

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 2019

Form 990 header section containing organization name (COMMUNITY FOOD BANK OF NEW JERSEY, INC.), EIN (22-2423882), address (31 EVANS TERMINAL ROAD, HILLSIDE, NJ 07205), principal officer (CARLOS M. RODRIGUEZ), and tax-exempt status (501(c)(3)).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue (Total: 107,258,419), expenses (Total: 99,855,973), and net assets (Total: 38,352,033).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block section with fields for officer signature (Catherine E. Bendall), date (02/24/2020), and preparer information (WITHUMSMITH+BROWN, PC).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: OUR MISSION IS TO FIGHT HUNGER AND POVERTY IN NEW JERSEY BY ASSISTING THOSE IN NEED AND SEEKING LONG-TERM SOLUTIONS. WE WILL ENGAGE, EDUCATE AND EMPOWER ALL SECTORS OF SOCIETY IN THE BATTLE. WE FILL THE EMPTINESS CAUSED BY HUNGER WITH FOOD, HELP, AND HOPE.

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

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

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

4a (Code: ) (Expenses \$ 93,857,870. including grants of \$ 79,168,785. ) (Revenue \$ 2,600,041. ) THE COMMUNITY FOODBANK OF NEW JERSEY, A MEMBER OF FEEDING AMERICA, IS THE LARGEST ANTI-HUNGER AND ANTI-POVERY ORGANIZATION IN THE STATE (SEE SCHEDULE O FOR DETAILS).

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

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

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

4e Total program service expenses 93,857,870.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions regarding organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and disclosures.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 20 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>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 20		
<b>2</b> 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? . . . . .		X
<b>3</b> 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? . .		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .		X
<b>6</b> Did the organization have members or stockholders? . . . . .		X
<b>7a</b> 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? . . . . .		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O.</i> . . . . .		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed  NJ,
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
JEFF MOTT 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205 908-355-3663

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSH WEINREICH CHAIRMAN	4.00 1.00	X		X				0.	0.	0.
(2) ALAN C. LEVITAN VICE CHAIRMAN	2.00 0.	X		X				0.	0.	0.
(3) MICHAEL RIMLAND TREASURER	2.00 0.	X		X				0.	0.	0.
(4) ROBERT H. DOHERTY DIRECTOR	2.00 0.	X						0.	0.	0.
(5) ANTONY J. FEROLIE DIRECTOR	2.00 0.	X						0.	0.	0.
(6) RONALD B. GILES DIRECTOR	2.00 0.	X						0.	0.	0.
(7) BRIAN W. KRONICK, ESQ. DIRECTOR - THRU 6/2019	2.00 1.00	X						0.	0.	0.
(8) WENDY M. LAZARUS DIRECTOR	2.00 0.	X						0.	0.	0.
(9) KAREN MELETA DIRECTOR	2.00 0.	X						0.	0.	0.
(10) MICHAEL A. OSTROFF DIRECTOR - THRU 1/2019	2.00 0.	X						0.	0.	0.
(11) JUDITH A. SPIRES DIRECTOR	2.00 0.	X						0.	0.	0.
(12) SEKHAR RAMASWAMY DIRECTOR	2.00 0.	X						0.	0.	0.
(13) JOSEPH F. DEMPSEY, JR. SECRETARY	2.00 0.	X		X				0.	0.	0.
(14) ALMA DEMETROPOLIS DIRECTOR	2.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) ANDREW FEDERBUSCH ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
( 16) JOSH WESTON ----- HONORARY CHAIRPERSON	2.00 ----- 0.	X					0.	0.	0.	
( 17) TOM UHLMAN ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
( 18) JILL GATEMAN ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
( 19) STEVEN JURELLER ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
( 20) CHUCK SALZMAN ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
( 21) KAREN LEIES ----- VP OF DEVELOPMENT	40.00 ----- 0.			X			268,058.	0.	29,838.	
( 22) TONYA WALLEY ----- VP OF OPERATIONS (THRU 8/18)	40.00 ----- 0.			X			115,227.	0.	6,425.	
( 23) JEFFREY MOTT ----- VICE PRESIDENT OF FINANCE	40.00 ----- 0.			X			184,822.	0.	8,186.	
( 24) CARLOS M RODRIGUEZ ----- PRESIDENT	40.00 ----- 0.			X			189,528.	0.	4,536.	
( 25) DAVID GOLDSTEIN ----- VP OF OPERATIONS (FROM 11/18)	40.00 ----- 0.			X			23,200.	0.	0.	
<b>1b Sub-total</b> . . . . .							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							1,570,666.	0.	140,865.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							1,570,666.	0.	140,865.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 9

