJ 0/100					
ST MARY'S PARISH FOOD PANTRY 254 2nd Street Erie	99-9999999	501(c)(3)	50,549	FMV	Food Distr
Jersey City, NJ 07302					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

COMMUNITY FOOD CLOSET

817 KEARNEY STREET CAPE MAY, NJ 08204

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) IRVINGTON 99-9999999 501(c)(3) 49.972 FMV Food Distribution NEIGHBORHOOD IMPROVE 346 Sixteenth Avenue Inungton N1 07111 istribution.

Tivington, NJ 0/111					
CLEARVIEW BAPTIST CHURCH 314-320 Hobson St Newark,NJ 07112	22-2610331	501(c)(3)	49,357	FMV	Food Dist

Linden, NJ 07036

ST 10HN THE APOSTLE 48,758 FMV 99-9999999 501(c)(3)

CHURCH

Food Distribution 1805 Penbrook Ter

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) NORTH BRUNSWICK FOOD 22-3522458 501(c)(3) 48,338 FMV Food Distribution BANK 710 Herman Rd North Brunswick, NJ 08902 CHURCH WOMEN UNITED 36-2167731 501(c)(3) 48,256 FMV Food Distribution PANTRY 1240 Clinton Ave

Irvington, NJ 07111 ATLANTIC CAPE FAMILY 01-0562891 501(c)(3) 48,164 FMV Food Distribution SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

950 TILTON ROAD UNIT 108 NORTHFIELD, NJ 08225

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) CHRIST CHURCH FOOD 21-0634592 501(c)(3) 47.957 FMV Food Distribution PANTRY 5 Paterson Street stribution

47,577 FMV

Food Distribution

New Brunswick, NJ 08901					
SALEM SEVENTH-DAY ADVENTIST 10 S Oraton Parkway East Orange,NJ 07018	99-9999999	501(c)(3)	47,742	FMV	Food Dis

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

CARING FOR KIDS 31 E MECHANICS STREET

NJ 08210

CAPE MAY COURTHOUSE,

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) ST MARY'S FOOD PANTRY 99-9999999 501(c)(3) 47.529 FMV Food Distribution 256 Augusta St C - - - + b - A - - - b - - - - N - 1 - 0 0 0 7 0 Distribution

47,426 FMV

Food Distribution

South Amboy, NJ 08879							
SALVATION ARMY - NEWARK (R	99-9999999	501(c)(3)		47,481	FMV		Food Dis
65 Pennington St							
Named NI 0710E		1	1		I		l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

21-0634592

PETER'S PANTRY 183 Rector St

Perth Amboy, NJ 08861

Newark,NJ 0/105

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 22-2696986 501(c)(3) 46.941 FMV Food Distribution AIDS RESOURCE FOUNDATION FOR C 75-77 Academy Street Newark.NJ 07102 istribution

CHRISTIAN PENTECOSTAL CHURCH 11 Aspen Place 3G Passaic, NJ 07055	22-3127350	501(c)(3)	46,927	FMV	Food Distribution
EMERG FOOD AND	99-9999999	501(c)(3)	46,898	FMV	Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NUTRITION NTWK 403 University Ave Newark, NJ 07108

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) FAITH REFORMED CHURCH 501(c)(3) 46.732 FMV 99-9999999 Food Distribution FOOD PANTRY 95 Washington Street LODI.NJ 07644 61103 501(c)(3) 46,494 FMV Food Distribution

46,385 FMV

Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

GLORIOUS BLESSED	14-186
ASSURANCE CHU	
100 Ocean Avenue	
Jersey City, NJ 07305	

53-0304696

MT TEMAN CHURCH

160 Madison Ave Elizabeth, NJ 07201

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 501(c)(3) 46,237 FMV Food Distribution CHURCH OF THE ETERNAL 99-9999999 GOD 190 Highland Avenue Newark N1 07104 istribution

45,926 FMV

Food Distribution

Newalk, NJ 0/104					
OUR LADY OF	22-1698783	501(c)(3)	45,965	FMV	Food Dis
SORROWSMARY HOUSE 93 Clerk St					
7 0 0 10 111 0 1					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Jersey City, NJ 07305

22-3252131

THE CITYLINE CHURCH 1510 Kennedy Blvd Jersey City, NJ 07305

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) HOLY REDEEMER CHURCH 99-9999999 501(c)(3) 45.921 FMV Food Distribution 569 65th Street Food Distribution

West New York, NJ 07093					
DAMASCUS CHRISTIAN CHURCH 114-120 Logan Avenue	22-2877636	501(c)(3)	45,512	FMV	

CHURCH					
114-120 Logan Avenue					
Jersey City, NJ 07306					
NEW AME ZION CHURCH	53-0204696	501(c)(3)	45,271	FMV	Food Distribution

114-120 Logan Avenue Jersey City, NJ 07306					
NEW AME ZION CHURCH	53-0204696	501(c)(3)	45.271	FMV	

NEW AME ZION CHURCH	53-0204696	501(c)(3)	45,271 FMV	Food Distributi
153 Lawrence Pl				
Paterson, NJ 07501				

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) MOUNT PISGAH AME FOOD 20-2109849 501(c)(3) 45.019 FMV Food Distribution PANTRY 354 Forrest St stribution

44,670 FMV

Food Distribution

Jersey City,NJ 07304					l
LINDEN INTERFAITH LINCS 14 West Munsill Ave Linden,NJ 07036	22-3504240	501(c)(3)	45,004	FMV	Food Dist

