DLN: 93493056011130 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organization COMMUNITY FOOD BANK OF NEW JERSEY INC D Employer identification number B Check if applicable ☐ Address change 22-2423882 ☐ Name change % JEFF MOTT Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 31 EVANS TERMINAL ROAD ☐ Amended return ☐ Application pending (908) 355-3663 City or town, state or province, country, and ZIP or foreign postal code HILLSIDE, NJ $\,$ 07205 $\,$ G Gross receipts \$ 112,548,946 Name and address of principal officer H(a) Is this a group return for CARLOS M RODRIGUEZ □Yes ☑No subordinates? 31 EVANS TERMINAL ROAD H(b) Are all subordinates HILLSIDE, NJ 07205 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) ☐ 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www cfbnj org L Year of formation 1982 **M** State of legal domicile NJ K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities Our mission is to fight hunger & poverty in NJ by assisting those in need & seeking long-term solutions. We will engage, educate & empower all sectors of society in the battle Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 20 Number of independent voting members of the governing body (Part VI, line 1b) 5 226 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 41,910 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -57,869 b Net unrelated business taxable income from Form 990-T, line 34 7b -57.869 **Prior Year Current Year** 104,135,463 86,603,941 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 2,145,302 2,600,041 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 634,940 580,784 -57,869 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 22,141 107,258,419 89,406,324 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 71,242,736 79,168,785 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 11,034,087 12,553,786 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶3,555,336 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 7,288,190 8,133,402 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 89,565,013 99,855,973 19 Revenue less expenses Subtract line 18 from line 12 . -158,689 7,402,446 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 29,929,939 38,352,033 3,808,235 21 Total liabilities (Part X, line 26) . 3,613,289 22 Net assets or fund balances Subtract line 21 from line 20 . 34,543,798 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-01-27 Signature of officer Sign Here JEFFREY MOTT VP OF FINANCE Type or print name and title Date Print/Type preparer's name Preparer's signature PTIN Check I If P00521196 Paid self-employed Firm's name WithumSmithBrown PC Firm's EIN ▶ **Preparer** Use Only Firm's address ▶ ONE TOWER CENTER BLVD 14TH FL Phone no (732) 828-1614 EAST BRUNSWICK, NJ 08816 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

orm	990 (201	18)				Page 2
Pa	rt III 🥞	Statement of Program	Service Accomplis	hments		
		Check if Schedule O contains	a response or note to	any line in this Part III .		🗹
1		describe the organization's m		•		
WILL		, EDUCATE AND EMPOWER A			E IN NEED AND SEEKING LONG-TE FILL THE EMPTINESS CAUSED BY H	
2	Did the	organization undertake any	significant program ser	vices during the year wh	ıch were not listed on	
	the prio	r Form 990 or 990-EZ? .				🗌 Yes 🗹 No
		describe these new services				
3	Did the	organization cease conductir	g, or make significant	changes in how it conduc	cts, any program	
		? ' describe these changes on !	Schedule O			☐ Yes 🗹 No
4	Section		anizations are required	d to report the amount of	argest program services, as measu grants and allocations to others, t	
4a	(Code See Addı) (Expenses tional Data	\$ 93,857,870	including grants of \$	79,168,785) (Revenue \$	2,600,041)
4b	(Code) (Expenses	\$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses	\$	including grants of \$) (Revenue \$)
4d	Other p	rogram services (Describe in	Schedule O) Including grants of	· \$) (Revenue \$)
4e	Total p	rogram service expenses	93,857,8	370		

Form	990 (2018)			Page 3
Par	Checklist of Required Schedules			
	7 11 12 14 14 14 14 14 14 14 14 14 14 14 14 14	-	Yes	No
_	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 <i>Schedule B, Schedule of Contributors</i> (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? If "Yes," complete Schedule C, Part 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	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	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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	
	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 2	11c		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 🕏	11d		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	12a	Yes	
	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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule G, Part II	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		
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 accistance to or for democtic individuals on Bort IV	ı T		

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

Nο

22

Form	990 (2018)			Page 4
Pai	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No

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

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

36

37

38

Part V

35b

36

37

38

60

0

1a

Yes

Yes

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Nο

Nο

No

3	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	Ī
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
3	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6а	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b Gross income from other sources (Do not net amounts due or paid to other sources

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

d If "Yes," indicate the number of Forms 8282 filed during the year

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

If "Yes," did the organization notify the donor of the value of the goods or services provided?

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a Yes

7d

10a 10b

11a

11b

12b

13b

13c

7b

7с

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

Form **990** (2018)

Yes

Nο

No

No

orm	990 (2018)			Page 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to	lines
Se	ection A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20		Yes	No
	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 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization'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 power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	•
Ь	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, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			,
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt

Section 6104 requires an organization to make its Form 1023 (or 1024-A 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

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records

lacksquare Own website $\ \square$ Another's website $\ \square$ Upon request $\ \square$ Other (explain in Schedule O)

16b

Form **990** (2018)

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

policy, and financial statements available to the public during the tax year

▶JEFF MOTT 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205 (908) 355-3663

Section C. Disclosure

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20

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), (if the organization's current key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five current high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's former office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's former dir e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

Part VII

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

(A) (B) (C) (D) (E) (F)

Page 8

(A) Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, u n off	t che inles ficer	and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W	n amount of i compens (W- from t		ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		relat relat organiza	ed
See Additional Data Table												
-												
										_		
										-		
										+		
1b Sub-Total				•		•			<u> </u>			
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)	ert VII, Section			•		>		1,570,666	0			140,865
2 Total number of individuals (including of reportable compensation from the			e liste	ed at	bove	e) who	rece	eived more than \$1	00,000			
											Yes	No
3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>			ee, k	ey er •	mplo •	oyee,	or hi	ghest compensated	employee on	3		No
For any individual listed on line 1a, is organization and related organizations.									n the			,
individualDid any person listed on line 1a received	e or accrue cor	nnensat	ion fr	om :	• anv	unrela	· ·	organization or indi	· · · · ·	4	Yes	
services rendered to the organization								_		5		No
Section B. Independent Contract Complete this table for your five high		d inden	ender	nt co	ntra	ctors	that	received more than	\$100,000 of com	pens	sation	
from the organization Report comper											(C	·\
Name a	and business addre	ess						Desc temp staff	ription of services		Comper	
PO Box 829709 PHILADELPHIA, PA 19182								10111p 014111				
Creative Workforce Solutions LL, 17 Broadway - Ground Floor FLORHAM PARK, NJ 07932								Human Rese	ource			149,732
Daniel J Edelman Inc, 200 East Randolph Street CHICAGO, IL 60601								pr & market	ing			136,143
Amergent inc, 9 centennial drive									1	,203,314		
PEABODY, MA 01960 Network Doctor IT Solutions Servi, 600 Sylvan Avenue Suite 212								IT Services				543,761
ENGLEWOOD CLIFFS, NJ 07632 Total number of independent contractor	s (including but	not lim	uted +	o the	056	listed	ahov	(e) who received m	ore than \$100 000) of		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 5

Part		Statement of	Revenue									rage 3
		Check ıf Schedul	e O contains	a respo	onse or note to any	line in th	ııs Part VIII					🗹
							A) evenue	Rela ex fui	(B) ated or empt action	Unre bus	C) elated iness enue	(D) Revenue excluded from tax under sections
	1	a Federated campaig	ns	1a	l			re	/enue			512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues		1 b								
Gra not		c Fundraising events		1c	1,422,310							
, S		d Related organizatio		1d								
<u> </u>		e Government grants (co	ontributions)	1e	39,787,873							
ns, Sim		f All other contributions,			<u> </u>							
itio er (s		and similar amounts n above	ot ıncluded	1f	62,925,280							
턜		g Noncash contribution	ons included									
Contributions, and Other Sim					,251,879							
ۃ ت		h Total. Add lines 1a	-1f	•	•		04,135,463					
j					Business	Code	2 (70,062	2.07	0,062		
ven		PURCHASED FOOD REVI				624210		802,865		2,865		
Service Revenue		FOOD SERVICE TRAININ	NG PROGRAM FE	:ES		624210		227,114		7,114		
MCE	(OTHER PROGRAM FEES				624210		-27,114		7,117		
Ser	(d		_								
ram	•	_		_								
Program	f	f All other program se	rvice revenue	!	2	600,041		I_		I		L
		JTotal. Add lines 2a-2			<u> </u>							
		Investment income (ii similar amounts) .			interest, and other		240,92	o				240,920
		Income from investme		mpt b	ond proceeds	•		0				
	5	Royalties			•	•		0				
	_		(ı) Rea	l	(II) Personal	4						
	6	a Gross rents		81,336								
	ı	b Less rental expenses	1	.39,205								
		c Rental income or		-57,869		0						
		(loss)]						
	•	d Net rental income o			• • • •		-57,86	9			-57,869	
	7:	a Gross amount	(ı) Securi	ties	(II) Other	-						
	′`	from sales of assets other	4,8	304,276								
		than inventory										
	ı	b Less cost or other basis and	4.4	64,412		1						
		sales expenses	·	39,864		4						
		c Gain or (loss) d Net gain or (loss) .			<u> </u>	-	339,86	4				339,864
		Gross income from fi			<u> </u>	1	•	+				<u>'</u>
ne		(not including \$ contributions reporte										
V.€		See Part IV, line 18			686,910							
Re	ı	b Less direct expense	s	b	686,910							
Other Revenue		c Net income or (loss)			ents							
Ott	9;	Gross income from g See Part IV, line 19	amıng actıvıt	ies								
				а	C							
		b Less direct expense		b	С							
		c Net income or (loss) laGross sales of invent		activit	ies >			0		-		
	-0	returns and allowand]							
				a		_						
		b Less cost of goods s		b		<u>'</u>		0				
		Net income or (loss) Miscellaneous		inven	Business Code			+				
	1:	1a				1						
										\perp		
		b										
	•	с										
		d All other revenue . e Total. Add lines 11a				1				-		
								0		1		
	1.	2 Total revenue. See	instructions	• •	· · · •		107,258,41	9	2,600,04	1	-57,869	
												Form 990 (2018)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	nizations must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	79,168,785	79,168,785	3	
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,134,225	276,250	592,750	265,225
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	8,675,656	7,025,449	520,873	1,129,334
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	328,725	243,256	39,447	46,022
9 Other employee benefits	1,688,907	1,270,040	177,550	241,317
10 Payroll taxes	726,273	538,237	86,208	101,828
11 Fees for services (non-employees)				
a Management	0			
b Legal	52,593	4,321	39,203	9,069
c Accounting	88,796		88,796	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	43,211		43,211	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	962,283	508,801	348,970	104,512
12 Advertising and promotion	1,280,164		3,907	1,276,257
13 Office expenses	1,355,811	1,089,560	109,368	156,883
14 Information technology	1,224,764	1,035,923	105,445	83,396
15 Royalties	0			
16 Occupancy	1,023,169	958,081	32,184	32,904
17 Travel	765,410	739,488	19,961	5,961
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	30,414	19,565	8,501	2,348
20 Interest	0		0	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	868,279	799,425	34,427	34,427
23 Insurance	94,468	4,641	89,625	202
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 BANK FEES	64,289		16,117	48,172
L CTAFF GURDORT EVERNOES	256 004	176.040	62.274	17.470
b STAFF SUPPORT EXPENSES	256,801	176,048	63,274	17,479
c BAD DEBT EXPENSE	22,950		22,950	
d				
e All other expenses	20.055.055	00.057.057	2 = = =	2 === 25 =
25 Total functional expenses. Add lines 1 through 24e	99,855,973	93,857,870	2,442,767	3,555,336
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form **990** (2018)

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Page **11**

2.269.701

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423,457

3.808.235

32,119,182

2,424,616

34,543,798

38,352,033

Form **990** (2018)

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470,438

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23,470,349

2,831,301

26,316,650

29,929,939

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Form 990 (2018)

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Liabilities 22

Fund Balances

Assets or 30

Net

Grants payable . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Pa	art X	Check if Schedule O contains a response or not	e to ar	ov line in this Part IX			🔽		
		encertii senedale o contains a response of noc	ic to u	Ty line in chis i dicix i	(A) Beginning of year		(B) End of year		
	1	Cash-non-interest-bearing			2,077,393	1	2,540,985		
	2	Savings and temporary cash investments .			661,382	2	417,511		
	3	Pledges and grants receivable, net			1,612,990	3	1,046,232		
	4	Accounts receivable, net			1,393,111	4	3,149,948		
	5	Loans and other receivables from current and for trustees, key employees, and highest compensations Part II of Schedule L	nployees Complete	0	5	0			
s.	6 7	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	rsons (as defined under 8(c)(3)(B), and of section 501(c)(9) structions) Complete	0	6	0			
ssets	8	Inventories for sale or use		4.400.288		5,690,689			
Ą	9	Prepaid expenses and deferred charges		-	80.084	9	43.152		
	_	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	23,092,733					
	b	Less accumulated depreciation	10b	12,233,153	11,373,593	10 c	10,859,580		
	11	Investments—publicly traded securities .			6,014,929	11	10,811,916		
	12	Investments—other securities See Part IV, line	11 .		2,316,169	12	3,792,020		
	13	Investments—program-related See Part IV, line		0	13	0			
	14	Intangible assets		0	14	0			
	15	Other assets See Part IV, line 11	Other assets See Part IV, line 11						
	16	Total assets Add lines 1 through 15 (must equ	al line	341	29 929 939	16	38 352 033		

l	•					
ь	Less accumulated depreciation	10 b	12,233,153	11,373,593	10 c	
11	Investments—publicly traded securities .			6,014,929	11	
12	Investments—other securities See Part IV, line	11 .	[2,316,169	12	
13	Investments—program-related See Part IV, line	11 .		0	13	
14	Intangible assets		[0	14	
15	Other assets See Part IV, line 11		[0	15	
16	Total assets.Add lines 1 through 15 (must equa	al line	34)	29,929,939	16	
17	Accounts payable and accrued expenses			2,293,312	17	

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

3a

3b

Yes

Yes (2018)

Audit Act and OMB Circular A-133?

Additional Data

Software ID: Software Version:

THE COMMUNITY FOODBANK OF NEW JERSEY, A MEMBER OF FEEDING AMERICA, IS THE LARGEST ANTI-HUNGER AND ANTI-POVERY ORGANIZATION IN THE STATE (SEE

EIN: 22-2423882

Name: COMMUNITY FOOD BANK OF NEW JERSEY INC.