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 5



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) TERRENCE WILLIAMS VP OF HUMAN RESOURCES	40.00 0.			X				56,717.	0.	139.
( 27) JEANNIE FOURNIER VP OF PROGRAMS	40.00 0.			X				78,801.	0.	7,434.
( 28) RICHARD UNIACKE (FORMER) VP OF SOUTH BRANCH (THRU 5/18)	40.00 0.			X				53,271.	0.	3,163.
( 29) ANDRE SOLOMON CONTROLLER	40.00 0.					X		135,865.	0.	8,583.
( 30) DEBRA SCHEINHOLTZ DIRECTOR OF CORPORATE RELATION	40.00 0.					X		120,380.	0.	7,168.
( 31) GLEN HANSEN DIRECTOR OF OPERATIONS	40.00 0.					X		128,683.	0.	22,917.
( 32) RACHEL LAIBSON MAJOR GIFTS OFFICER	40.00 0.					X		100,696.	0.	15,340.
( 33) NADINE ROSENBAUM-LEHRER DIRECTOR OF DEVELOPMENT & GIFT	40.00 0.					X		115,418.	0.	27,136.
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 9

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

**Section B. Independent Contractors**

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

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

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

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**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	1,422,310.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	39,787,873.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	62,925,280.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		72,251,879.				
	<b>h Total.</b> Add lines 1a-1f . . . . .			104,135,463.			
	<b>Program Service Revenue</b>	<b>2a</b> PURCHASED FOOD REVENUES			624210	2,070,062.	2,070,062.
<b>b</b> FOOD SERVICE TRAINING PROGRAM FEES			624210	302,865.	302,865.		
<b>c</b> OTHER PROGRAM FEES			624210	227,114.	227,114.		
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue . . . . .							
<b>g Total.</b> Add lines 2a-2f . . . . .				2,600,041.			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .				240,920.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .				0.		
	<b>5</b> Royalties . . . . .				0.		
				(i) Real	(ii) Personal		
	<b>6a</b> Gross rents . . . . .			81,336.			
	<b>b</b> Less: rental expenses . . . . .			139,205.			
	<b>c</b> Rental income or (loss) . . . . .			-57,869.			
	<b>d</b> Net rental income or (loss) . . . . .				-57,869.		-57,869.
				(i) Securities	(ii) Other		
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .			4,804,276.			
	<b>b</b> Less: cost or other basis and sales expenses . . . . .			4,464,412.			
	<b>c</b> Gain or (loss) . . . . .			339,864.			
	<b>d</b> Net gain or (loss) . . . . .				339,864.		339,864.
	<b>8a</b> Gross income from fundraising events (not including \$ <u>1,422,310.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .			<b>a</b>	686,910.		
	<b>b</b> Less: direct expenses . . . . .			<b>b</b>	686,910.		
<b>c</b> Net income or (loss) from fundraising events . . . . .				0.			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .			<b>a</b>	0.			
<b>b</b> Less: direct expenses . . . . .			<b>b</b>	0.			
<b>c</b> Net income or (loss) from gaming activities . . . . .				0.			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .			<b>a</b>	0.			
<b>b</b> Less: cost of goods sold . . . . .			<b>b</b>	0.			
<b>c</b> Net income or (loss) from sales of inventory . . . . .				0.			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .				0.			
<b>12 Total revenue.</b> See instructions. . . . .				107,258,419.	2,600,041.	-57,869.	580,784.