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

COUNCIL EVANGELICAL 52-1761401

APOSTOLIC 67 Prince Street Elizabeth, NJ 07208

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) ELOHIM TEMPLE OF LOVE 54-1598036 501(c)(3) 44,663 FMV Food Distribution PO BOX 84 NEWTONVILLE N1 08346 istribution

HEARD AME CHURCH 310 East 8th Ave Roselle,NJ 07203	99-9999999	501(c)(3)	43,949	FMV	Food Distribution
HIGHLAND PARK	22-6001981	501(c)(3)	43,911	FMV	Food Distribution

COMMUNITY 220 S 6th Ave

Highland Park, NJ 08904

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 13-5562351 501(c)(3) 43.725 FMV Food Distribution SALVATION ARMY -PATERSON 541-545 W Broadway

43,217 FMV

Food Distribution

Paterson, NJ 07509					
HEAVEN'S HELPERS 393 Pearl St Woodbridge, NJ 07060	06-1798430	501(c)(3)	43,363	FMV	Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

SECAUCUS FOOD PANTRY

210 Meadowlands Parkway Secaucus, NJ 07094

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) IGREJA EVANGELICA VIDA 22-3238015 501(c)(3) 43,004 FMV Food Distribution NOVA 150 Broadway Nowark N1 07104 ustribution

41,877 FMV

Food Distribution

Newark, NJ 07104					
WORLD FOR CHRIST CRUSDADE INC 1005 Union Valley Rd West Milford, NJ 07480	99-9999999	501(c)(3)	42,277	FMV	Food Dis

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

TRINITY EPISCOPAL

CHURCH 650 Rahway Ave Woodbridge, NJ 07095

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 22-2767627 501(c)(3) 41,618 FMV Food Distribution BUDDIES OF NEW JERSEY INC 149 Hudson St Distribution

PLEASANTVILLE,NJ 08232					
353 S NEW ROAD					
MT ZION BAPTIST CHURCH	22-3309525	501(c)(3)	41,248	FMV	Food D
Hackensack,NJ 07601					

CHURCH 621 DOCK ST MILLVILLE, NJ 08332

ST MARY MAGDALEN 40,966 FMV Food Distribution 27-4092806 501(c)(3)

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) HOLY TRINITY-WEST 13-5562208 501(c)(3) 40.837 FMV Food Distribution ORANGE FOOD PANTRY 315 Main Street stribution

West Orange, NJ 07052					
NEIGHBORLY NEEDS INC 124 TREMONT AVENUE PLEASANTVILLE,NJ 08232	20-8920963	501(c)(3)	40,826	FMV	Food Distribution
ST BARNABAS EPISCOPAL	99-9999999	501(c)(3)	40,722	FMV	Food Distribution

CHURCH 505 W Market St Newark, NJ 07107

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) HILLTOP HAVEN FAMILY 22-1766323 501(c)(3) 40.373 FMV Food Distribution SHELTER (PATERSON TASK FORCE) 36-38 Circle Avenue stribution

40,086 FMV

Food Distribution

Paterson, NJ 07522					
SALVATION ARMY - WESTSIDE 699 Springfield Ave Newark,NJ 07103	13-5562351	501(c)(3)	40,243	FMV	Food Dist

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

CURRIE WOODS TENANT

65-67 Ruby Brown Terrace Jersey City, NJ 07305

TASK FORCE

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance arant or government assistance other) 27-3209535 501(c)(3) 40.082 FMV HEAVEN'S GATE Food Distribution CHRISTIAN FELLOWSHIP 194 Burgess Place Passaic, NJ 07055 22-3663036 501(c)(3) 39,501 FMV Food Distribution

SADAOA (FOOD) INC 245 Broadway Paterson, NJ 07501

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Irvington, NJ 07111

IRVINGTON SDA COMM 31-1627317 501(c)(3) 39,417 FMV Food Distribution SERV 120-134 Prospect Ave

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) OASIS HAVEN FOR WOMEN 22-3491573 501(c)(3) 39,223 FMV Food Distribution & CHILDR

38,784 FMV

Food Distribution

59 Mill Street Paterson, NJ 07501					
SALVATION ARMY - JERSEY CITY 562 Bergen Ave Jersey City,NJ 07304	13-5562351	501(c)(3)	39,070	FMV	Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

METROPOLITAN

COMMUNITY SERVICE 1003 Monroe Avenue Plainfield, NJ 07063

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) HOLY TRINITY RC CHURCH 501(c)(3) 38.701 FMV Food Distribution 99-9999999 336 First St Westfield, NJ 07090 stribution

SALVATION ARMY-NEWARK CENT 45 Central Ave Newark,NJ 07102	13-5562351	501(c)(3)	37,934	FMV	Food Distribution
HANSON HOUSE -WOMEN	22-3161537	501(c)(3)	37,808	FMV	Food Distribution

411 WEST ALOE STREET EGG HARBOR CITY, NJ

08215

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) 501(c)(3) 37,616 FMV Food Distribution COMMUNITY SDA CHURCH 99-9999999 245 Tenafly Road Englewood, NJ 07631 istribution

IGLESIA DE DIOS NUEVA VIDA 95 4th Street Passaic,NJ 07055	65-1258960	501(c)(3)	37,499	FMV	Food Distribution
SALVATION ARMY-EAST	13-5562351	501(c)(3)	37,461	FMV	Food Distribution

ORANGE 430 Main St

East Orange, NJ 07018

(a) Name and address of (b) EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) MISSION TEENS INC. 23-7071094 501(c)(3) 37,386 FMV Food Distribution PO BOX 52 NORMA, NJ 08347 TONI'S KITCHEN ST LUKES 31-1629186 501(c)(3) 37,298 FMV Food Distribution

CH 73 So Fullerton Ave Montclair, NJ 07042

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FAITH AND VICTORY 46-4120938 501(c)(3) 37,279 FMV Food Distribution COMMUNITY SERVICE INC.