Form 990, Part III, Line 4a:

SCHEDULE O FOR DETAILS)

Form 990 (2018)

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

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

	any hours	and a director/trustee)						organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Josh Weinreich CHAIRMAN	4 0	×		×				0	0	0
Alan C Levitan VICE CHAIRMAN	20	×		×				0	0	0
Michael Rimland	2 0									

CHAIRMAN	1 0	*	X		J	
Alan C Levitan	2 0	,	,			
VICE CHAIRMAN	0 0	×	X		o o	
Michael Rimland	2 0	×	¥		0	
Treasurer	0 0	_ ^	^			
Robert H Doherty	2 0	×			0	

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and Independent Contractors

Director

DIRECTOR

Director

DIRECTOR

DIRECTOR

Karen Meleta

Michael A Ostroff

DIRECTOR - thru 1/2019

Antony J Ferolie

Ronald B Giles

Brian W Kronick Esq.

WENDY M LAZARUS

DIRECTOR - thru 6/2019

......

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

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

	any hours	and	a dır	ecto	or/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Judith A Spires	2 0	x						0	0	0
DIRECTOR	0 0									
SEKHAR RAMASWAMY	2 0	l								
DIRECTOR	0 0	×						0	0	0
JOSEPH F DEMPSEY JR	2 0	l		,					0	
SECRETARY	0 0	×		X				0	0	0
ALMA DEMETROPOLIS	2 0									

0

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SERVICE IN THE SERVICE		×			0	
DIRECTOR	0 0	·			3	
JOSEPH F DEMPSEY JR	2 0	~	Y		0	
SECRETARY	0 0	^	<		0	
ALMA DEMETROPOLIS	2 0					
	•••••	X			0	
DIRECTOR	0 0					

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and Independent Contractors

ANDREW FEDERBUSCH

Honorary Chairperson

DIRECTOR

JOSh WESTON

TOM UHLMAN

JILL GATEMAN

STEVEN JURELLER

DIRECTOR

DIRECTOR

DIRECTOR

Director

Chuck Salzman

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

56,717

78,801

53,271

135,865

120,380

0

0

0

139

7,434

3,163

8,583

7,168

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

and Independent Contractors

Terrence Williams

Jeannie Fournier

.........

VP of Programs

Andre Solomon

Debra Scheinholtz

Controller

VP of Human Resources

Richard Uniacke Former

VP of South Branch (Thru 5/18)

Director of Corporate Relation

	6,	 		,	,		(11, 2,4,000	(14) 2/4 000	
	for related organizations below dotted line)	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Karen Leies	40 0		×				268,058	0	29,838
VP of Development	0 0						ŕ		<u>'</u>
Tonya Walley VP of Operations (Thru 8/18)	40 0		x				115,227	0	6,425
Jeffrey Mott Vice President of Finance	40 0		х				184,822	0	8,186
Carlos M Rodriguez President	40 0		х				189,528	0	4,536

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			ı x	ı	I	184,822	(1	
Vice President of Finance	0 0		,,			10 1,022	J	
Carlos M Rodriguez	40 0		×			189,528	0	
President	0 0		,,					
David Goldstein	40 0		· ·			22.200		
VP of Operations (From 11/18)	0 0		X			23,200	0	

40 0

0.0 40 0

0 0 40 0

0.0 40 0

0 0

......

......

and Independent Contractors (A) Name and Title

Glen Hansen

Rachel Laibson

Major Gifts Officer

Director of Operations

Nadine Rosenbaum-Lehrer

Director of Development & Gift

nours per week (list any hours for related organizations below dotted line)
40 0
0 0
40 0
0 0

(B)

Average

Individual

40 0

0.0

.

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

Institutio

(C)

Position (do not check more than one box, unless person is both an officer and a director/trustee) t compens

Former

from the organization (W- 2/1099-MISC) 128,683 100,696

115,418

(D)

Reportable

compensation

(E)

Reportable

compensation

from related

organizations

(W- 2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related

organizations

22,917

15,340

27,136

SCHEDU Form 990 o 990EZ)		Com	plete if the o	Charity Staturganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) e mpt charitable 990 or Form 99	organization or trust. 10-EZ.	or a section 2018					
Department of the			► Go to	www.irs.gov/Form	<u>990</u> for the late	st information		Open to Public Inspection				
Name of the C	organizati		NC				Employer identific	cation number				
Part I R	loacon fo	r Bublic (harity Stat	us (All organization	c must comple	to this part \ C	22-2423882					
				us (All organization e it is (For lines 1 thro			see mstructions.					
1	church, coi	nvention of	churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).					
2	school des	cribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))						
3	hospital or	ospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
	medical resime, city, a		nization operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	Enter the hospital's				
		ion operated v). (Comple		t of a college or unive	rsity owned or of	perated by a gov	ernmental unit descr	ibed in section 170				
•	,,,,,,		,	governmental unit de	scribed in sectio	on 170(b)(1)(A	۱)(v).					
se	ction 170	(b)(1)(A)(vi). (Complete				ınıt or from the genei	ral public described in				
8	community	trust descr	ıbed ın sectio ı	n 170(b)(1)(A)(vi)	(Complete Part I	I)						
				escribed in 170(b)(1) lee instructions Enter				lege or university or				
fro in	om activitie vestment ii	es related to ncome and i	its exempt fur inrelated busir	(1) more than 331/3% nctions—subject to cer ness taxable income (le omplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross				
	•			d exclusively to test fo	r public safety S	ee section 509	(a)(4).					
⊔ m	ore publicly	supported /	organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(
a Ty	/pe I. A su ganization(pporting org	janization opei	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by					
	anagement	of the supp		pervised or controlled in ation vested in the sar and C.								
				supporting organizatio				ated with, its				
d 🗌 Ty	r pe III no nctionally i	n-function ntegrated	ally integrate he organizatio	ions) You must com d. A supporting organi n generally must satis rt IV, Sections A and	ization operated fy a distribution	in connection wi requirement and	th its supported orga					
e 🗌 Ch	neck this bo	ox if the org	anızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type I	II functionally				
	-		on-functionally organizations	integrated supporting	organization							
g Provide t	:he followir	ng informatio	on about the s	upported organization(s)		_					
	e of suppo ganization	rted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anızatıon lısted ıng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
otal												
	k Reducti	on Act Not	ice, see the I	nstructions for	Cat No 11285	5F :	Schedule A (Form 9	990 or 990-EZ) 201				

Page 2

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	91,696,623	92,823,313	104,190,707	86,603,941	104,135,463	479,450,047
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	91,696,623	92,823,313	104,190,707	86,603,941	104,135,463	479,450,047
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5						22,714,493
0	from line 4						456,735,554
	Section B. Total Support			•			
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d) 2017	(e)2018	(f) Total
7	Amounts from line 4	91,696,623	92,823,313	104,190,707	86,603,941	104,135,463	479,450,047
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	302,480	208,307	137,393	317,589	322,256	1,288,025
q	Net income from unrelated						

6	(f) Public support. Subtract line 5 from line 4						456,735,554
5	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d) 2017	(e)2018	(f)Total
7	Amounts from line 4	91,696,623	92,823,313	104,190,707	86,603,941	104,135,463	479,450,047
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	302,480	208,307	137,393	317,589	322,256	1,288,025
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital	271,230	536,123	481,196	41,716		1,330,265

	securities loans, rents, royalties and income from similar sources	302,480	208,307	137,393	317,589	3.	22,256	1,288,025
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	271,230	536,123	481,196	41,716			1,330,265
11	Total support. Add lines 7 through 10							482,068,337
12	Gross receipts from related activities,	etc (see instruction	ons)			12		12,448,507
13	First five years. If the Form 990 is for	or the organization	's first, second, th	nird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here						<u>. ▶ [</u>	<u> </u>
S	ection C. Computation of Publi	ic Support Perc	entage					
14	Public support percentage for 2018 (I	ine 6, column (f) d	ıvıded by line 11,	column (f))		14		94 745 %
15	Public support percentage for 2017 Sc	chedule A, Part II,	line 14			15		90 542 %
16a	33 1/3% support test—2018. If the	e organızatıon dıd ı	not check the box	on line 13, and lir	ne 14 is 33 1/3% o	r more, che	k this	box
Ь	and stop here. The organization qual 33 1/3% support test—2017. If the				and line 15 is 33 i	l/3% or mor	e, chec	► ✓ ck this
	box and stop here. The organization	n qualifies as a pub		ganization				▶ □

13 15 16 17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ightharpoonsorganization h 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly ▶□ supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018

P	art IIII Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	below, please co	omplete Part II.)	
30	Calendar year		43.50.5		412.004		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	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 The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year			I	T		
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
h	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							
	loss from the sale of capital assets						
13	(Explain in Part VI) Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	's fırst, second, tl	nird, fourth, or fift	:h tax year as a se	ction 501(c)(3) c	rganızatıon,
	check this box and stop here						▶ 🗆
Se	ection C. Computation of Public						
15	Public support percentage for 2018 (lin	ie 8, column (f) di	ivided by line 13,	column (f))		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ection D. Computation of Invest						
17	Investment income percentage for 201	1 8 (line 10c, colur	mn (f) divided by	line 13, column (f	())	17	
18	Investment income percentage from 2	017 Schedule A, ¹	Part III, line 17			18	
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s						▶ □
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	-			·		▶ □
20	Private foundation. If the organization		-				▶□
		AL GIG HOL CHECK O	. 20/ 011 11116 14, 1	a, or industrial	Callo DOX allu 366		

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 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 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 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 Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a 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 4b supervised by or in connection with its supported organizations

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 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 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 Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
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		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140
		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		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	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	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

Sched	ule A (Form 990 or 990-EZ) 2018			Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2

If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Additional Data

Software ID:

Software Version:

EIN: 22-2423882

Name: COMMUNITY FOOD BANK OF NEW JERSEY INC

Schedule A	(Form 990 or 990-EZ) 2018	Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional initiatructions)	IV, Section C, line 1, line 1e, Part V

Instructions)

Facts And Circumstances Test

SCHEDULE D

(Form 990)

Department of the Treasury

DLN: 93493056011130

OMB No 1545-0047

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.

Open to Public

ern	al Revenue Service	▶ Go to <u>www.irs.g</u>	<u>ov/Form990</u> for t	he latest information.		Ins	pection
	me of the organ	nization K OF NEW JERSEY INC			Employer id	lentification	number
201	AINONITY TOOD DAIN	NOT NEW JERSET INC			22-2423882		
Pa		zations Maintaining Donor Advis			r Accounts.		
	Comple	te if the organization answered "Ye		advised funds	(b)Fund	ds and other a	ccounts
	Total number at	end of year	(4) 201101	davised railes	(2), 4	as and serier a	
		of contributions to (during year)					
	Aggregate value	of grants from (during year)					
	Aggregate value	at end of year					
		ation inform all donors and donor adviso roperty, subject to the organization's ex			vised funds are		Yes 🗌 No
		ation inform all grantees, donors, and do oses and not for the benefit of the donor				ermissible	Yes 🗌 No
a	Conser	vation Easements. Complete if th	ie organization ar	nswered "Yes" on Forn	n 990, Part I\	V, line 7.	
	Purpose(s) of co	onservation easements held by the organ	าเzation (check all th	nat apply)			
	☐ Preservation	on of land for public use (e g , recreation	n or education)	Preservation of an	historically imp	portant land a	rea
	Protection	of natural habitat		Preservation of a c	ertified historic	c structure	
	☐ Preservation	on of open space					
	•	2a through 2d if the organization held a e last day of the tax year	qualified conservation	on contribution in the for		ation at the End of	the Year
а	Total number of	conservation easements			2a		
b	Total acreage re	stricted by conservation easements			2b		
c	Number of conse	ervation easements on a certified histori	c structure included	ın (a)	2c		
d		ervation easements included in (c) acqui in the National Register	red after 7/25/06, a	and not on a historic	2d		
	Number of cons tax year ►	ervation easements modified, transferre	d, released, extingu	iished, or terminated by	the organizatio	n during the	
	Number of state	es where property subject to conservatio	n easement is locati	ed ▶			
		ization have a written policy regarding that of the conservation easements it holds		ng, inspection, handling o	of violations,	☐ Yes	□ No
	Staff and volunt	teer hours devoted to monitoring, inspec	ting, handling of vic	plations, and enforcing co	onservation eas		
,	Amount of expe	enses incurred in monitoring, inspecting,	handling of violation	ns, and enforcing conserv	vation easemer	nts during the	year
}	Does each constand section 170	ervation easement reported on line $2(d)$ $1(h)(4)(B)(11)$?	above satisfy the re	equirements of section 1	70(h)(4)(B)(ı)	☐ Yes	□ No
	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easemen	footnote to the orga				
ar	_	zations Maintaining Collections te if the organization answered "Ye	•	-	er Similar A	ssets.	
a	art, historical tr	ion elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finan	public exhibition, ed	lucation, or research in f			orks of
b	historical treasu	ion elected, as permitted under SFAS 11 ires, or other similar assets held for publ nts relating to these items					
(i) Revenue includ	led on Form 990, Part VIII, line 1			▶ \$		
(i	i)Assets included	ın Form 990, Part X			- \$		
•	If the organizati	ion received or held works of art, historic nts required to be reported under SFAS :	· ·		· -	ride the	
2	-	ed on Form 990 Part VIII line 1	•		▶ ¢		

Par	t III	Organizations Ma	aintaining Col	lections o	f Art, Hist	orica	l Tı	reası	ıres, d	r Other	Similar A	ssets (con	tinued)	
3		the organization's acqu (check all that apply)	uisition, accessior	n, and other	records, che	eck an	y of	the fo	llowing	that are	a significant	use of its co	llection	
а		Public exhibition				d		Loan	or exc	nange pro	grams			
b		Scholarly research				e		Othe	r					
С		Preservation for future	generations											
4	Provid Part >	de a description of the o	organization's col	lections and	explain how	they	furth	ner the	e organ	ızatıon's e	exempt purpo	ose in		
5		ig the year, did the orga is to be sold to raise fun									mılar	☐ Yes		lo
Pai	rt IV	Escrow and Custon Complete of the organization (Complete of the Organization)			on Form 9	990, F	art	IV, lı	ne 9, (or report	ed an amo	unt on For	m 990,	Part
1a		e organization an agent, ded on Form 990, Part X		an or other	ıntermedıary	for co	ntrıl	bution	s or oth	ner assets	not	☐ Yes		lo
b	If "Ye	es," explain the arrange	ment ın Part XIII	and comple	ete the follow	/ing ta	ble					Amount		_
c		nning balance								1c				_
d	_	ions during the year								1d				_
e		butions during the year	•							1e				_
f		ng balance								1f				_
2a	Did +h	he organization include	an amount on Fo	rm 990 Par	+ X line 21	for es	row	or cu	stodial	account l	ability?	□ vos		_ a
		es," explain the arrange									•	_		10
	rt V	Endowment Fund												
r (e	1 C V	Endownient Fund	is. Complete ii	(a)Curren		(b)Prio				years back) Four yea	rs back
1a	Beginn	ing of year balance .		(a)curren	ic your	D J 1101		5,000	(0)1110	15,00		15,000	yr our yeu	15,000
b	Contrib	outions												
С	Net inv	estment earnings, gain	s, and losses											
d	Grants	or scholarships	•											
е		expenditures for facilitie ograms	es											
f	Admını	strative expenses .												
g	End of	year balance					15	5,000		15,00	0	15,000		15,000
2	Provid	de the estimated percer	ntage of the curre	nt year end	balance (lin	e 1g,	colui	mn (a)) held	as	•	•		
а	Board	d designated or quasi-er	ndowment 🟲											
b	Perm	anent endowment 🕨												
С	Temp	orarily restricted endow	vment 🟲											
	The p	ercentages on lines 2a,	2b, and 2c shou	ld equal 100)%									
3а		here endowment funds nization by	not in the posses	sion of the o	organization	that a	re h	eld an	d admı	nistered f	or the		Yes	No
	(i) ur	nrelated organizations				•						3a(i		No
		elated organizations .										3a(ii)	No
b ₄		es" on 3a(II), are the relation						· ·				. 3b		<u> </u>
4		ribe in Part XIII the inte			n s endowme	ent fur	as							
Pal	rt VI	Land, Buildings, a Complete if the org			" on Form ^o	990. F	art	TV. lı	ne 11a	a. See Fo	orm 990. Pa	art X. line	10.	
	Descri	ption of property			(b) Cost or o									
	Descii		(a) Cost or oth (investme		(b) Cost or o	ther ba	sıs (d	other)	(c) A	cumulated	depreciation	(d)	Book valu	e
1a					(B) Cost or o	ther ba			(c) Ac	ccumulated	depreciation	(d)		
	Land				(b) Cost or o	ther ba	1,32	28,100	(c) A	ccumulated		(d)		1,328,100 3,709,540
b	Land Buildin				(B) Cost or o	ther ba	1,32 6,18		(c) Ad	cumulated	2,474,974 3,717,328	(d)	:	1,328,100