118-120 Lord Avenue Bayonne, NJ 07002

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) 22-2403113 501(c)(3) 36,663 FMV Food Distribution HELPING HANDS AND EARS 32 Park St

36,406 FMV

Food Distribution

Orange,NJ 07050					
FAVOR MINISTRIES 1508 Roosevelt Avenue W Carteret, NJ 07008	26-0580158	501(c)(3)	36,414	FMV	Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

HANSEN HOUSE MEN

542 NO WEST BLVD Vineland, NJ 08360

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 26-3000184 501(c)(3) 36,360 FMV VICTORY AME ZION Food Distribution CHURCH 23 CORNELL RD SPANISH PENTECOSTAL 44-0577787 501(c)(3) 36,291 FMV Food Distribution

ATCO,NJ 08004 EVANGELICAL CHURCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HIGHWAYS

184 Hobart Avenue Bayonne, NJ 07002 99-9999999

15 Grove Street Passaic, NJ 07055 501(c)(3) 35,405 FMV Food Distribution

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 23-7123574 501(c)(3) 35.352 FMV Food Distribution SPANISH COMMUNITY CENTER istribution

35,219 FMV

Food Distribution

PO BOX 61 LANDISVILLE,NJ 08326					
VIDA CHURCH 189 Fayette St	99-9999999	501(c)(3)	35,294	FMV	Food Dis

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Perth Amboy, NJ 08861 CIRCLE OF LIFE

55 Reeves Pl Newark, NJ 07108

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) MANNA FROM HEAVEN-ST 99-9999999 501(c)(3) 34,470 FMV Food Distribution MATTHEWS 336 Oakwood Ave Orange N1 070E2 istribution

					i
SOCPLAINFIELD 724 Park Ave Plainfield,NJ 07060					
FIRST UNITARIAN	22-6000534	501(c)(3)	34,435	FMV	Food Dis
Olange, NJ 07052					1

Irvington, NJ 07111

BETHEL FRENCH SDA 34,220 FMV 52-0643036 501(c)(3) Food Distribution

CHURCH 188 Union Avenue

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) 501(c)(3) 33,887 FMV Food Distribution MT ZION UFW BAPTIST 13-3961739 CHURCH 47 Beaver Avenue

33,239 FMV

33,097 FMV

Food Distribution

Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

501(c)(3)

Edison, NJ 08820
SALVATION ARMY - DOVER
76 N Bergen St
Dover, NJ 07801

BEACON HOPE CHEST 420 SOUTH 6TH AVENUE GALLOWAY, NJ 08205 22-1489911

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) INTERFAITH FOOD PANTRY 21-0634592 501(c)(3) 33.062 FMV Food Distribution OF THE ORANGES 105 Main St Orange, NJ 07050 ST ANDREWS EPISCOPAL 21-0634592 501(c)(3) 32,780 FMV Food Distribution CHURCH 186 FAST COMMERCE STREET

32,642 FMV

Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

186 EAST COMMERCE STREET BRIDGETON,NJ 08302

600 Rahway Avenue Woodbridge, NJ 07095

CHURCH

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 22-3382220 501(c)(3) 32,556 FMV Food Distribution HIS WORD MINISTRIES 593 Ringwood Avenue Wanague, N1 07465 ıstrıbutıon

EBENEZER BAPTIST CHURCH 126 Lee Avenue New Brunswick,NJ 08901	22-3628388	501(c)(3)	32,374	FMV	Food Dist
CODI FOOD BANTRY	22 7072172	501(c)(2)	22 120	EMV	Food Dist

EGG HARBOR CITY, NJ

08215

Food Distribution CODI-FOOD PANIRY 23-/0/31/3 501(C)(3)| 32,138 IF M V 901 ATLANTIC AVE

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) MT OLIVE MISSIONARY 22-3635250 501(c)(3) 32.025 FMV Food Distribution BAPTIST 724 S EAST AVENUE stribution

Food Distribution

VINELAND, NJ 08360					
GREATER ABYSSINIAN BAPTIST CHU 88 Lyons Ave Newark,NJ 07112	99-9999999	501(c)(3)	31,097	FMV	Food Dist
NEW HOPE COMM FOOD	20-2893390	501(c)(3)	30,744	FMV	Food Dist

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW HOPE COMM FOOD PANTRY

331 North 11th Street Prospect Park, NJ 07508

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 44-0577787 501(c)(3) 30,439 FMV Food Distribution REACHING HANDS COMMUNITY CENTER 204 Montclair Avenue Nowark N1 07104 stribution

Newark, NJ 07104					
UNITED NEIGHBORS DEVE CORP 487 Orange Street Newark,NJ 07107	23-7256620	501(c)(3)	30,157	FMV	Food Distribution
JAMES O BRYANT FOOD	22-3595278	501(c)(3)	30,010	FMV	Food Distribution

JAMES O BRYANT FOOD PANTRY

Piscataway, NJ 08854

6 Ethel Rd

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) FISH INC 22-1923766 501(c)(3) 29,885 FMV Food Distribution 456 New Market Rd Piscataway N1 08854 istribution

29,189 FMV

Food Distribution

1 13 Cataway, NJ 00037							
OUR LADY OF FATIMA	53-0196617	501(c)(3)		29,828	FMV		Food Dis
BREAD OF LI							1
380 Smith St							
	1	I	1	1	ı	ı	1

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Perth Ambov, NJ 08861

COVENANT HOUSE 929 ATLANTIC AVE ATLANTIC CITY, NJ 08401

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 501(c)(3) 29.013 FMV Food Distribution BROTHERS UNITED IN 52-1802794 CHRIST 60 Summer St 1ST PRESBYTERIAN CH OF 99-9999999 501(c)(3) 28,861 FMV Food Distribution

28.792 FMV

Food Distribution

Passaic, NJ 07055 AVENEL 621 E Woodbridge Ave

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Avenel, NJ 07065

OLD BERGEN CHURCH 1 Highland Ave Jersey City, NJ 07306

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 501(c)(3) 28.579 FMV PUERTO RICAN ACTION 22-1970239 Food Distribution COMMITTEE 801 WASHINGTON AVENUE 28,574 FMV Food Distribution

28,290 FMV

Food Distribution

WOODBINE, NJ 08270			
SEVENTH DAY ADVENTIST CHURCH 75-79 Hoover Avenue	52-0643036	501(c)(3)	

22-3161537

Passaic, NJ 07055

HENDRICK'S HOUSE 542 NORTH WEST BLVD VINELAND,NJ 08360

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 21-0634592 501(c)(3) 28.075 FMV Food Distribution CHRIST EPISCOPAL CHURCH 422 Main St Fast Orange N1 07018 ıstrıbutıon

Lust Orange, its 07010					
TABLE OF HOPE 59 Spring Street MORRISTOWN,NJ 07960	99-9999999	501(c)(3)	28,027	FMV	Food Distribution
NEW EPHESUS BAPTIST	22-3013796	501(c)(3)	27.787	FMV	Food Distribution

CHURCH 175 Brookwood St East Orange, NJ 07018

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 22-2026610 501(c)(3) 27.734 FMV Food Distribution PUERTO RICAN ASSOCIATION FOR HUMAN DEVICE ORMENT IN

26,217 FMV

Food Distribution

98 First Street Perth Amboy, NJ 08861					
LINCOLN PARK FOOD PANTRY 10 Boonton Tpk	13-5562351	501(c)(3)	27,703	FMV	Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Lincoln Park, NJ 07035 THE LENNARD CLINIC INC.

461 Frelinghuysen Ave Newark, NJ 07114

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) 26-5800861 501(c)(3) 26,207 FMV Food Distribution SOMERSET HMDISPLACED CHILDREN 49 Brahma Avenue 22-1761128 501(c)(3) 25,878 FMV Food Distribution

25,772 FMV

Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Bridgewater, NJ 08807
UNITED COMMUNITY
CORPORATION
332-334 S 8th St
Newark,NJ 07103

HOPEWELL BAPTIST

17 Muhammad Alı Ave Newark, NJ 07104

CHURCH

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) ALDERSGATE UMC CRISIS 36-2167731 501(c)(3) 25.588 FMV Food Distribution ROOM562 Ryders Lane Fast Brunswick, N.1 08816 istribution

DEACONS PANTRYFIRST PRESBYTER 800 E LANDIS AVE	23-6393377	501(c)(3)	25,272	FMV	Food Dist
VINELAND, NJ 08360					

CRESSKILL GOODWILL 37-1616035 501(c)(3) 25,239 FMV Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CORP

65 B Madison Avenue Cresskill, NJ 07626

(a) Name and address of **(b)** EIN (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 501(c)(3) 24.530 FMV Food Distribution NEW REID TEMPLE CHURCH 99-9999999 OF GOD IN CHRIST 154 N Oraton Parkway East Orange, NJ 07017 OF 22-2405550 501(c)(3) 24,006 FMV Food Distribution

23.147 FMV

Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

22-2426902

FOODBANK NE	TWORK OF
SOMERSET	
Bldg 9E Easy St	Bridgewater
Bridgewater, NJ	08805

927 NAVAJO AVENUE ABSECON,NJ 08201

GRACE ASSEMBLY OF GOD

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 501(c)(3) 23.059 FMV Food Distribution BETTER TOMORROWS 45-3199958 130 PAMPHYLIA AVE Bridgeton, NJ 08302 istribution

CHURCH OF THE IMMACULATE HEART 1571 S Martine Avenue Scotch Plains,NJ 07076	99-9999999	501(c)(3)	22,530	FMV	Food Distribution
COMMUNITY	21-0733950	501(c)(3)	22,413	FMV	Food Distribution

PRESBYTERIAN CHURCH 1501 W BRIGANTINE AVE BRIGANTINE, NJ 08203

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 20-1016554 501(c)(3) 21.076 FMV Food Distribution NEW DESTINY COMM DEVELOPMENT 120 Chactnut St-Lower Level

20,768 FMV

Food Distribution

Roselle, NJ 07203					
ST CECILIA'S SOCIAL MINISTRY 45 Wilus Way Iselin,NJ 08830	99-9999999	501(c)(3)	20,823	FMV	Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