234,785

10,859,580

1,843,952

2,078,737

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

	ee Form 990, Part X, line 12.	41.5	,
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
L) Financial de 2) Closely-held	erivatives		
Other O CORPORATE		3,792,020	F
) COMMUNIT		0	F
:)			·
D)			
≣)			
-)			
G)			
٦)			
) must equal Form 990, Part X, col (B) line 12)	3,792,020	
	nvestments—Program Related. Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, line 1	l1c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
1)			·
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
eart IX O	ther Assets. Complete if the organization answered (a) Description		/, line 11d See Form 990, Part X, line 15 (b) Book value
1)			
1)			
2)			
11) 22) 33)			
11) 22) 33) 44)			
11) 22) 33) 44) 55)			
1) 2) 3) 4) 5) 6)			
1) 2) 3) 4) 5) 5)			
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1) 2) 3) 4) 5) 6) 7) otal. (Column Part X O	(a) Description (b) must equal Form 990, Part X, col (B) line 15) ther Liabilities. Complete if the organization are Form 990, Part X, line 25.	nswered 'Yes' on Form	(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) otal. (Column Part X Or	(b) must equal Form 990, Part X, col (B) line 15) ther Liabilities. Complete if the organization are see Form 990, Part X, line 25. (a) Description of liability		(b) Book value
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1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Se 1) Federal inco 2) 3) 4) 5) 6)	(b) must equal Form 990, Part X, col (B) line 15) ther Liabilities. Complete if the organization are see Form 990, Part X, line 25. (a) Description of liability	nswered 'Yes' on Form	(b) Book value

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2b b 2c c

2a

2a 2b

2c

2d

4a

4b

Explanation

315.328

139,205

43,211

4c

5

2e

3

4c

5

Page 4

107,669,741

454,533

43,211

107,215,208

107,258,419

99,951,967

139,205

43,211

99.855.973

Schedule D (Form 990) 2018

99,812,762

d 2d 139.205 2e е

3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

4a 43,211

Investment expenses not included on Form 990, Part VIII, line 7b .

4b

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

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

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

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

b Add lines **4a** and **4b** c

Add lines **4a** and **4b**

5

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d

Net unrealized gains (losses) on investments

Schedule D (Form 990) 2018

Part XI

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID:

Software Version:

EIN: 22-2423882

Name: COMMUNITY FOOD BANK OF NEW JERSEY INC

Supplemental Information

Return Reference

Return Reference	Explanation
Schedule D, Part X, Line 2	The Food Bank is a not-for-profit organization exempt from Federal income taxes pursuant t o the provisions of Section 501(c)(3) of the Internal Revenue Code and from New Jersey Sta te income taxes under applicable state law Accordingly, no provision for Federal or state income taxes has been recorded in the statements of activities and changes in net assets Management has determined that there are no uncertain tax positions at the Food Bank as o f June 30, 2019 and 2018 The Food Bank has no income tax related penalties or interest for the periods reported in these financial statements

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 2d	Rental expense of \$139,205 was netted against income per 990 instructions

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

licensing

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-EZ, line 6a Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

DLN: 93493056011130

Open to Public Inspection **Employer identification number**

COM	MUNITY FOOD BANK OF NEW J	IERSEY INC						
							22-2423882	
Pa	Fundraising Activities Form 990-EZ filers	•	_		answered "Yes" on Fo	orm 990,	Part IV, line 1	7.
1	Indicate whether the organiza	ation raised funds th	rough an	y of the fo	ollowing activities Check	all that ap	pply	
a 🗹 Mail solicitations e 🗹 Solicitation of non-government grants								
ь	✓ Internet and email solicita	ations		f	✓ Solicitation of gov	ernment g	grants	
c	✓ Phone solicitations			g	✓ Special fundraisin	g events		
d	✓ In-person solicitations							
2a	Did the organization have a workey employees listed in Fo						_	es 🗌 No
b	If "Yes," list the ten highest p to be compensated at least \$			ndraisers)	pursuant to agreements	under wh		
(i) ¹	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont) Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col (i)	(vi) Amount paid to (or retained by) organization
	Amergent inc	MAILINGS	Yes	No				
	9 Centennial Drive	MAILINGS		No			1,203,314	
	Peabody, MA 01960						, ,	
Tota	al	I		•			1,203,314	
3	List all states in which the orga	nization is registered	d or licens	sed to sol	icit contributions or has b	een notifi	ed it is exempt f	rom registration or

che	dule G (Form 990 or 990-EZ) 2018					F	Page 3
.1	Does the organization conduct gaming	activities with nonmember	rs?		☐ Yes	□No	
.2	Is the organization a grantor, beneficia formed to administer charitable gaming		a member of a partnership or other entity		□Yes		
3	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the pers	son who prepares the orga	inization's gaming/special events books and r	ecords			
	Name ►						
	Address ►						
5a	Does the organization have a contract virevenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		ganization 🕨 \$ and th	ne			
С	If "Yes," enter name and address of the	e third party					
	Name ►						
	Address ▶						
6	Gaming manager information						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable d	istributions from the gaming proceeds to		Yes	□No	
b	Enter the amount of distributions requirements in the organization's own exempt activities.		uted to other exempt organizations or spent		53		
Pai	t IV Supplemental Informatio	n. Provide the explana	tions required by Part I, line 2b, column blicable. Also provide any additional info				 S.
_	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493056011130 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number COMMUNITY FOOD BANK OF NEW JERSEY INC 22-2423882 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018						Page 2				
Part IIII Grants and Other As	ssistance to	Domestic Individuonal space is needed	uals. Complete if the orga	anization answered "Yes"	on Form 990, Part IV, line 22					
(a) Type of grant or assist		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
(1)			1							
(2)										
(3)										
(4)										
(5)										
(6)										
(7)			 							
Part IV Supplemental	Information	on. Provide the in	iformation required in	Part I, line 2; Part III	I, column (b); and any other a	additional information.				
Return Reference	Explanatio	on								
Schedule I, Part I, Line 2	to suppleme allowed to n on a randon distributions	I 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 is supplement their food distribution operations. Employees make annual site visits to ensure that the regional food banks are operating as intended. Agencies that are lowed to make food purchases or receive food or commodities under the governmental programs are reviewed annually to ensure eligibility. Site visits are performed in 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 stributions are verified monthly to ensure that the purchases and distributions are appropriate for the type of agency operations. Agencies that do not meet the inpublity requirements or that do not stay in compliance will no longer be able to receive distributions or make purchases.								

Schedule I (Form 990) 2018

Additional Data

NONE

Elizabeth, NJ 07201

Software ID: Software Version: EIN: 22-2423882 Name: COMMUNITY FOOD BANK OF NEW JERSEY INC

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valua
organization		ıf applıcable	grant	cash	(book, FMV, appra
or government				assistance	other)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
	, =: =:::::			T	T		$\overline{}$	
(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		

od of valuation MV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		Food Distribution

or government			assistance	other)	
ATLANTIC CAPE FAMILY SUPPORT 950 TILTON ROAD UNIT 108 NONE NORTHFIELD, NJ 08225	01-0562891	501(C)(3)	38,696	FMV	Food Distribution
JEFFERSON PARK MINISTRIES 65 Jefferson Ave	01-0659307	501(C)(3)	43,065	FMV	Food Distribution

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 01-0793075 501(C)(3) 84.095 FMV Food Distribution SOC OF ST VINCENT DEPAUL 29 Abeel Street NONE New Brunswick, NJ 08901

DEEPER LIFE BIBLE CHURCH 02-0636780 501(C)(3) 217.037 FMV Food Distribution 23 South 20th Street

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

NONE Irvington, NJ 07111

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance IGLESIA CRISTIANA 03-0410632 501(C)(3) 204.000 FMV Food Distribution

NONE

ATLANTIC CITY, NJ 08401

EVANGELIO CO 49 S Day St NONE Orange, NJ 07050			,		
ALTMAN TERRACE 1000 ARCTIC AVE APT320	03-0539570	501(C)(3)	30,695	FMV	Food Distribution

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 06-1398645 501(C)(3) 60.552 FMV Food Distribution PANAMERICA ADVENTISTA 55 BIRCH STREET NONE VINELAND. NJ 08360

42.719 FMV

Food Distribution

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

501(C)(3)

06-1798430

HEAVEN'S HELPERS 393 Pearl St NONF

Woodbridge, NJ 07060

(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 (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 06-2517941 501(C)(3) 40.913 FMV Food Distribution SALVATION ARMY-BUENA 604 Central Avenue NONE

Minotola, NJ 08341

P'VILLE CTR HISPANIC
OUTREACH
316 MARTIN LUTHER KING JR
BLVD
NONE

Minotola, NJ 08341

501(C)(3)

99,214 FMV

Food Distribution

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

PLEASANTVILLE, NJ 08232

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 13-1659707 501(C)(3) 10.770 FMV Food Distribution OHEB SHALOM CONG

NONE South Orange, NJ 07079					
FAITH REFORMED CHURCH FOOD PANTRY 95 Washington Street NONE	13-3204416	501(C)(3)	33,769	FMV	Food Distribution

LODI, NJ 07644

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance NORTH SIDE FOOD PANTRY 13-3204416 501(C)(3) 25.248 FMV Food Distribution

90 Jefferson SPaterson 07522 NONE S Paterson, NJ 07522			·		
SRC FIVE LOAVES FOOD PANTRY ST	13-3204416	501(C)(3)	32,972	FMV	Food Disti

New Brunswick, NJ 08901

stribution 100 College Avenue NONE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance THE FIRST REFORMED 13-3204416 501(0)(3) 31 337 FMV Food Distribution

CHURCH FP 236 Washington St NONE Boonton, NJ 07005	13 3204410	301(0)(3)	31,337		Toda Bistribation
Bootitoii, 115 07 005					
PENTECOST FOOD PANTRY	13-3518705	501(C)(3)	41 140	I _{EMV}	Food Distribution

41,140|||| 201(C)(2) 576 Central Avenue suite 301 NONE

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

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 (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 13-3537709 501(C)(3) 14.035 FMV Food Distribution COVENANT HOUSE 929 ATLANTIC AVE NONE

ATLANTIC CITY, NJ 08401 COVENANT HOUSE - NJ 13-3537710 501(C)(3) 39.339 FMV

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

Newark, NJ 07102

Food Distribution 330 Washington St NONE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 13-3961739 501(C)(3) 9.451 FMV Food Distribution MT ZION UFW BAPTIST CHURCH

47 Beaver Avenue
NONE
Edison, NJ 08820

HOLY TRINITY-WEST ORANGE
13-5562208
501(C)(3)
21,338 FMV
Food Distribution
FOOD PANTRY
315 Main Street
NONE

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

West Orange, NJ 07052

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance WOOD CLIEF CHRISTIAN 12-5562225 E01/C1/31 56 380 EMV Food Dictribution

HARVEST 7605 Palisade Avenue NONE N Bergen, NJ 07047	13-3302223	301(0)(3)	30,300	T Priv	Tood bisaribation
SALVATION ARMY-BRIDGETON	13-5562351	501(C)(3)	65,997	FMV	Food Distribution

. (–) (–) PO BOX 212 NONE

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

BRIDGETON, NJ 08302

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance LINCOLN PARK FOOD PANTRY 13-5562351 501(C)(3) 11.805 FMV Food Distribution 10 Boonton Tpk NONE

10 Boonton | pk NONE Lincoln Park, NJ 07035

SALVATION ARMY - AC 13-5562351 501(C)(3) 203,913 FMV Food Distribution 22 SO TEXAS AVE

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

NONE

ATLANTIC CITY, NJ 08401

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SALVATION ARMY -13-5562351 501(C)(3) 42.421 FMV Food Distribution

BOUNDBROO 108 Hamilton St			,		
NONE Bound Brook, NJ 08805					
SALVATION ARMY - ELIZABETH	13-5562351	501(C)(3)	95,007	FMV	Food Distribution

1005 East Jersev St

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

NONE Elizabeth, NJ 07201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 13-5562351 501(C)(3) 45.400 FMV Food Distribution SALVATION ARMY - JERSEY CITY 562 Bergen Ave NONE

Jersey City, NJ 07304 13-5562351 43,448 FMV SALVATION ARMY - NEW 501(C)(3) Food Distribution BRNWK

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

287 Handy St NONE

New Brunswick, NJ 08901

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 13-5562351 501(C)(3) 65.060 FMV Food Distribution SALVATION ARMY - PASSAIC

550 Main Ave NONE Passaic, NJ 07055 SALVATION ARMY - PATERSON 13-5562351 501(C)(3) 31.484 FMV Food Distribution 541-545 W Broadway

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

NONE

Paterson, NJ 07509

(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 (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 13-5562351 501(C)(3) 79.887 FMV Food Distribution SALVATION ARMY - PERTH AMB 433 State St NONE

Perth Amboy, NJ 08861 13-5562351 501(C)(3) 26,278 FMV SALVATION ARMY -Food Distribution PLAINFIELD 615 Watchung Ave

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

NONE

Plainfield, NJ 07060

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SALVATION ARMY - WESTSIDE 13-5562351 501(C)(3) 26,139 FMV Food Distribution