VINCENT UNITED METHODIST CHURC

100 Vincent PI Nutley, NJ 07110

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 36-2167731 501(c)(3) 20,760 FMV Food Distribution PATERSON AVE UMC PANTRY (NEW BIRTH FOOD DANTDVI istribution

19.916 FMV

Food Distribution

316 Totowa Ave Paterson, NJ 07502					
BROADWAY HOUSE 298 Broadway	22-2903536	501(c)(3)	20,016	FMV	Food Dist

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Newark, NJ 07104

CSP - WILDWOOD 4404 PACIFIC AVENUE WILDWOOD, NJ 08260

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) BIANCA FLOWERS INC 48-3334835 501(c)(3) 19.671 FMV Food Distribution 530 West 4th Street BOYS AND GIRLS COMMUNITY CHURCH OF 52-1785793 501(c)(3) 19,257 FMV Food Distribution

18,885 FMV

Food Distribution

Plainfield, NJ 07060 FAITH 26 Irvine Turner Blvd Hillside, NJ 07205

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

SISTERS & BROTHERS 22-3638043

OUTREACH

1318 East Georges Ave Linden, NJ 07036

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 22-2191674 501(c)(3) 18,680 FMV NEWARK EMERGENCY Food Distribution SERVICES 982 Broad St N ----- N 1 0 7 4 0 2 Distribution

17.205 FMV

Food Distribution

Newark, NJ 07102					
DEEPER LIFE BIBLE	02-0636780	501(c)(3)	18,290	FMV	Food [
CHURCH					l
23 South 20th Street					l .
T . N. 1 0 7 4 4 4					i

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Irvington, NJ 07111

INTEGRITY INC SECAUCUS

595 County Rd B6 Secaucus, NJ 07094

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 501(c)(3) 16,597 FMV Food Distribution ST JOSEPH'S CHURCH 99-9999999 454 Germantown Rd West Milford, NJ 07480 istribution

WANAQUE FEED THE HUNGRY 579 Ringwood Ave Wanaque,NJ 07465	36-2167731	501(c)(3)	16,356	FMV	Food Distribution
SPIRIT AND TRUTH	99-9999999	501(c)(3)	16,239	FMV	Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MINISTRIES POBOX 89

VINELAND, NJ 08362

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) 501(c)(3) 15.936 FMV Food Distribution ST JOSEPH'S FOOD PANTRY 99-9999999 55 High St

15.780 FMV

Food Distribution

_ Carteret, NJ 07008					
CATHOLIC CHARITIES - AC 9 NORTH GEORGIA AVE	22-1224777	501(c)(3)	15,869	FMV	Food Distribution
ATLANTIC CITY.NJ 08401					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

MEALS WITH A MISSION

63 Harrison Ave Garfield, NJ 07026

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 501(c)(3) 15,685 FMV Food Distribution RUTGERS COOPERATIVE 99-9999999 EXTENSION 18 Clark Street

14.695 FMV

Food Distribution

Paterson, NJ 07505					
ST JOSEPH THE CARPENTER 157 E 4th Avenue	99-9999999	501(c)(3)	15,098	FMV	Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Roselle, NJ 07203

WOMEN AWARE INC 286 Livingston Avenue New Brunswick, NJ 08903

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 501(c)(3) 14.457 FMV Food Distribution JEWISH FAMILY SERVICE 22-2119902 607 N JEROME AVE ustribution

13,577 FMV

Food Distribution

MARGATE,NJ 08402					
ST JOHN THE BAPTIST ORTHORDOX CHURCH 145 Broad St	36-2192827	501(c)(3)	14,360	FMV	Food Dis

Perth Ambov, NJ 08861

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

STRENGTHEN OUR SISTER

Hillside, NJ 072052400

PO Box 1089

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) FAITH FELLOWSHIP WORLD 22-2437978 501(c)(3) 12,594 FMV Food Distribution OUTREAC 2707 Main St Savreville, NJ 08872 LIGHTHOUSE FOOD 22-3031582 501(c)(3) 12,074 FMV Food Distribution MINISTRY

11,905 FMV

Food Distribution

384 Somerset St N Plainfield, NJ 07069

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

ANSWERS MOVING

712 Springfieled Avenue Newark, NJ 07103

FORWARD

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) RIVERSIDE ASSEMBLY OF 99-9999999 501(c)(3) 11,825 FMV Food Distribution GOD 317 3rd St stribution

11,443 FMV

Food Distribution

Jersey City, NJ 07302					
CHRIST TEMPLE CHURCH 260 South 20th Street Newark,NJ 07103	99-9999999	501(c)(3)	11,545	FMV	Food Dist

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

99-9999999

YWCA OF FASTERN UNION

1131 East Jersey St Elizabeth, NJ 07201

COUNTY

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) OCEAN CITY COMM FOOD 22-2939153 501(c)(3) 11.405 FMV Food Distribution CUPBOARD 8TH STREET CENTRAL AVENUE 26

11.121 FMV

10.916 FMV

Food Distribution

Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

501(c)(3)

OCEANC	ITY,NJ	08226
LPC MISS 1506 Orcl		
Linden, NJ		

GRACE'S KITCHEN

600 Cleveland Ave Plainfield, NJ 07060

23-6393377

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) HARVEST OUTREACH 33-1029492 501(c)(3) 10.757 FMV Food Distribution

9,650 FMV

Food Distribution

MINISTRY 204-208 21st Ave Paterson,NJ 07501		, , , ,	,		
BETHEL FAMILY & YOUTH RESOURCE CTR INC 65 Pierce Street	20-1129120	501(c)(3)	10,398	FMV	Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Newark, NJ 07103 ST VINCENT DE