699 Springfield Ave NONE Newark, NJ 07103					
SALVATION ARMY-EAST ORANGE 430 Main St	13-5562351	501(C)(3)	60,144	FMV	Food Distribution

NONE

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 (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SALVATION ARMY--KEARNY 13-5562351 501(C)(3) 39.005 FMV Food Distribution

443 Chestnut Street NONE Kearny, NJ 07032					
SALVATION ARMY-NEWARK CENT	13-5562351	501(C)(3)	42,097	FMV	Food Distribution

45 Central Ave NONE

Newark, NJ 07102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 13-5562351 501(C)(3) 260.722 FMV Food Distribution SALVATION ARMY-VINELAND PO BOX 354 NONE

NONE VINELAND, NJ 08360

SAINT VINCENT SOCIETY OF NORTH PLAINFIELD 99 Westervelt Avenue NONE NONE SAINT VINCENT SOCIETY OF NONE SOCIETY OF NON

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

Plainfield, NJ 07060

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 13-5563018 501(C)(3) 182.196 FMV Food Distribution CALVARY BAPTIST CHURCH 66 So Grove Street

NONE East Orange, NJ 07018					
FIRST BAPTIST CHURCH- HILLSIDE 166 Hillside Ave	13-5563018	501(C)(3)	113,839	FMV	Food Distribution

NONE Hillside, NJ 07205

(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 (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 13-5563018 501(C)(3) 76.498 FMV Food Distribution FIRST BAPTIST CRANFORDELIZABETH 402 Union Avenue NONE Elizabeth, NJ 07208

14,713 FMV

Food Distribution

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

501(C)(3)

GREATER ABYSSINIAN

BAPTIST CHU 88 Lyons Ave NONE

Newark, NJ 07112

13-5563018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance HAITIAN BAPTIST CHURCH OF 13-5563018 501(C)(3) 59.367 FMV Food Distribution THE CROSSROADS 202 S 12TH STREET 34,162 FMV 13-5563018 501(C)(3) Food Distribution

NONE Newark, NJ 07107 MANNA FROM HEAVEN FOOD PANTRY 324 Monroe Ave NONE

Plainfield, NJ 07063

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 13-5563018 501(C)(3) 36.300 FMV Food Distribution MT ZION BAPTIST CHURCH

208 Broadway
NONE
Newark, NJ 07104

ST JOHN BAPTIST CHURCH 13-5563018 501(C)(3) 12,160 FMV Food Distribution

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

NONE

Newark, NJ 07103

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 501(C)(3) 37,252 FMV Food Distribution GLORIOUS BLESSED 14-1861103

PATH STONE INC	16-0984913	501(C)(3)	18,539	FMV	Food Distr
ASSURANCE CHU 100 Ocean Avenue NONE Jersey City, NJ 07305					

NONE

HAMMONTON, NJ 08037

stribution 334 NO WASINGTON STREET

(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 if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance LIVING WATER FAMILY BIBLE 16-1634614 501(C)(3) 5,532 FMV Food Distribution CENTER

104 Union Street NONE Carteret, NJ 07008					
NEWARK HOUSING AUTHORITY - BAXTER TERRACE ELDERLY 25 Summit Street	16-1634859	501(C)(3)	8,184	FMV	Food Di

Distribution NONE Newark, NJ 07103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 16-1635480 501(C)(3) 10.643 FMV Food Distribution NEWARK HOUSING AUTHORITY 130 Davton Street

130 Dayton Street
NONE
Newark, NJ 07114

THE NWK HOUSING AUTHSTEPHEN C
815 Franklin Ave

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

NONE

Newark, NJ 07107

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SALVATION ARMY - SALEM 18-5582331 501(C)(3) 70.739 FMV Food Distribution

NONE Salem, NJ 08079					
NEW DESTINY COMM DEVELOPMENT	20-1016554	501(C)(3)	20,632	FMV	Food Distribution

NONE

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

Roselle, NJ 07203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance JUMP START 20-1127490 501(C)(3) 56.079 FMV Food Distribution 411 Chamberlain Avenue

NONE Paterson, NJ 07502 FRANCISCAN CHARITIES 20-1557589 501(C)(3) 106.994 FMV Food Distribution

103 16th Ave NONE

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

Newark, NJ 07103

(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 if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 20 4727067 E04/61/01 24 020 514

210 Meadowlands Parkway NONE Secaucus, NJ 07094	20-1/3/86/	501(C)(3)	21,838	FIMO	Food Distribution
MOUNT PISGAH AME FOOD	20-2109849	501(C)(3)	24,734	FMV	Food Distribution

Jersey City, NJ 07304

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 20-2180471 501(C)(3) 241.463 FMV Food Distribution GRANDPARENTS RELATIVES CARE

304-306 Hamilton Ave. NONE Paterson, NJ 07501 68,813 FMV ST PETERS COMMUNITY DEV 20-2884675 501(C)(3) CORP

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

Food Distribution 505 Main Street NONE Spotswood, NJ 08884

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance NEW HOPE COMM FOOD 20-2893390 501(C)(3) 11.640 FMV Food Distribution DANITON

331 North 11th Street NONE Prospect Park, NJ 07508					
CIRCLE OF LIFE	20-5169061	501(C)(3)	36,943	FMV	Food Distribution

Newark, NJ 07108

55 Reeves Pl NONE

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance PREMIER COMMUNITY 20-8296546 501(C)(3) 15.138 FMV Food Distribution

NONE

PLEASANTVILLE, NJ 08232

NEIGHBORLY NEEDS INC 124 TREMONT AVENUE	20-8920963	501(C)(3)	8,502	FMV	Food Distribution
543 West 3rd Street NONE Plainfield, NJ 07060					
DEVELOPMENT CORP					

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 21-0634592 501(C)(3) 24.299 FMV Food Distribution ST ANDREWS EPISCOPAL CHURCH 186 EAST COMMERCE STREET NONE

186 EAST COMMERCE STREET
NONE
BRIDGETON, NJ 08302

ST VINCENT DEPAUL MAYS
LANDING
5021 HARDING HIGHWAY

186 EAST COMMERCE STREET
NONE
BRIDGETON, NJ 08302

Food Distribution

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

NONE

MAYS LANDING, NJ 08330

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 21-0634592 501(C)(3) 33.281 FMV Food Distribution CHRIST CHURCH FOOD PANTRY 5 Paterson Street NONE

48,982 FMV

Food Distribution

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

501(C)(3)

NONE
New Brunswick, NJ 08901

CHURCH OF EPIPHANY
OUTREACH
105 Main St

NONE

Orange, NJ 07050

21-0634592

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance INTERFAITH FOOD PANTRY OF I 21-0634592 501(C)(3) 63.896 FMV Food Distribution

183 Rector St NONE

Perth Amboy, NJ 08861

THE ORANGES 105 Main St NONE Orange, NJ 07050					
PETER'S PANTRY	21-0634592	501(C)(3)	32,617	FMV	Food Distribution

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SAINT JOSEPHS EPISCOPAL 21-0634592 501(C)(3) 12.905 FMV Food Distribution

650 Rahway Ave

Woodbridge, NJ 07095

NONE

TRINITY EPISCOPAL CHURCH	21-0634592	501(C)(3)	27,807	FMV	Food Distribution
CHURCH 38 West End Place NONE Elizabeth, NJ 07202					

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 21-0637390 501(C)(3) 65,191 FMV Food Distribution VINELAND MINISTERIUM

NONE VINELAND, NJ 08360					
FIRST UNITED METHODIST CHURCH 266 E COMMERCE STREET NONE	21-0643021	501(C)(3)	70,889	FMV	Food Distribution

Bridgeton, NJ 08302

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance TOUR WESTEV HINTTED 21-06/2021 E01/C1/31 26 415 EMV Food Dictribution

500 NO CONNECTICUT AVE

ATLANTIC CITY, NJ 08401

NONE

METHODIST 90 MATTHEW BROWN WAY NONE BRIDGETON, NJ 08302	21-00-3021	301(0)(3)	20,413	THV	Tood Distribution
UNION BAPTIST TEMPLE	21-0730898	501(C)(3)	9,172	FMV	Food Distribution

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 21-0733950 501(C)(3) 5.734 FMV Food Distribution COMMUNITY PRESBYTERIAN CHURCH 1501 W BRIGANTINE AVE NONE BRIGANTINE, NJ 08203

102,728 FMV

Food Distribution

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

501(C)(3)

ST MATTHEW'S LUTHERAN

Jersey City, NJ 07302

CHURCH 85 Wayne Street

NONE

21-2723312

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 21-6018574 501(C)(3) 52.826 FMV Food Distribution MORAVIAN CHURCH

245 BOSTON AVE NONE EGG HARBOR CITY, NJ 08215 CATHOLIC CHARITIES - AC 22-1224777 501(C)(3) 12.088 FMV Food Distribution

9 NORTH GEORGIA AVE NONE

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

ATLANTIC CITY, NJ 08401

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance GOODWILL RESCUE MISSION 22-1487207 501(C)(3) 63,683 FMV Food Distribution

SALVATION ARMY - DOVER	22-1489911	501(C)(3)	32,338	FMV	Food Distribution
INC 79 University Ave NONE Newark, NJ 07107					

/6 N Bergen St NONE

Dover, NJ 07801

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 22-1551927 501(C)(3) 14.270 FMV Food Distribution COMMUNITY CONGREGATIONAL CHURCH 200 Hartshorn Drive

200 Hartshorn Drive
NONE
Short Hills, NJ 07078

OUR LADY OF SORROWSMARY
HOUSE
93 Clerk St
NONE

Pood Distribution

Food Distribution

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

Jersey City, NJ 07305

(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 if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 22-1761128 501(C)(3) 124,977 FMV Food Distribution UNITED COMMUNITY CORPORATION

332-334 S 8th St NONE Newark, NJ 07103					
HILLTOP HAVEN FAMILY SHELTER (PATERSON TASK FORCE) 36-38 Circle Avenue	22-1766323	501(C)(3)	17,318	FMV	Food Distribution

NONE Paterson, NJ 07522

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance UKRAINIAN EVANGELICAL OF 22-1770826 501(C)(3) 57,176 FMV Food Distribution

FOCUS	22-1839206	501(C)(3)	37,613	FMV	Food Distribution
GOD 2208 Stanley Ter NONE Union, NJ 07083					

441-443 Broad St NONE

Newark, NJ 07102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-1901742 501(C)(3) 122,574 FMV Food Distribution JOHN BROOKS RECOVERY

CENTER 1315 PACIFIC AVENUE NONE ATLANTIC CITY, NJ 08401

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

Jersey City, NJ 07306

Food Distribution OLD BERGEN CHURCH 22-1903142 501(C)(3) 14,526 FMV 1 Highland Ave NONE

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance **NEW COMMUNITIES CORP -**22-1911104 501(C)(3) 64,563 FMV Food Distribution

SENIOR 220 Bruce St NONE Newark, NJ 07103					
DAMON HOUSE	22-1918234	501(C)(3)	27.801	I _{FMV}	Food D

New Brunswick, NJ 08901

d Distribution 301(0)(3) 105 Joyce Kilmer Ave NONE

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance FISH INC 22-1923766 501(C)(3) 23.041 FMV Food Distribution 4E6 Now Market Pd

NONE Piscataway, NJ 08854					
WILLING HEART CTR- METROPOLITAN 555 Martin Luther King Blvd	22-1937486	501(C)(3)	166,399	FMV	Food Distribution

NONE

Newark, NJ 07103

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-1942357 501(C)(3) 135.461 FMV Food Distribution GATEWAY FOOD PANTRY 65 MANHEIM AVENUE

NONE BRIDGETON, NJ 08302					
PUERTO RICAN ASSOCIATION FOR HUMAN DEVELOPMENT IN 98 First Street	22-2026610	501(C)(3)	23,097	FMV	Food Distribution

NONE Perth Amboy, NJ 08861

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 22-2091948 501(C)(3) 266.031 FMV Food Distribution BETHEL COMMANDMENT CHURCH PO BOX 67 NONE WHITESBORO, NJ 08252

51,433 FMV

Food Distribution

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

501(C)(3)

THESSALONIANS COMMUNITY

OUTREACH CENTER 409-413 Ocean Avenue

Jersey City, NJ 07305

NONE

22-2095254

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance JESUS IS LORD 22-2100287 501(C)(3) 63.933 FMV Food Distribution 201-223- Spring Street

NONE Elizabeth NJ 07201 JEWISH FAMILY SERVICE 22-2119902 501(C)(3) 11.161 FMV

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

Food Distribution 607 N JEROME AVE NONE MARGATE, NJ 08402

(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 (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 22-2135863 501(C)(3) 162,427 FMV Food Distribution FIRST CORINTHIANS BAPTCHURCH 595 South 10th Street NONE

17,088 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

516 Bergen Street

Newark, NJ 07108

2-25

NONE

JAMES C WHITE MANOR NJ

22-2137965

(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 (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 22-2151924 501(C)(3) 46.489 FMV Food Distribution CHURCH OF THE ETERNAL GOD 190 Highland Avenue

NONE Newark, NJ 07104 37,195 FMV BRIDGETON UNION BAPTIST 22-2174978 501(C)(3) Food Distribution TEMPLE 24 SOUTH PINE STREET

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

NONE BRIDGETON, NJ 08302

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-2189072 501(C)(3) 405.642 FMV Food Distribution CENTER FOR FOOD ACTION 192 W Demarest Avenue

NONE Englewood, NJ 07631					
CENTER FOR FOOD ACTION NORTHWE 90 Ridge Road NONE	22-2189072	501(C)(3)	54,658	FMV	Food Distribution

Mahwah, NJ 07430

(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 (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 22-2191674 501(C)(3) 17.582 FMV Food Distribution NEWARK EMERGENCY SERVICES 982 Broad St

982 Broad St NONE Newark, NJ 07102

FAMILY SUCCESS CENTER 22-2226231 501(C)(3) 18,051 FMV Food Distribution CAPE MAY 1046 B RTE 47

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

NONE

RIO GRANDE, NJ 08242

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance REVIVAL TEMPLE 22-2229868 501(C)(3) 69.027 FMV Food Distribution 81-85 16th Ave

NONE Newark, NJ 07103					
CONCERNED CITIZENS OF WHITESBORO 100 EAST MAIN STREET NONE	22-2241934	501(C)(3)	15,458	FMV	Food Distribution

WHITESBORO, NJ 08252

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-2281774 501(C)(3) 20.380 FMV Food Distribution PARK AVE PANTRYBNAI

ST ANDREWS	22-2282866	501(C)(3)	113.868	EMV	Food Distribution
ISREAL 565 Broadway NONE Passaıc, NJ 07055			,		

301(0)(3)

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

936 BALTIC AVE NONE

ATLANTIC CITY, NJ 08401

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-2285212 501(C)(3) 41.044 FMV Food Distribution MOUNT ZION BAPTIST CHURCH

61 Richards Avenue NONE Dover, NJ 07801					
LOVE OF JESUS FOOD PANTRY	22-2294015	501(C)(3)	40,649	FMV	Food Distribution

385 Broadway NONE Paterson, NJ 07501

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-2294015 501(C)(3) 298.589 FMV Food Distribution LOVE OF JESUS MINISTRIES 448 Highland Avenue

 448 Highland Avenue
 NONE

 NONE
 Orange, NJ 07050

 THE SOAR CHURCH PO BOX 512
 22-2295177
 501(C)(3)

 52,635
 FMV
 Food Distribution

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

NONE

WOODBINE, NJ 08270

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SOLID ROCK BAPTIST CHURCH 22-2305385 501(C)(3) 115,582 FMV Food Distribution

644 Chancellor Avenue NONE Irvington, NJ 07111					
FIRST HOPEWELL BAPTIST CHURCH 525 Orange St	22-2313428	501(C)(3)	47,240	FMV	Food Distribution

NONE Newark, NJ 07107

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance MT OLIVE CHURCH OF GOD 22-2321231 501(C)(3) 64.069 FMV Food Distribution 24 Cleveland St

NONE Orange, NJ 07050 PRAISE TABERNACLE 22-2333902 501(C)(3) 46.263 FMV Food Distribution 2235 OCEAN HEIGHTS AVE

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

NONE EGG HARBOR TWP, NJ 08234

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-2348389 501(C)(3) 35,913 FMV Food Distribution TRUE WITNESS OF JESUS

WOMEN AWARE INC	22-2374378	501(C)(3)	8 652	EM\/	Food D
CHRST FP 234 Godwin Ave NONE Paterson, NJ 07544					

New Brunswick, NJ 08903

Food Distribution MONIEM WANTE THE 201(C)(2) 0,032 | FINV 286 Livingston Avenue NONE

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance LET'S CELEBRATE 22-2400132 501(C)(3) 87.840 FMV Food Distribution 46-48 Fairview Ave NONE

Jersey City, NJ 07304 HELPING HANDS AND EARS 22-2403113 501(C)(3) 17.752 FMV Food Distribution

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

Orange, NJ 07050

32 Park St NONE

(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 if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance FRANKLIN TWP FOOD BANK 22-2406472 501(C)(3) 269,061 FMV Food Distribution INC

PO BOX 333 NONE Somerset, NJ 08875					
COALITION AGAINST RAPE & ABUSE PO BOX 774 NONE CAPE MAY COURTHOUSE, NJ	22-2407639	501(C)(3)	22,741	FMV	Food Distribution

08210

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-2424542 501(C)(3) 42.375 FMV Food Distribution EVA'S KITCHEN

393 Main St NONE Paterson, NJ 07505 GRACE ASSEMBLY OF GOD 22-2426902 501(C)(3) 7.971 FMV Food Distribution

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

ABSECON, NJ 08201

927 NAVAJO AVENUE NONE

(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 (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 22-2437978 501(C)(3) 60.047 FMV Food Distribution FAITH FELLOWSHIP WORLD OUTREAC 2707 Main St

NONE
Sayreville, NJ 08872

ST JAMES SOCIAL SERVICE
CORP
588 Martin Luther King Blvd
NONE

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

Newark, NJ 07102

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance MAIN ST PANTRY 22-2470839 501(C)(3) 41.124 FMV Food Distribution COLL MAKEL CT

NONE MAYS LANDING, NJ 08330					
EL CENTRO HISPANOAMERICANO 525 E Front Street	22-2487067	501(C)(3)	40,084	FMV	Food Distribution

NONE

Plainfield, NJ 07060

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-2491056 501(C)(3) 36.019 FMV Food Distribution ST JAMES AME CHURCH 1743 BACHARACH BLVD NONE

39.528 FMV

Food Distribution

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

501(C)(3)

ATLANTIC CITY, NJ 08401
THE LENNARD CLINIC INC

461 Frelinghuysen Ave

Newark, NJ 07114

NONE

22-2511850

(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 (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 22-2547030 501(C)(3) 34.843 FMV Food Distribution CHRIST THE GOOD SHEPHERD PARISH 1655 MAGNOLIA ROAD

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

MARMORA, NJ 08223

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 22-2582816 501(C)(3) 51.964 FMV Food Distribution SPIRIT AND TRUTH MINISTRIES POBOX 89 NONE

VINELAND, NJ 08362 501(C)(3) 81,172 FMV CALVARY CHAPEL OF OLD 22-2603508 BRIDGE

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

Food Distribution 135 White Oak Lane NONE Old Bridge, NJ 08857

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CLEARVIEW BAPTIST CHURCH 22-2610331 501(C)(3) 40.328 FMV Food Distribution 314-320 Hobson St

64.840 FMV

Food Distribution

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

501(C)(3)

NONE
Newark, NJ 07112

ST PAUL TABERNACLE 22-2621134
530-532 Clinton Avenue

NONE

Newark, NJ 07108

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-2621724 501(C)(3) 30.767 FMV Food Distribution NEW CHRISTIAN BAPTIST CHILIDOLL

16-18 Bridge St NONE Paterson, NJ 07501					
EMANUEL BAPTIST CHURCH	22-2623422	501(C)(3)	35,698	FMV	Food Distribution

230 Chancellor Avenue NONE

Newark, NJ 07112

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-2637121 501(C)(3) 80.770 FMV Food Distribution HOUSE OF MERCY MISSION 573 Springfield Ave

NONE
Newark, NJ 07103

GOSPEL TABERNACLE 22-2685236 501(C)(3) 81,673 FMV Food Distribution 5029 Kennedy Blvd

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

NONE

North Bergen, NJ 07047

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance SJ AIDS ALLIANCE - ATLANTIC 22-2686586 501(C)(3) 14.012 FMV Food Distribution

19 GORDONS ALLEY NONE ATLANTIC CITY, NJ 08401					
AIDS RESOURCE FOUNDATION FOR C 75-77 Academy Street	22-2696986	501(C)(3)	35,300	FMV	Food Distribution

NONE

Newark, NJ 07102

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ISAIAH HOUSE 22-2699121 501(C)(3) 135,091 FMV Food Distribution

85 N 14th Street NONE East Orange, NJ 07017					
NEWARK TRANSITIONAL PROGRAM 212 Peshine Ave	22-2730393	501(C)(3)	20,776	FMV	Food Distribution

NONE

Newark, NJ 07108

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-2764979 501(C)(3) 36.321 FMV Food Distribution VENICE PARK FOOD PANTRY 2005 MORNING SIDE AVENUE

NONE Atlantic City, NJ 08401 BUDDIES OF NEW JERSEY INC 22-2767627 501(C)(3) 23.257 FMV 149 Hudson St

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

Hackensack, NJ 07601

Food Distribution NONE

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-2769711 501(C)(3) 46.447 FMV Food Distribution ST PETER'S HAVEN 380 Clifton Ave NONE

14.506 FMV

Food Distribution

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

501(C)(3)

Clifton, NJ 07011 STRENGTHEN OUR SISTER PO Box 1089

Hillside, NJ 07205

NONE

22-2858735

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Corinthian Baptist Chruch 22-2869284 501(C)(3) 5.043 FMV Food Distribution

130 Bergen Ave NONE Jersey Cıty, NJ 07305		, , , ,	·		
DAMASCUS CHRISTIAN CHURCH	22-2877636	501(C)(3)	50,415	FMV	Food Distribution

114-120 Logan Avenue NONE Jersey City, NJ 07306

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-2888758 501(C)(3) 82.815 FMV Food Distribution EMMANUEL CHURCH OF

BROADWAY HOUSE	22-2903536	501(C)(3)	47,590	FMV	Food Distribution
54 Irvine Turner Blvd NONE Newark, NJ 07103					

298 Broadway NONE

Newark, NJ 07104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 22-2956237 501(C)(3) 45.592 FMV Food Distribution CHRISTIAN FELLOWSHIP CENTER 343-359 Van Houten Street NONE Paterson, NJ 07501 168,623 FMV PALISADES EMERGENCY 22-2985600 501(C)(3) Food Distribution

RESIDENCE 108 36th Street NONE

Union City, NJ 07087

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 22-3019594 501(C)(3) 43.017 FMV Food Distribution GREATER MT MORIAH HOME FOREIG 210 Clinton Avenue NONE

35,675 FMV

Food Distribution

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

501(C)(3)

NONE
Newark, NJ 07108

NEW EPHESUS BAPTIST
CHURCH
175 Brookwood St

East Orange, NJ 07018

NONE

22-3043796

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ELIJAH'S PROMISE 22-3055539 501(C)(3) 45.637 FMV Food Distribution 18 Neilson Street NONE

NONE
New Brunswick, NJ 08901

HUMAN NEEDS FOOD PANTRY 22-3057065 501(C)(3) 319,783 FMV Food Distribution 9 Label Street

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

NONE

Montclair, NJ 07042

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ST PAUL'S COMMUNITY CORP 22-3075855 501(C)(3) 129,471 FMV Food Distribution 451 Van Houten St

 NONE Paterson, NJ 07501
 State St

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

Belleville, NJ 07109

(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 if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance CHRISTIAN PENTECOSTAL 22-3127350 501(C)(3) 49.430 FMV Food Distribution CHURCH

Linden, NJ 07036

11 Aspen Place 3G NONE Passaic, NJ 07055					
HAITIAN PENTECOSTAL CHURCH & HOME OF HOPE WORLDWID 431 Maple Ave NONE	22-3142926	501(C)(3)	37,916	FMV	Food Distribution

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance PEACEFUL ZION BAPTIST 22-3148004 501(C)(3) 52.730 FMV Food Distribution CHURCH

213 Rhode Island Ave NONE East Orange, NJ 07018					
POSITIVE HEALTH CARE INC	22-3153632	501(C)(3)	83,689	FMV	Food Distribution

333 Washington St NONE

Newark, NJ 07102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-3161537 501(C)(3) 12.789 FMV Food Distribution HANSEN HOUSE MEN 542 NO WEST BLVD

Food Distribution

542 NO WEST BLVD
NONE
Vineland, NJ 08360

HENDRICK'S HOUSE 22-3161537 501(C)(3) 17,670 FMV
542 NORTH WEST BLVD

NONE

VINELAND, NJ 08360

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 22-3174286 501(C)(3) 80.253 FMV Food Distribution HOBOKEN COALITION SHELTER 300 Bloomfield St Food Distribution

NONE Hoboken, NJ 07030 59,330 FMV HOGAR CREA OF PERTH 22-3188864 501(C)(3) AMBOY 687 Cortland Street

NONE

Perth Ambov, NJ 08861

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance A HEART 22-3190855 501(C)(3) 49.487 FMV Food Distribution 207 ATLANTIC AVE

207 ATLANTIC AVE
NONE
Egg Harbor City, NJ 08215

HOLY REDEEMER 22-3197910 501(C)(3) 107,777 FMV Food Distribution

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

NONE

SWAINTON, NJ 08210

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-3204744 501(C)(3) 52.531 FMV Food Distribution IMANI BAPTIST CHURCH 113-117 Elmwwod Ave NONE

15.671 FMV

Food Distribution

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

501(C)(3)

NONE
East Orange, NJ 07017

CATHOLIC CHARITIES 22-3211567
114 STATE ST

PENNS GROVE, NJ 08069

NONE

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-3238015 501(C)(3) 25.149 FMV Food Distribution IGREJA EVANGELICA VIDA NOVA

Newark, NJ 07104 THE CITYLINE CHURCH	22-3252131	501(C)(3)	56,534	FMV	Food Distribution
150 Broadway NONE					

Jersey City, NJ 07305

1510 Kennedy Blvd NONE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-3290580 501(C)(3) 25.182 FMV Food Distribution ABUNDANT LIFE CENTER 849 ROUTE 54

NONE WILLIAMSTOWN NJ 08094 MT ZION BAPTIST CHURCH 22-3309525 501(C)(3) 28.858 FMV Food Distribution 353 S NEW ROAD

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

NONE PLEASANTVILLE, NJ 08232

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-3329432 501(C)(3) 186.083 FMV Food Distribution THE MERCY HOUSE

282 McClellan Street NONE Perth Ambov, NJ 08861 NEW REID TEMPLE CHURCH OF 22-3341658 501(C)(3) 30,348 FMV Food Distribution

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

GOD IN CHRIST 154 N Oraton Parkway NONE

East Orange, NJ 07017

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-3349097 501(C)(3) 57.906 FMV Food Distribution ZION HILL BAPTIST CHURCH 450 Highland Avenue NONE

52.882 FMV

Food Distribution

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

501(C)(3)

Piscataway, NJ 08854

FRIENDS OF JEAN WEBSTER
PO BOX 5146
NONF

ATLANTIC CITY, NJ 08401

22-3363270

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-3382220 501(C)(3) 18.830 FMV Food Distribution HIS WORD MINISTRIES

| 10,830 | MINISTRIES | 22-3382220 | 501(C)(3) | 10,830 | MINISTRIES | 22-3382220 | 501(C)(3) | 10,830 | MINISTRIES | 22-3382220 | 501(C)(3) | 10,830 | MINISTRIES | 22-342210 | MINIS

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

NONE

Plainfield, NJ 07060

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance NEW DESTINY FOOD PANTRY 22-3426956 501(C)(3) 31.148 FMV Food Distribution 1330 Livingston Avenue

NONE North Brunswick, NJ 08902					
OASIS HAVEN FOR WOMEN & CHILDR 59 Mill Street	22-3491573	501(C)(3)	11,380	FMV	Food Distribution

NONE

Paterson, NJ 07501

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-3504240 501(C)(3) 27.244 FMV Food Distribution LINDEN INTERFAITH LINCS 14 West Munsill Ave

NONE Linden, NJ 07036 A SERVANTS HEART 22-3516376 501(C)(3) 20.973 FMV Food Distribution

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

PO BOX 188 NONE

BRIDGETON, NJ 08302

(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 (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 22-3521623 501(C)(3) 196.905 FMV Food Distribution MINISTERIO DE RESTAURACION 163-165 Third Street

NONE Elizabeth, NJ 07208

NORTH BRUNSWICK FOOD 22-3522458 501(C)(3) 46,855 FMV Food Distribution BANK 710 Herman Rd

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

NONE

North Brunswick, NJ 08902

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-3555968 501(C)(3) 60.788 FMV Food Distribution MT OLIVE BAPTIST CHURCH 400 Arlington Avenue

NONE Jersey City, NJ 07304 EBENEZER BAPTIST CHURCH 22-3562301 501(C)(3) 99.188 FMV 153 William St

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

Orange, NJ 07050

Food Distribution NONE

(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 (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance JAMES O BRYANT FOOD 22-3595278 501(C)(3) 27.748 FMV Food Distribution DANTDV