PAULCUMBERLAND 46 CENTRAL AVE BRIDGETON, NJ 08302

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance SHILOH BAPTIST CHURCH 99-9999999 501(c)(3) 9.125 FMV Food Distribution 95 Murray St Elizabeth.NJ 07201 ARCH 501(c)(3) 8,636 FMV Food Distribution 22-6001086

8,076 FMV

Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

RUTGERS COOP RESEA
EXT
65 Bergen Street Rm 15
Newark N1 07107

137 Fairmont Avenue Newark, NJ 07103

ST JOHN BAPTIST CHURCH

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or government assistance other) 501(c)(3) 7.472 FMV FRANCISKA RESIDENCE 99-9999999 Food Distribution 615 Grove St Jersey City, NJ 07310 501(c)(3) 6.843 FMV Food Distribution 1C HOMELESSST LUCY'S 99-9999999 SHELT 619 Grove St

6,563 FMV

Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Jersey City, NJ 07310
SOCIAL SERVICE ASSOC

OF RIDGEWOOD 6 Station Plaza Ridgewood, NJ 07456

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 41-0721672 501(c)(3) 6,366 FMV Food Distribution MONTGOMERY EVANGELICAL FREE CHURCH 246 Griggstown Road

6.230 FMV

Food Distribution

BELLE MEAD, NJ 08502					
CHURCH AT SHALOM INC 75-95 Clinton Avenue	22-3434439	501(c)(3)	6,283	FMV	Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Newark,NJ 0/114

INTEGRITY INC. PO Box 510 Newark, NJ 07102

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) A VILLAGE FOR HUMANITY 27-3161434 501(c)(3) 6.201 FMV Food Distribution 70 Ellis Avenue Irvington, NJ 07111 stribution

JEFFERSON PARK MINISTRIES 65 Jefferson Ave Elizabeth,NJ 07201	01-0659307	501(c)(3)	6,055	FMV	Food Distribution
AMERICAN RED CROSS -	53-0196605	501(c)(3)	5,934	FMV	Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NUTLEY 169 Chestnut St Nutley, NJ 07110

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance grant or aovernment assistance other) 30-0336366 501(c)(3) 5.783 FMV Food Distribution HELPING HANDS FOOD PANTRY

133 Myrtle Avenue Passaic, NJ 07055					
FORT LAZARUS HOUSETEEN CHALLE 49 Brookdale Ave	04-2401399	501(c)(3)	5,618	FMV	Food Dist

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Elizabeth, NJ 07202

stribution Newark,NJ 0/106 SAINT 10 SEPHS 21-0634592 501(c)(3) 5,313 FMV

Food Distribution

EPISCOPAL CHURCH 38 West End Place

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 22-2491675 501(c)(3) 5.083 FMV Food Distribution HOMELESS SOLUTIONS INC 540 W Hanover Ave Ste 100 Food Distribution

12,000 FMV

Program Assistance

Morristown, NJ 07960 America's Grow-a-Row 26-2569598 501(c)(3) 352,493 FMV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

150 Pittstown Road Pittstown, NJ 08867

111 Howard Blvd Mt Arlington, NJ 07856

National Diaper Bank Network

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) n Assistance

National Diaper Bank Network 111 Howard Blvd Mt Arlington, NJ 07856	45-2823935		12,000			Program Assistanc
CENTER FOR FOOD ACTION	22-2189072	501(C)(3)		490,891		Food Distribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

192 W DEMAREST AVENUE ENGLEWOOD, NJ 07631

Schedule J (Form 990)

Compensation Information

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

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

DLN: 93493074010627 OMB No 1545-0047

2015

reas	rtment of the ury nal Revenue Service	► Information about Schedule J (F	orm 990) and its instructions is at <u>www.irs.</u>	<u>gov/form990</u> .	Insp		
Νa	me of the organiz			Employer identifica	ation nur	nber	
CO	AWONILA FOOD BAN	K OF NEW JERSEY INC		22-2423882			
Pa	rt I Questi	ons Regarding Compensation	n				
						Yes	No
1a		,	vided any of the following to or for a person l to provide any relevant information regardir				
	First-clas	s or charter travel	Housing allowance or residence for	r personal use			
	Travel for	companions	Payments for business use of pers	onal residence			
	Tax idemi	nification and gross-up payments	Health or social club dues or initia	tion fees			
	Discretion	nary spending account	Personal services (e g , maid, chau	uffeur, chef)		ļ Ī	
b			rganization follow a written policy regarding p escribed above? If "No," complete Part III to		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?						
	directors, dustees, officers, filefaulty the CLO/LAccutive Director, regarding the items checked in file 1a						
3	organization's	CEO/Executive Director Check all th	nization used to establish the compensation nat apply Do not check any boxes for metho ation of the CEO/Executive Director, but ex	ds			
	✓ Compensa	ation committee	Written employment contract				
	Independe	ent compensation consultant	Compensation survey or study				
	√ Form 990	of other organizations	Approval by the board or compens	ation committee			
4	During the year or a related org		Part VII, Section A, line 1a with respect to	the filing organization	on		
а	Receive a seve	rance payment or change-of-control	payment?		4a		Νo
b	Participate in,	or receive payment from, a suppleme	ntal nonqualified retirement plan?		4b		Νo
c	Participate in,	or receive payment from, an equity-b	ased compensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pr	ovide the applicable amounts for each item i	n Part III			
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organiza	tions must complete lines 5-9.				
5		ted on Form 990, Part VII, Section A contingent on the revenues of	, line 1a, did the organization pay or accrue	any			
а	The organization	on?			5a		Νo
b	Any related org	ganization?			5b		Νo
	If "Yes," on line	e 5a or 5b, describe in Part III					
6		ted on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a, did the organization pay or accrue	any			
а	The organization	on?			6 a		No
b	Any related org	janization?			6b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III					
7		ted on Form 990, Part VII, Section A described in lines 5 and 6? If "Yes," o	, line 1a, did the organization provide any no describe in Part III	n-fixed	7	Yes	
В			paid or accured pursuant to a contract that van Regulations section 53 4958-4(a)(3)? If "		8		No
9	If "Yes" on line	8. did the organization also follow th	e rebuttable presumption procedure describe	ed in Regulations			