6 Ethel Rd NONE Piscataway, NJ 08854					
CALVARY TOUCH OF GOD CHURCH	22-3597115	501(C)(3)	54,213	FMV	Food Distribution

636-638 Bergen Street

Newark, NJ 07108

NONE

(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 (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 22-3599608 501(C)(3) 69.199 FMV Food Distribution HOUSE OF PRAYER FOOD PANTRY 138 Hickory Street NONE ORANGE, NJ 07050 34,772 FMV HOPE HOUSE A DIV OF 22-3618468 501(C)(3) Food Distribution

CATHOLIC

Dover, NJ 07801

NONE

101-103 Bassett Highway

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance INTERFAITH FOOD PANTRY 22-3618468 501(C)(3) 329,687 FMV Food Distribution

2 Executive Drive NONE Morris Plains, NJ 07950					
FRANKLIN - ST JOHN'S COMMUNIT	22-3622528	501(C)(3)	43,412	FMV	Food Distribution

142 Maple Ave NONE

Newark, NJ 07112

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ST LUKE'S CDC CHRISTHOUSE 22-3626408 501(C)(3) 53.176 FMV Food Distribution 269 Fair Street

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

NONE

New Brunswick, NJ 08901

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-3675033 501(C)(3) 151.037 FMV Food Distribution BRIAN P STACK ASSOC 1202 Summit Avenue

NONE Union City, NJ 07087					
PRAISE TEMPLE ECONOMIC DEV CRP 805-813 South Orange Avenue NONE	22-3675838	501(C)(3)	102,575	FMV	Food Distribution

Newark, NJ 07106

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance Reedemed Christians Church of 22-3679337 501(C)(3) 25.967 FMV Food Distribution God 119 Stuvvesant Ave

NONE | Newark, NJ 07106 | CHURCH OF GOD OF PROPHECY | 113 FABIAN AVENUE | NONE | NONE

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

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 (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SUYDAM STREET REFORMED 22-3689305 501(C)(3) 32.380 FMV Food Distribution

CHURCH 74 Drift Street NONE New Brunswick, NJ 08901		,,,,,	·		
THE HOPE CENTER	22-3737867	501(C)(3)	38,647	FMV	Food Distribution

43 Charles St NONE

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

Jersey City, NJ 07304

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Vineland Public School 22-3746158 501(C)(3) 22.356 FMV Food Distribution

688 N Mill Rd NONE Vineland, NJ 08360					
ANGEL VISIT BAPTIST CHURCH	22-3792342	501(C)(3)	46,366	FMV	Food Distribution

PO BOX 951 NONE

WILDWOOD, NJ 08260

(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 (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 22-3796155 501(C)(3) 25.836 FMV Food Distribution CARING FOR KIDS 31 E MECHANICS STREET NONE CAPE MAY COURTHOUSE, NJ 08210

50,238 FMV GREATER REFUGE CHURCH OF 22-3807983 501(C)(3) Food Distribution CHRIST 600 Grant Avenue

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

NONE

Plainfield, NJ 07060

(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 (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 22-3833499 501(C)(3) 56.985 FMV Food Distribution MORNING STAR COMM DEVE CORP

1009 Chandler Ave NONE Linden, NJ 07036 162,337 FMV ATLANTIC CITY RESCUE 22-5557677 501(C)(3) MISSION

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

Food Distribution 2009 BACHRACH BLVD NONE ATLANTIC CITY, NJ 08401

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 22-6000112 501(C)(3) 55.591 FMV Food Distribution BETHANY BAPTIST CHURCH PANTRY 275 W Market St NONE 501(C)(3) 32,812 FMV FIRST UNITARIAN 22-6000534 Food Distribution

Newark, NJ 07103 SOCPLAINFIELD 724 Park Ave

NONE

Plainfield, NJ 07060

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-6047486 501(C)(3) 46.263 FMV Food Distribution MARKET STREET MISSION

9 Market St NONE Morristown, NJ 07960			·		
WORLD FOR CHRIST CRUSDADE INC 1005 Union Valley Rd	22-6063975	501(C)(3)	24,213	FMV	Food Di

West Milford, NJ 07480

Distribution NONE

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-6068955 501(C)(3) 21,609 FMV Food Distribution MORE THAN ENOUGH

NONE

Dayton, NJ 08810

5901 PACIFIC AVENUE NONE WILDWOOD CREST, NJ 08260					
ABUNDANT LIFE CHRISTIAN CTR 2245 Route 130 Ste 101	23-2172664	501(C)(3)	104,980	FMV	Food Distribution

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-2351124 501(C)(3) 13.110 FMV Food Distribution MHA EAST MAIN 122 EAST MAIN STREET NONE MILLVILLE, NJ 08332

14.811 FMV

Food Distribution

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

501(C)(3)

COMMUNITY SDA CHURCH

245 Tenafly Road

Englewood, NJ 07631

NONE

99-9999999

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Berean Seventhday Adventist 99-9999999 501(C)(3) 39,613 FMV Food Distribution

Church 828 Sanford Ave NONE Newark, NJ 07106					
COMMUNITY FOOD CLOSET 817 KEARNEY STREET	23-6393377	501(C)(3)	15,538	FMV	Food Distribution

NONE

CAPE MAY, NJ 08204

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ELIZABETHPORT PRESB 23-6393377 501(C)(3) 584,582 FMV Food Distribution CHILIDOLL

184 First Street NONE Elizabeth, NJ 07206					
FIRST PRESBYTERIAN CHURCH	23-6393377	501(C)(3)	26,899	FMV	Food Distribution

600 Rahway Avenue NONE

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

Woodbridge, NJ 07095

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance GOD'S CO-OP PANTRY 23-6393377 501(C)(3) 33.113 FMV Food Distribution 1506 Orchard Terr NONE Bernardsville, NJ 07924

7.619 FMV

Food Distribution

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

501(C)(3)

LPC MISSION PROJECT

326 BELLEVUE AVE

Linden, NJ 07036

NONE

23-6393377

(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 if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 23-6393377 501(C)(3) 30.863 FMV Food Distribution PRESBYTERIAN CHURCH-HAMMONTON

Wharton, NJ 07885

20 Church Street NONE HAMMONTON, NJ 08037					
WHARTON UNITED COMMUNITY CHURCH FOOD PANTRY 613 Kearny Avenue NONE	23-6393377	501(C)(3)	17,237	FMV	Food Distribution

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 1 -- DDECDVTEDIAN CHUDCH 22 6202277 E01/C1/21 12 E16 EMV Lead Distriction

OF ARLINGTON PO BOX 52 NONE Kearny, NJ 07032	23-03933//	501(C)(3)	12,310	FINIV	Food Distribution
MISSION TEENS INC	23-7071094	501(C)(3)	9,961	FMV	Food Distribution

MISSION TEENS INC 901 ATLANTIC AVE NONE

NORMA, NJ 08347

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-7073173 501(C)(3) 13.321 FMV Food Distribution CODI- FOOD PANTRY PO BOX 61

NONE EGG HARBOR CITY, NJ 08215 SPANISH COMMUNITY CENTER 23-7123574 501(C)(3) 24.780 FMV

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

LANDISVILLE, NJ 08326

Food Distribution 487 Orange Street NONE

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-7256620 501(C)(3) 20,883 FMV Food Distribution UNITED NEIGHBORS DEVE

NONE

MAYS LANDING, NJ 08330

CORP 4844 MAYSLANDING RD NONE Newark, NJ 07107					
GRACE BEYOND OUR DOORS 250 Bergen Street	23-7367282	501(C)(3)	71,673	FMV	Food Distribution

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 23-7375624 501(C)(3) 32.781 FMV Food Distribution NEW BORN HOLY CHURCH 1108 Grove Street

NONE Newark, NJ 07103 CHRIST GLORY FOOD PANTRY 26-0553895 501(C)(3) 60.682 FMV Food Distribution 1508 Roosevelt Avenue

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

NONE

Irvington, NJ 07111

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 26-0580158 501(C)(3) 22.632 FMV Food Distribution FAVOR MINISTRIES 675 S 20th Street

NONE W Carteret, NJ 07008 TABERNACLE CHURCH 26-0714972 501(C)(3) 63.158 FMV Food Distribution

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

199 6th Ave NONE

Newark, NJ 07103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 26-0853750 501(C)(3) 204.921 FMV Food Distribution GHRCCOMMUNITY OUTREACH 500 Broad Street

NONE Paterson, NJ 07501 32,621 FMV NEWARK HOUSING 26-0857248 501(C)(3) AUTHORITY

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

Food Distribution 22 LAKE PLACE NONE Newark, NJ 07114

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 26-3000184 501(C)(3) 19.088 FMV Food Distribution VICTORY AME ZION 589-595 Central Ave NONE

35,104 FMV

Food Distribution

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

501(C)(3)

Pleasantville, NJ 08232	2
HOUSE OF LOVE SOUP	
KITCHEN	
1272 Park Avenue	
NONE	

Newark, NJ 07107

26-4820894

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Cedarbrook Park Apartments 27-1396485 501(C)(3) 35.659 FMV Food Distribution

New Brunswick Apartments	27-1396485	501(C)(3)	9 1 4 7	EMV/	Food Die
Neilso NONE Plainfield, NJ 07060					
Enter on Tabernacle Way btw					

Food Distribution New Brunswick Apartments 2/-1396485 201(C)(3) 8,14/|FMV 194 Burgess Place

NONE

New Brunswick, NJ 08901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 27-3209535 501(C)(3) 27.856 FMV Food Distribution HEAVEN'S GATE CHRISTIAN

BARLINVIS APARTMENTS	27-3539886	501(C)(3)	31,824	FMV	Food Distribution
2006 BEACH AVENUE NONE Passaic, NJ 07055					

621 DOCK ST

Atlantic City, NJ 08401

NONE

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance THE BUILDING BLOCKS OF NJ 27-3646101 501(C)(3) 7.913 FMV Food Distribution 284 Peshine Avenue

284 Peshine Avenue
NONE
Union City, NJ 07087

ST MARY MAGDALEN CHURCH 27-4092806 501(C)(3) 20,800 FMV Food Distribution
68 Storm Avenue

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

NONE

MILLVILLE, NJ 08332

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 30-0281415 501(C)(3) 132.913 FMV Food Distribution NEW DAWN MISS BAPT

CHURCH 120-134 Prospect Ave NONE Newark, NJ 07108					
JERSEY CITY ESPISCOPAL CDC	31-1551853	501(C)(3)	35,218	FMV	Food Dis

Jersey City, NJ 07306

Distribution 65 Union Ave NONE

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance IRVINGTON SDA COMM SERV 31-1627317 501(C)(3) 48.916 FMV Food Distribution

73 So Fullerton Ave NONE Irvington, NJ 07111					
THE FOOD PANTRY ST ST AGNES	31-1629166	501(C)(3)	62,215	FMV	Food Distribution

515-517 West Fourth Street NONE Little Falls, NJ 07424

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance TONI'S KITCHEN ST LUKES CH 31-1629186 501(C)(3) 27.079 FMV Food Distribution

100 Vincent Pl NONE Montclair, NJ 07042 SHEELD(SHILOH DEVE CORP 31-1672462 501(C)(3) 75.880 FMV Food Distribution 417 W 6th St

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

NONE

Plainfield, NJ 07060

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance VINCENT UNITED METHODIST 31-1813333 501(C)(3) 13.495 FMV Food Distribution CHILIDO

562 Ryders Lane NONE Nutley, NJ 07110					
COMMUNITY CHURCH OF GOD	35-6064030	501(C)(3)	25,928	FMV	Food Distribution

1240 Clinton Ave NONE

Plainfield, NJ 07060

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 36-2167731 501(C)(3) 41.924 FMV Food Distribution ALDERSGATE UMC CRISIS ROOM 223 Ellison St NONE East Brunswick, NJ 08816 36-2167731 32,588 FMV

Food Distribution

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

501(C)(3)

CHURCH WOMEN UNITED

579 Ringwood Ave

Irvington, NJ 07111

PANTRY

NONE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CUMACECHO 36-2167731 501(C)(3) 237 733 FMV Food Distribution

27-53 Prescott Street NONE Paterson, NJ 07509					
WANAQUE FEED THE HUNGRY	36-2167731	501(C)(3)	15,778	FMV	Food Dis

Wanaque, NJ 07465

Distribution 144 MOLILIAN SC NONE

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance MT SINAI GOSPEL CHURCH 36-2192827 501(C)(3) 211.883 FMV Food Distribution

145 Broad St NONE Jersey City, NJ 07304			·		
NEW HOPE BAPTIST CHURCH	36-2192827	501(C)(3)	47,758	FMV	Food Distribution

PANIKY 376 Clinton Pl NONE

East Orange, NJ 07017

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance ST JOHN THE BAPTIST 36-2192827 501(C)(3) 6.360 FMV Food Distribution ORTHORDOX CHURCH 2411 Memorial Avenue NONE

Perth Amboy, NJ 08861 56,715 FMV VICTORY AT SUNRISE BAPTIST 36-2192827 501(C)(3) CHU 420 SOUTH 6TH AVENUE

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

Food Distribution NONE Newark, NJ 07112

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 36-4801030 501(C)(3) 20.914 FMV Food Distribution BEYOND the WALLS 2015 Kennedy Blvd NONE

Port Norris, NJ 08349 BEACON HOPE CHEST 41-0721672 501(C)(3) 17.651 FMV

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

GALLOWAY, NJ 08205

Food Distribution PO BOX 741 NONE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance BETHANY LUTHERAN CHURCH 41-1568278 501(C)(3) 61.260 FMV Food Distribution 11 E DAWES AVENUE

NONE
Jersey City, NJ 07305

EPIPHANY LUTHERAN CHURCH 41-1568278 501(C)(3) 71,009 FMV Food Distribution 440 Hoboken Avenue

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

NONE

PLEASANTVILLE, NJ 08232

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance GRACE LUTHERAN CHURCH 41-1568278 501(C)(3) 12.473 FMV Food Distribution 1-3 Kirkpatrick Street

1-3 Kirkpatrick Street
NONE
SOMERS POINT, NJ 08244

THE SHARING PLACEINC 41-1568278 501(C)(3) 62,080 FMV Food Distribution
PO BOX 784

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

NONE

Jersey City, NJ 07306

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 44 4560070 E04/61/01 CO 433 | ENGL 15 . . .