section 53 4958-6(c)?

(ii)

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (1) compensation	(iı) Bonus & ıncentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 ROBERT BARRYCFO	(i)	148,659	0	0	3,887	19,108	171,654	0
	(ii)	0	0	0	0	0	0	0
2 CATHERINE MCCANN VP OF OPERATIONS	(i)	173,616	0	0	3,775	12,545	189,936	0
	(ii)	0	0	0	0	0	0	0
3 PHYLLIS DUNLOP VP DEVELOPMENT	(i)	157,354	0	0	2,695	14,927	174,976	0
	(ii)	0	0	0	0	0	0	0
4 KAMILI WILLIAMS VP AGENCY RELATIONS	(i)	132,666	0	0	3,960	14,024	150,650	0
	(ii)	0	0	0	0	0	0	0
5 Kathleen DichiaraPast CEO	(i)	175,267	0	0	10,000	21,600	206,867	
	(11)	86,489	0	0	0	0	86,489	

Schedule J (Form 990) 2015

rebuttable presumption

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference **Explanation**

THE ORGANIZATION'S BOARD OF directors HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY, outlined in schedule O , WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT AND senior management A REVIEW OF THE "TOTAL COMPENSATION" FOR EACH INDIVIDUAL IS MADE, WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED THE REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF ISENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING BUT NOT LIMITED TO THE PRESIDENT AND senior management. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING 1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2 THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3 THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION THE MEMBERS OF THE BOARD OF directors EACH ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE BOARD AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING BUT NOT LIMITED TO THE PRESIDENT AND senior management THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE PRESIDENT WITH ASSISTANCE FROM OTHER STAFF IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION OTHER OBJECTIVE FACTORS INCLUDE SALARY DATA FOR COMPARABLE POSITIONS. PERSONNEL REVIEWS AND EVALUATIONS Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE M**

DLN: 93493074010627

Noncash Contributions

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

2015

OMB No 1545-0047

Open to Public Inspection

Treasury

(Form 990)

► Attach to Form 990.

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

Department of the

Internal Revenue Service Name of the organization **Employer identification number** COMMUNITY FOOD BANK OF NEW JERSEY INC

22-2423882 Types of Property (b) (d) (a) (c) Number of contributions Method of determining Check Noncash contribution ıf or items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1 g Art—Works of art . . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household 1,150,041 AVG RETAIL FAIR Х 6 Cars and other vehicles 7 Boats and planes . . . Intellectual property . . 9 Securities-Publicly traded . 10 Securities—Closely held stock. 11 Securities—Partnership, LLC, or trust interests . . 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 73,311,933 FAIR VALUE **19** Food inventory . . Х 38,340,511 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . **25** Other ▶ (__ **26** Other ▶ (_____) **27** Other▶(_____ **28** Other ▶ (_____) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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 **b** If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990.

contributions?

b If "Yes," describe in Part II

Cat No 51227J

Schedule M (Form 990) (2015)

32a

Νo

Νo

Yes

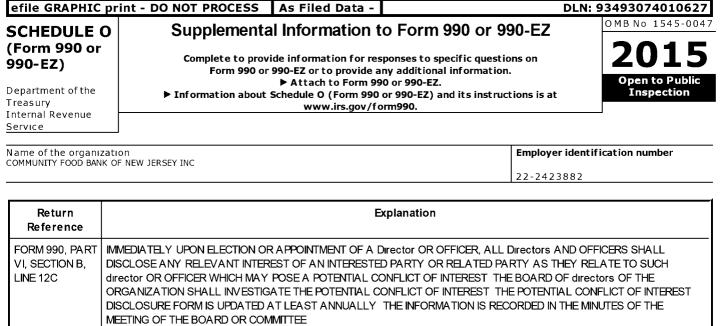
Schedule M (Form 990) (2015)

Page 2

Schedule M (Form 990) (2015)

Also complete this part for any additional information. Return Reference Explanation Schedule M, Part I, Column (B) THE ORGANIZATION USES POUNDS TO TRACK AND MEASURE THE DONATED FOOD within the

THE ORGANIZATION USES POUNDS TO TRACK AND MEASURE THE DONATED FOOD within the inventory system. The total amount of food inventory donated during the year ended June 30, 2016 was 29,077,355 pounds of donated product and 9,263,156 pounds of USDA commodities.



Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF directors THAT HAS AUTHORITY OVER FINANCIAL MATTERS OR THE COMMITTEE FORMED BY THE BOARD WILL MAKE RECOMMENDATIONS REGARDING COMPENSATION OF THE BOARD THE COMMITTEE MAY BE MADE UP ONLY OF DIRECTORS WHO HAVE NO CONFLICT OF INTEREST THE COMMITTEE'S RECOMMENDATIONS ARE BASED ON REASONABLY-AVAILABLE INFORMATION REGARDING COMPENSATION PAID BY AT LEAST THREE COMPARABLE ORGANIZATIONS IN THE SAME OR SIMILAR COMMUNITIES FOR SIMILAR POSITIONS INVOLVING SIMILAR SERVICES based on the review of salary information available on the Form 990 for these organizations. THE BOARD REVIEWS THE COMMITTEE'S RECOMMENDATIONS IN LIGHT OF THE COMMITTEE'S STATED REASONS AND ANY OTHER INFORMATION REASONABLY AVAILABLE REGARDING COMPARABLE POSITIONS AND COMPENSATION. THE BOARD'S DECISIONS AND REASONS FOR ITS DECISIONS ARE DOCUMENTED IN THE MINUTES OF THE BOARD.

Return Reference	Explanation
FORM 990, PART XII,	THE AUDIT COMMITTEE ASSUMES THE REPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF CFB NJ'S FINANCIAL
LINE 2C	STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT

Return Reference	Explanation
FORM 990, PART VIII LINE 1G	The value of donated food and commodities is calculated using an average wholesale cost per pound, which is based on an annual study prepared by Feeding America, the national organization of food banks country-wide and adjusted for regional costs

Return Reference	Explanation							
FORM 990, PART	THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTANT AND REVIEWED BY THE BOARD OF DIRECTORS COPIES							
VI, SECTION B,	OF THE TAX RETURN WILL BE PROVIDED TO THE MEMBERS OF THE AUDIT COMMITTEE IN ADVANCE OF THE MEETING							
LINE 11A	AT WHICH FORM 990 WILL BE REVIEWED AND CONSIDERED FOR RECOMMENDATION TO THE BOARD FOR APPROVAL							
	COPIES OF THE FORM 990 ARE PROVIDED TO ALL directors							

Return Reference	Explanation
FORM 990, PART VI,	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS WERE AVAILABLE
SECTION C. LINE 19	TO THE PUBLIC DURING THE TAX YEAR ON THE COMPANY'S WEBSITE

Return Reference	Explanation
FORM 990, PART III, LINE 4A	The Community FoodBank of New Jersey, a member of Feeding America, is the largest anti-hunger and anti-poverty organization in the state. With support from our donors, volunteers and hunger-fighting advocates, the FoodBank distributes millions of pounds of food every year among more than 1,000 nonprofit community partners including pantries, soup kitchens, emergency shelters, mobile pantries, and child and senior feeding programs. More than 4.7 million times a year, someone in need is fed by the Foodbanks network of partners. Through an array of services including feeding and job-training programs, as well as nutrition education and assistance, the FoodBank is the powerful change agent that provides the basic human essentials for people to thrive

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

DLN: 93493074010627 OMB No 1545-0047

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

Department of the Treasury

(Form 990)

► Attach to Form 990.

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

Internal Revenue Service Name of the organization **Employer identification number**

MMUNITY FOOD BANK OF NEW JERSEY INC				22-24238	82			
Part I Identification of Disregarded Entities Complet	te if the organization	answered "Yes" o	n Form 990, Pa	rt IV, line 33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Direct	(f) controlling entity		
Part II Identification of Related Tax-Exempt Organizations or more related tax-exempt organizations during the	ations Complete if	the organization an	swered "Yes" o	on Form 990, Pa	rt IV, line	34 because it	had on	е
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	rion Public charity (if section 501)		(f) Direct controlling entity	Section (13) c en	(g) n 512(b ontrolled stity?
1)CFB FOUNDATION INC 31 EVANS TERMINAL ROAD	FOOD	NJ	501(C)(3)	7	na		Yes	No No
HILLSIDE, NJ 07205 27-0458085								

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990	, Part IV,	, line 34
	because it had one or more related organizations treated as a partnership during the tax year.		

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or aging	(k) Percentage ownership
				314)			Yes	No		Yes	No	
											<u> </u>	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?		
								Yes	No	

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

No

Yes

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	No				
b Gift, grant, or capital contribution to related organization(s)				1b	No				
c Gıft, grant, or capital contribution from related organization(s)				1 c	No				
d Loans or loan guarantees to or for related organization(s)				1d	No				
e Loans or loan guarantees by related organization(s)				1e	No				
f Dividends from related organization(s)				1f	No				
g Sale of assets to related organization(s)				1g	No				
h Purchase of assets from related organization(s)									
i Exchange of assets with related organization(s)				1i	No				
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No				
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No				
l Performance of services or membership or fundraising solicitations for related organization(s)				11	No				
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	No				
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No				
o Sharing of paid employees with related organization(s)				1o Ye	5				
p Reimbursement paid to related organization(s) for expenses				1p	No				
${f q}$ Reimbursement paid by related organization(s) for expenses				1q Ye	5				
r Other transfer of cash or property to related organization(s)				1r	No				
s Other transfer of cash or property from related organization(s)				1s Ye	s				
2 If the answer to any of the above is "Yes," see the instructions for information on who must complet	 te this line, including co	overed relationships	and transaction thresholds	5					
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	mount involv	ed				
1)CFB Foundation	1Q	430,648	FMV						

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managıng partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No					
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