NONE

MILLVILLE, NJ 08332

NONE New Brunswick, NJ 08901					
80 JEFFERSON BLVD					
CHURCH	41-13002/8	501(C)(3)	00,423		l dod Distribution
I EMANUEL EVANG LUTHERAN T	41-15682/8	1 501(C.1631)	60,423	IEMV	Food Distribution

BETHEL AME 43-1995790 501(C)(3) 78,784 FMV Food Distribution 580 Mt Prospect Avenue

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance NEW BEGINNINGS CHURCH OF 43-6890529 501(C)(3) 9,682 FMV Food Distribution

BETHEL ASSEMBLY OF GOD	44-0577787	501(C)(3)	13,101	FMV	Food Dist
NAZARENE 1111 Preakness Ave NONE EDISON, NJ 08817					

Newark, NJ 07104

ıstrıbutıon 15 Grove Street NONE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 44-0577787 501(C)(3) 99.349 FMV Food Distribution CALVARY TEMPLE -COMPASSION IN 160 Passaic Avenue NONE

NONE
Wayne, NJ 07470

SPANISH PENTECOSTAL
EVANGELICAL CHURCH
220 S Harrison St East Orange

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

NONE

Passaic, NJ 07055

(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 if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 44-0577787 501(C)(3) 47.626 FMV Food Distribution TRINITY ASSEMBLY OF GOD (FEED THE NEED)

63 Mt Pleasant Avenue NONE Passaic, NJ 07055					
JOAN T AND ROBIN L CROWLEY MEMORIAL FOOD PANTRY 547 Montgomery Street NONE	45-2715926	501(C)(3)	7,747	FMV	Food Distribution

Orange, NJ 07050

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance E04/61/01 224 247 584 15 . . .

1221 New Brunswick Ave

Jersey City, NJ 07302

NONE

MEN AND WOMEN OF VALOR 100 Grant Street NONE Newark, NJ 07104	45-2/3/333	501(C)(3)	224,017	FIMV	Food Distribution
Better Tomorrows (Catherine Todd Sr Residence)	45-3199958	501(C)(3)	36,627	FMV	Food Distribution

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 45-4159276 501(C)(3) 52.281 FMV Food Distribution FEEDING HANDS PANTRY 273 OCEAN AVE

2/3 OCEAN AVE NONE Somerville, NJ 08876

RAHWAY FOOD FOR FRIENDS 46-1061259 501(C)(3) 102,713 FMV Food Distribution 63 Harrison Ave

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

NONE

Rahway, NJ 07065

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance AT THE FEET OF JESUS LUKE 46-1104171 501(C)(3) 244,480 FMV Food Distribution

336 Oakwood Ave NONE	Jersey City, NJ 07305 MEALS WITH A MISSION	46-1389172	501(C)(3)	43,848	FMV	Food Dis
	NONE					

NONE

Garfield, NJ 07026

Distribution 118-120 Lord Avenue

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance MANNA FROM HEAVEN-ST 46-2677889 501(C)(3) 25.668 FMV Food Distribution MATTHEWS

Distribution

59 SPRINGDALE AVENUE NONE Orange, NJ 07052					
FAITH AND VICTORY COMMUNITY SERVICE INC 56 19th Ave	46-4120938	501(C)(3)	46,994	FMV	Food D

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

NONE

Bayonne, NJ 07002

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance BEULAH GROVE CHURCH 46-4541466 501(C)(3) 25.908 FMV Food Distribution

833 Madison Avenue NONE Newark, NJ 07107					
ALLEN VILLAGE CDC 530 West 4th Street BOYS AND GIRLS	46-4868512	501(C)(3)	96,550	FMV	Food Distribution

GIKLS NONE

Newark, NJ 07103

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance FAITH IN ACTION COMMUNITY 47-1432312 501(C)(3) 26.916 FMV Food Distribution DEV CORD

Paterson, NJ 07514 BIANCA FLOWERS INC	48-3334835	501(C)(3)	47,156	FMV	Food Distribution
114 S Arlington Ave NONE					

226 Warren Street NONE

Plainfield, NJ 07060

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 51-0389791 501(C)(3) 394.811 FMV Food Distribution INNER CITY EMERG(JOI'S ANGELS)

302 E 9th Avenue NONE East Orange, NJ 07018				
TRINITY UAME 188 Union Avenue	51-0389791	501(C)(3)	28,210	FMV

NONE

Newark, NJ 07103

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

Food Distribution

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Bethesda French SDA 51-0476490 501(C)(3) 48.762 FMV Food Distribution 30 N Clinton St

NONE Roselle, NJ 07203 BETHEL FRENCH SDA CHURCH 52-0643036 501(C)(3) 39.647 FMV Food Distribution 15 Elmwood Ave

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

NONE

Irvington, NJ 07111

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 52-0643036 501(C)(3) 20.777 FMV Food Distribution BETHLEHEM FRENCH SDA CHURCH PO BOX 115 NONE

44,091 FMV

Food Distribution

East Orange, NJ 07017

FIRST 7TH DAY ADVENTIST 52-0643036 501(C)(3)
CHURCH 57 Hancock Ave
NONE

Montclair, NJ 07042

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance FIRST NEWTONVILLE SDA 52-0643036 501(C)(3) 6.698 FMV Food Distribution

890 South Orange Avenue
NONE
NEWTONVILLE, NJ 08346

LA ESPERANZA 7TH DAY
ADVENTIST

52-0643036
501(C)(3)
105,066 FMV
Food Distribution

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

LA ESPERANZA 7TH DAY
ADVENTIST
339 Livingston Avenue
NONE
Jersey City, NJ 07307

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-0643036 501(C)(3) 6.907 FMV Food Distribution MARANATHA SDA CHURCH 58 2nd Avenue

NONE Newark, NJ 07106					
NEW BRUNSWICK ENGLISH SDS CHURCH 308 Reynolds Terrace	52-0643036	501(C)(3)	87,050	FMV	Food Distribution

New Brunswick, NJ 08901

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 52-0643036 501(C)(3) 54,444 FMV Food Distribution NEWARK SPANISH 7TH DAY ADVENTI 10 S Oraton Parkway NONE

 NONE Newark, NJ 07104
 52-0643036
 501(C)(3)
 130,063
 FMV
 Food Distribution

 ORANGES 75-79 Hoover Avenue
 75-79 Hoover Avenue
 Food Distribution

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

NONE

Orange, NJ 07050

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 52-0643036 501(C)(3) 31.702 FMV Food Distribution SALEM SEVENTH-DAY ADVENTIST 343 11th Ave NONE

343 11th Ave
NONE
East Orange, NJ 07018

SEVENTH DAY ADVENTIST
CHURCH
118 Division St

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

NONE

Passaic, NJ 07055

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 52-0643036 501(C)(3) 50.717 FMV Food Distribution THE FIRST SEVENTH DAY ADV CHURCH 393 Central Ave Ste 301 NONE

 NONE Paterson, NJ 07514
 501(C)(3)
 472,645
 FMV
 Food Distribution

 ST JOSEPHS SOCIAL SERVICE CTR
 52-1467470
 501(C)(3)
 472,645
 FMV
 Food Distribution

 434 E 4th St
 434

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

NONE

Elizabeth, NJ 07201

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-1592616 501(C)(3) 34,036 FMV Food Distribution NO JERSEY COMM RESEARCH

Newark, NJ 07103 CHURCH OF A LIVING GOD	52-1608118	501(C)(3)	48.377	FMV	Food Distribution
32 Dales Ave NONE					
INIT					

301(0)(3) 184 Hobart Avenue NONE

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

Plainfield, NJ 07062

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance GOOD NEWS BIBLE MISSION 52-1623231 501(C)(3) 42.088 FMV Food Distribution 67 Prince Street

NONE
Jersey City, NJ 07306

HIGHWAYS 52-1648111 501(C)(3) 35,950 FMV Food Distribution 60 Summer St

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

NONE

Bayonne, NJ 07002

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-1761401 501(C)(3) 37.979 FMV Food Distribution COUNCIL EVANGELICAL APOSTOLIC

PO BOX 1656 NONE Elizabeth, NJ 07208					
BROTHERS UNITED IN CHRIST 552 E 22nd Street	52-1802794	501(C)(3)	23,462	FMV	Food Distribution

NONE

Passaic, NJ 07055

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-1844677 501(C)(3) 48.097 FMV Food Distribution HELP & HOPE MINISTRIES 175 Fair Street

NONE MILLVILLE, NJ 08332					
CANAAN ECONOMIC COMM DEV 15 Baldwin Avenue NONE	52-2205369	501(C)(3)	33,733	FMV	Food Distribution

Paterson, NJ 07522

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-2414770 501(C)(3) 47.108 FMV Food Distribution CENTER OF GRACE 48 Wyker Road NONE

Paterson, NJ 07501 BLESSED SACRAMENT PANTRY 53-0196617 501(C)(3) 50.457 FMV Food Distribution

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

1571 S Martine Avenue NONE

Newark, NJ 07108

(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 if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 53-0196617 501(C)(3) 58.328 FMV Food Distribution CATHOLIC FAMILY COMMUNITY SERVICES FOOD

PANTRY					
435 Main St					
NONE					
Franklin, NJ 07416					
CHURCH OF THE IMMACULATE	53-0196617	501(C)(3)	24,098	FMV	Food Dist

Scotch Plains, NJ 07076

stribution 492 BRAMHALL AVE NONE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 53-0196617 501(C)(3) 237.045 FMV Food Distribution FR ENGLISH EMERG FOOD PANTRY 569 65th Street

NONE Paterson, NJ 07501

GEORGE PITCHFORD FOOD 53-0196617 501(C)(3) 16,935 FMV Food Distribution PANTRY 336 First St NONE

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

Jersey City, NJ 07304

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 53-0196617 501(C)(3) 252.564 FMV Food Distribution HOLY REDEEMER CHURCH 619 Grove St NONE West New York, NJ 07093

32.726 FMV

Food Distribution

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

501(C)(3)

HOLY TRINITY RC CHURCH

380 Smith St

Westfield, NJ 07090

53-0196617

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance JC HOMELESSST LUCY'S SHELT 53-0196617 501(C)(3) 21,512 FMV Food Distribution

55 W Demarest Ave NONE Jersey City, NJ 07310					
OUR LADY OF FATIMA BREAD OF LI 45 Wilus Way	53-0196617	501(C)(3)	28,322	FMV	Food Distribution

NONE Perth Amboy, NJ 08861

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 53-0196617 501(C)(3) 142.555 FMV Food Distribution ST CECILIA OFFICE OF CONCERN 1805 Penbrook Ter NONE Englewood, NJ 07631

NONE
Englewood, NJ 07631

ST CECILIA'S SOCIAL
MINISTRY
454 Germantown Rd
NONE

NONE

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

Iselin, NJ 08830

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 53-0196617 501(C)(3) 53.076 FMV Food Distribution ST JOHN THE APOSTLE CHIDCH

55 High St NONE Linden, NJ 07036					
ST JOSEPH'S CHURCH	53-0196617	501(C)(3)	17,864	FMV	Food Dis

West Milford, NJ 07480

Distribution 22 Lakeside Ave NONE

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 53-0196617 501(C)(3) 9.586 FMV Food Distribution ST JOSEPH'S FOOD PANTRY 256 Augusta St

NONE Carteret, NJ 07008					
ST MARY'S CHURCH FOOD PANTRY 254 2nd Street Erie NONE	53-0196617	501(C)(3)	16,904	FMV	Food Distribution

Pompton Lakes, NJ 07442

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 53-0196617 501(C)(3) 22.005 FMV Food Distribution ST MARY'S FOOD PANTRY 18-24 Grant St

Jersey City, NJ 07302

NONE South Amboy, NJ 08879					
ST MARY'S PARISH FOOD PANTRY 230 New Brunswick Ave NONE	53-0196617	501(C)(3)	44,056	FMV	Food Distribution

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance THE APOSTLES HOUSE 53-0196617 501(C)(3) 82.362 FMV Food Distribution

528 Martin Luther King Blvd NONE Newark, NJ 07104			52,552		
THE SOCIETY ST VINCENT DEPAUL	53-0196617	501(C)(3)	216,020	FMV	Food Distribution

310 East 8th Ave NONE Perth Amboy, NJ 08861

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 53-0196617 501(C)(3) 44.660 FMV Food Distribution TOUSSAINT FOOD PANTRY 153 Lawrence Pl NONE

37.807 FMV

Food Distribution

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

501(C)(3)

Newark, NJ 07102 HEARD AME CHURCH

59 Spring Street

Roselle, NJ 07203

NONE

53-0204696

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 53-0204696 501(C)(3) 46.223 FMV Food Distribution NEW AME ZION CHURCH

160 Madison Ave NONE Paterson, NJ 07501 TABLE OF HOPE 53-0204696 501(C)(3) 38.027 FMV Food Distribution 3408 Bergenline Ave Flr 2

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

NONE

MORRISTOWN, NJ 07960

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 53-0304696 501(C)(3) 51,380 FMV Food Distribution MT TEMAN CHURCH

NONE Elizabeth, NJ 07201					
IGLESIA PENTECOSTAL EL TABERNA 225 E 7th St NONE	54-2073010	501(C)(3)	102,089	FMV	Food Distribution

Union City, NJ 07087

(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 if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CHRIST TEMPLE CHURCH 61-1535503 501(C)(3) 15.455 FMV Food Distribution

5800 Palisades Avenue NONE Newark, NJ 07103		,,,,	,		
NEW COVENANT CHURCH OF GOD 198 Chadwick Avenue	62-0484417	501(C)(3)	89,789	FMV	Food Distribution

NONE Plainfield, NJ 07060

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 62-0535346 501(C)(3) 36.726 FMV Food Distribution NAZARETH BAPTIST CHURCH 131 POMONA AVENUE

144.646 FMV

Food Distribution

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

West New York, NJ 07093		
PLEASANT GROVE BAPTIST CHURCH 621 E Woodbridge Ave NONE	75-3227222	501(C)(3)

Newark, NJ 07108

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 80-0167768 501(C)(3) 100,497 FMV Food Distribution CANAAN BAPTIST CHURCH 150 No Broadway

NONE NEWARK, NJ 07112					
1ST PRESBYTERIAN CH OF AVENEL 36 Roseville Ave	80-0473061	501(C)(3)	22,267	FMV	Food Distribution

NONE

Avenel, NJ 07065

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 80-0473061 501(C)(3) 34.197 FMV Food Distribution 1ST PRESBYTERIAN CHURCH 293 Pacific Ave

NONE South Amboy, NJ 08879					
ROSEVILLE PRESBYTERIAN CHURCH 488 South Orange Ave	80-0473061	501(C)(3)	50,776	FMV	Food Distribution

NONE Newark, NJ 07107

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 80-0574901 501(C)(3) 120,494 FMV Food Distribution MISSION HOUSE OF GRACE INC 346 Sixteenth Avenue NONE

96,096 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 07304

1029 Bergen Street

Newark, NJ 07103

PROG

NONE

DELIVERANCE HOLISTIC CARE

81-0552809

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 81-1094642 501(C)(3) 56.161 FMV Food Distribution IRVINGTON NEIGHBORHOOD IMPROVE 87 First Street

NONE Irvington, NJ 07111 Popular Foundation for 501(C)(3) 11,047 FMV 81-3337042 Food Distribution Community Development 28 Kennedy Blvd

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

NONE

Newark, NJ 07112

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance HE HEARS HE CARES PRAYER 82-1726629 501(C)(3) 78.250 FMV Food Distribution

NONE

East Brunswick, NJ 08816

MIN INT'L 220 S 6th Ave NONE Elizabeth, NJ 07206					
FEEDING MIDDLESEX COUNTY 1152 S Orange Ave	82-2487235	501(C)(3)	70,583	FMV	Food Distribution

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 82-2487235 501(C)(3) 22.954 FMV Food Distribution HIGHLAND PARK COMMUNITY

156 NO MAIN STREET
NONE
Highland Park, NJ 08904

EBEN-EZER FOOD PANTRY
35 VIRGINIA AVE APT 216

Solic NO MAIN STREET

NONE
Highland Park, NJ 08904

EBEN-EZER FOOD PANTRY
35 VIRGINIA AVE APT 216

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

NONE

Newark, NJ 07106

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance PLEASANTVILLE TOWERS 84-1648333 501(C)(3) 36,860 FMV Food Distribution

65-67 Ruby Brown Terrace NONE Pleasantville, NJ 08232					
COMMUNITY HAVEN SENIOR HI-RISE 150 Commerce Road	86-1094959	501(C)(3)	44,402	FMV	Food Distribution

NONE ATLANTIC CITY, NJ 08401

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

(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 if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance CURRIE WOODS TENANT TASK 91-2065925 501(C)(3) 45.754 FMV Food Distribution FORCE

AVENUE NONE Jersey City, NJ 07305					
BUDDHIST TZU CHI FOUNDATION	94-2952782	501(C)(3)	152,352	FMV	Food Distribution

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

281 COHANSEY STREET NONE

Cedar Grove, NJ 07009

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance POLICE ATHLETIC LEAGUE OF 22-2507381 501(C)(3) 7.036 FMV Food Distribution ATLANTIC CITY

1409 PACIFIC AVE NONE Atlantic City, NJ 08401 63,824 FMV BRIDGETON ASSEMBLY OF 27-0938580 501(C)(3) Food Distribution GOD

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

BRIDGETON, NJ 08302

1837 NE BLVD NONE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 22-1543211 501(C)(3) 13.691 FMV Food Distribution ST NICHOLAS OF TOLENTINE 65 Bergen Street Rm 157 Food Distribution

NONE ATLANTIC CITY, NJ 08401 BEYOND THE WALLS 36-4801030 501(C)(3) 21.721 FMV 38 West End Place

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

NONE

Vineland, NJ 08360

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance National Diaper Network Inc 45-2823935 501(c)(3) 82.203 Support 155 East Street

155 East Street

New Haven, CT 06511

Mercer Street Friends Food 21-0733990 501(c)(3) 57,528

Bank

824 Silvia Street

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

Ewing Township, NJ 08628

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 22-2189072 501(c)(3) 25.000 Program assistance

Center for Food Action 192 W Demarest Ave Englewood, NJ 07631

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

Pennsauken, NJ 08110

Food Bank of South Jersey 22-2623089 501(c)(3) 93.183 Program support 1501 John Timpton Blvd

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount 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 other) or government assistance

Fulfill 22-2622522 501(c)(3) 24,422 Program support 3300 Route 66

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

Neptune, NJ 07753

efil	e GRAPHIC pr	int - DO NOT PROCESS As	Filed Dat	a -	DLN: 934	9305	56011	.130
Sch	edule J	Com	pensati	ion Information	OM	IB No	1545-0	0047
(For	n 990)	For certain Officers,	Directors, T	rustees, Key Employees, and Hig	hest			
		➤ Complete if the organiz	Compensa zation answ	ated Employees /ered "Yes" on Form 990, Part IV,	line 23.	2018		
▶ Attach to Form 990.								
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/r</u>	<u>огтээо</u> тог	instructions and the latest inform	nation.		to Pul ectio	
	me of the organiza	ation K OF NEW JERSEY INC			Employer identificat	ion nu	ımber	
CON	IMONITY FOOD BAIN	COF NEW JERSET INC			22-2423882			
Pa	rt I Questi	ons Regarding Compensation	1					
							Yes	No
1a				f the following to or for a person liste y relevant information regarding thes				
		or charter travel		Housing allowance or residence for	•			
	_	companions	님	Payments for business use of person				
		nification and gross-up payments	H	Health or social club dues or initiation				
	□ Discretion	ary spending account	Ш	Personal services (e g , maid, chauf	reur, cher)			
b		kes in line 1a are checked, did the o ill of the expenses described above?		ollow a written policy regarding paym nplete Part III to explain	nent or reimbursement	1b		
2		ation require substantiation prior to i		or allowing expenses incurred by all r, regarding the items checked in line	. 1-2	2		
	directors, truste	es, officers, including the CEO/Exect	utive Directo	r, regarding the Items checked in line	e la?			
3				ed to establish the compensation of the	ne			
	_	EO/Executive Director Check all tha d organization to establish compens		not check any boxes for methods CEO/Executive Director, but explain i	n Part III			
	✓ Compensa	stron committee		Westen ampleyment contract				
	_ '	ation committee ent compensation consultant	H	Written employment contract Compensation survey or study				
		of other organizations	☑	Approval by the board or compensa	tion committee			
4		-	Part VII, Se	ction A, line 1a, with respect to the fi				
	related organiza	tion						
а	Receive a sever	ance payment or change-of-control	payment?			4a		No
b	•	r receive payment from, a suppleme	•	· ·		4b		No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III						No		
	ir les to ally c	illies 4a-c, list the persons and pro	ovide tile app	bilicable almounts for each item in Part	. 111			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) org	janizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section A, ontingent on the revenues of	line 1a, did	the organization pay or accrue any				
а	The organization	17				5a		No
b	Any related orga					5b		No
	•	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section A, ontingent on the net earnings of	line 1a, did	the organization pay or accrue any				
а	The organization	1 [?]				6a		No
b	Any related orga					6b		No
_	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section A, escribed in lines 5 and 6? If "Yes," d		the organization provide any nonfixed irt III	d	7		No
8		nts reported on Form 990, Part VII, utial contract exception described in		red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe	8		No
9	If "Yes" on line 8 53 4958-6(c)?	3, did the organization also follow th	e rebuttable	presumption procedure described in	Regulations section	9		No
For I	Danarwark Badu	ction Act Notice, see the Instruc	tions for Ec	orm 990	i0053T Schedule 1		2 000)	2018

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

			y Employees, and Hig					
For each individual whose	e com	ipensation must be repor	rted on Schedule J, report at are not listed on Form 99	compensation from the c	organization on row (i) ar	nd from related organizati	ions, described in the	
Note. The sum of columi	ns (B)	ot list any individuals that)(i)-(iii) for each listed inc	at are not listed on Form 95 adividual must equal the to	otal amount of Form 990	, Part VII, Section A, line	1a, applicable column (D) and (E) amounts for the	at individual
(A) Name and Title		(B) Breakdown	n of W-2 and/or 1099-MISC	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
(i) Base (ii) Bonus & Incentive (iii) Other compensation compensation reportable			other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990		
1 Karen Leies VP of Development	(i)	268,058			8,850	20,988	297,896	['
	(ii)		<u> </u>	1		<u> </u>		
2 Jeffrey Mott Vice President of Finance	(i)	184,822		'	8,186	'	193,008	1 '
	(ii)		<u> </u> '	<u> </u>	!	<u> </u>	<u> </u>	<u> </u>
3 Carlos M Rodriguez President	(i)	189,528	'	1	'	4,536	194,064	1 "
	(ii)			1				
4 Glen Hansen Director of Operations	(i)	128,683		['		22,917	151,600	['
	(ii)		<u> </u>		!			
		!		1	!			1
						'	7	
		1		,	1	<u>'</u>	<u>'</u>	
							,	
							,	
		1	1			'		

OTHER OBJECTIVE FACTORS INCLUDE SALARY DATA FOR COMPARABLE POSITIONS, PERSONNEL REVIEWS AND EVALUATIONS

THAT THE "TOTAL COMPENSATION" OF SENIOR 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 IBASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION

Page 3

Schedule J (Form 990) 2018

efil	e GRAPHIC pi	int - DO NOT PR	OCESS	As Filed Data -		DLN:	9349305	6011	130
	EDULE M			loncash Contri	hutions		OMB No 1	545-0	047
(For	m 990)		•	toncasii contri	butions		20	10	•
		I -	_	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	29 or 30.	20	TC	
		► Attach to Form		000 (11 1-11 : (•				
Interna	ment of the Treasury al Revenue Service		ov/Form9	190 for the latest informat	ion.		Open to Inspe	ection	
	of the organizat	ion Of New Jersey INC				Employer identi	fication n	umbe	•
	onarr roop brain	or Ment Servoer into				22-2423882			
Pa	rt I Types	of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash coi	(d) of determin ntribution a		:s
1	Art—Works of ar	t			,				
2	Art—Historical tr	easures .							
	Art—Fractional ir								
	Books and public								
5	Clothing and hou goods	isehold							
6	Cars and other v								
7	Boats and planes								
8	Intellectual prop	erty							
9	Securities—Publi	cly traded .							
10	Securities—Close	ely held stock .							
	Securities—Partr or trust interest	s							
	Securities—Misce								
13	Qualified conserv contribution—H structures .	istoric							
14	Qualified conserve contribution—O								
	Real estate—Res								
	Real estate—Cor								
17	Real estate—Oth								
18 19	Collectibles . Food inventory				60 520 32	0 FAIR VALUE			
20	Drugs and medic		<u> </u>		09,330,33	OFAIR VALUE			
	Taxidermy .								
	Historical artifac	ts							
23	Scientific specim	ens							
	Archeological art								
	Other ▶ (1			
	Other ▶ (
	Other ► (•				+			
	Other • (· · · · · · · · · · · · · · · · · · ·	<u> </u>			+			
29				ation during the tax year for 3, Part IV, Donee Acknowled		29			
	-	,						Yes	No
30a				y contribution any property r					
				e of the initial contribution, a			10t 30a		No
b	If "Yes," describ	e the arrangement II	n Part II				304		110
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the reviev	v of any nonstandard contr	ributions?	31	Yes	
32a				or related organizations to so		ash · · · ·	32a		No
ь	If "Yes," describ	e in Part II							
33	-		amount ın	column (c) for a type of pro	perty for which column (a)	ıs checked,			
	describe in Part								
For D	anerwork Peducti	on Act Notice, see the	Instruction	s for Form 990	Cat No. 51227	I Schad	ıle M (Form	(100	2018)

Schedule M (Form 990) (2018)	Page 2
	tion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part umber of contributions, the number of items received, or a combination of both. Also complete
Return Reference	Explanation
Schedule M, Part I, Column (B)	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, 2019 was 35,440,641 pounds of donated product and 14,663,547 pounds of USDA commodities.
	Schedule M (Form 990) (2018)

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN	93493056011130
SCHEDUL (Form 990 or EZ)	Complete to provide information for responses to specific questi Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ.	ons on n.	OMB No 1545-0047 2018 Open to Public Inspection
	antention BANK OF NEW JERSEY INC O, Supplemental Information	Employer ident 22-2423882	fication number
Return Reference	Explanation		
FORM 990, PART VI, SECTION B, LINE 12C	IMMEDIATELY UPON ELECTION OR APPOINTMENT OF A Director OR OFFICER, ALL ERS SHALL DISCLOSE ANY RELEVANT INTEREST OF AN INTERESTED PARTY OR ELATE TO SUCH director OR OFFICER WHICH MAY POSE A POTENTIAL CONFLICT OR OF THE ORGANIZATION SHALL INVESTIGATE THE POTENTIAL CONTHE CONFLICT OF INTEREST DISCLOSURE FORMS ARE UPDATED AT LEAST ANN RECORDED IN THE MINUTES OF THE MEETING OF THE BOARD OR COMMITTEE	RELATED PARTY OF INTEREST TH NFLICT OF INTER	AS THEY R HE BOA EST

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF directors THAT HAS AUTHORITY OVER FINANCIAL MATTERS OR A COMMITTEE FORMED BY THE BOARD WILL MAKE RECOMMENDATIONS REGARDING COMPENSATION OF THE EMPLOYEE THE COMMITTEE MAY BE MADE UP ONLY OF DIRECTORS WHO HAVE NO CONFLICT OF INTEREST THE COMMITTEE'S RECOMME NDATIONS ARE BASED ON REASONABLY-AVAILABLE INFORMATION REGARDING COMPENSATION PAID BY AT L EAST THREE COMPARABLE ORGANIZATIONS IN THE SAME OR SIMILAR COMMUNITIES FOR SIMILAR POSITIO NS INVOLVING SIMILAR SERVICES based on the review of salary information available on the F orm 990 for these organizations. THE BOARD REVIEWS THE COMMITTEE'S RECOMMENDATIONS IN LIGH T 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 Explanation Reference

FORM 990. THE AUDIT COMMITTEE ASSUMES THE REPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF CFB NJ'S FINAN PART XII. CIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT

LINE 2C

Return Explanation

ization of food banks country-wide

LINE 1G

FORM 990,

The value of donated food and commodities is calculated using an average wholesale cost pe
PART VIII r pound, which is based on an annual study prepared by Feeding America, the national organ

Return Explanation

FORM 990, THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTANT AND REVIEWED BY THE BOARD OF DIRECTORS COPIES OF THE FORM 990 ARE PROVIDED TO ALL directors

SECTION B, LINE 11A

Return Explanation
Reference

LINE 19

FORM 990, PART VI, SECTION C.

CFBNJ makes their financial statements and 990 available on their website and their GOVERN ING DOCUMENTS and POLICIES AVAILABLE upon request

Return Explanation
Reference

FORM 990, PART III, NEED IS FED BY A CFBNJ PARTNER CHARITY OUR PROGRAMS REACH HARD-WORKING MEN AND WOMEN STRUGGLING TO MAKE ENDS MEET, AS WELL AS CHILDREN, SENIORS, VETERANS AND PEOPLE WITH DISABILITIES

Return Reference	Explanation
FORM 990, PART III, LINE 4A	WITH SUPPORT FROM OUR DONORS, VOLUNTEERS AND HUNGER-FIGHTING ADVOCATES, THE FOODBANK DISTR IBUTES FOOD TO SUPPORT MILLIONS OF MEALS EVERY YEAR AMONG MORE THAN 1,000 NONPROFIT COMMUN ITY 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 FOODBANK'S 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

Return Explanation

FORM 990,
PART XI,
Line 8

The net assets of the Food Bank as of July 1, 2017, have been restated from the amounts pr
eviously reported to reflect \$509,374 of revenue from the valuation of donated commodities
on hand The effect of this adjustment increased the opening net asset value for the year
ended June 30, 2017 and increased donated food and commodities inventory by \$509,374 don
ated food and commodities inventory by \$487,966