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**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	79,168,785.	79,168,785.		
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, lines 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.			
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.
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 _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	99,855,973.	93,857,870.	2,442,767.	3,555,336.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	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 former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7	Notes and loans receivable, net	0.	7	0.
	8	Inventories for sale or use	4,400,288.	8	5,690,689.
	9	Prepaid expenses and deferred charges	80,084.	9	43,152.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	23,092,733.		
	10b	Less: accumulated depreciation	12,233,153.		
	10c		11,373,593.	10c	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 11	0.	13	0.
	14	Intangible assets	0.	14	0.
15	Other assets. See Part IV, line 11	0.	15	0.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	29,929,939.	16	38,352,033.	
Liabilities	17	Accounts payable and accrued expenses	2,293,312.	17	2,269,701.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	849,539.	19	1,115,077.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	470,438.	23	423,457.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26	<b>Total liabilities.</b> Add lines 17 through 25	3,613,289.	26	3,808,235.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	23,470,349.	27	32,119,182.
	28	Temporarily restricted net assets	2,831,301.	28	2,424,616.
	29	Permanently restricted net assets	15,000.	29	0.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances</b>	26,316,650.	33	34,543,798.
	34	<b>Total liabilities and net assets/fund balances</b>	29,929,939.	34	38,352,033.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	107,258,419.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	99,855,973.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	7,402,446.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	26,316,650.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	315,328.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	509,374.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	34,543,798.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- 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.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form 990 (2018)

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2018; 16b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; 17b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2018, 2017. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2018, 2017. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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	<b>Adjusted Net Income</b> (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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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 integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013 . . . . .			
b From 2014 . . . . .			
c From 2015 . . . . .			
d From 2016 . . . . .			
e From 2017 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:                     \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
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. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 . . . .			
b Excess from 2015 . . . .			
c Excess from 2016 . . . .			
d Excess from 2017 . . . .			
e Excess from 2018 . . . .			

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COMMUNITY FOOD BANK OF NEW JERSEY, INC.

22-2423882

Schedule A (Form 990 or 990-EZ) 2018

Page 8

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 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 IV, Section C, line 1; 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, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
CATERING INCOME	34,352.	29,837.	40,370.			104,559.
MISCELLANEOUS INCOME	236,878.	506,286.	440,826.	41,716.		1,225,706.
<b>TOTALS</b>	<u>271,230.</u>	<u>536,123.</u>	<u>481,196.</u>	<u>41,716.</u>		<u>1,330,265.</u>

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

### Schedule of Contributors

OMB No. 1545-0047

# 2018

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization COMMUNITY FOOD BANK OF NEW JERSEY, INC.	Employer identification number 22-2423882
---	--

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ  501(c)(3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

Name of organization **COMMUNITY FOOD BANK OF NEW JERSEY, INC.**

**Employer identification number**  
22-2423882

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 24,423,414.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,404,220.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 5,071,817.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 9,386,747.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,327,281.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	14,663,547 POUNDS OF FOOD	\$ 23,154,697.	06/30/2019
2	2,992,857 POUNDS OF FOOD	\$ 2,404,220.	06/30/2019
3	3,336,841 POUNDS OF FOOD	\$ 5,071,817.	06/30/2019
5	1,531,106 POUNDS OF FOOD	\$ 2,327,281.	06/30/2019
		\$	
		\$	



Name of organization COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number  
22-2423882

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____	_____ _____	_____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____	_____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

Name of the organization

Employer identification number

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

22-2423882

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2018

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %, b Permanent endowment %, c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations, (ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Includes rows for Financial derivatives, Closely-held equity interests, and Other (A-H). Total value is 3,792,020.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Includes rows (1) through (9).

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Includes rows (1) through (9).

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Includes row 1 for Federal income taxes and rows (1) through (9).

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 107,258,419.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 99,855,973.

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

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

THE FOOD BANK IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM NEW JERSEY STATE 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 OF JUNE 30, 2019 AND 2018. THE FOOD BANK HAS NO INCOME TAX RELATED PENALTIES OR INTEREST FOR THE PERIODS REPORTED IN THESE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D

RENTAL EXPENSE OF \$139,205 WAS NETTED AGAINST INCOME PER 990 INSTRUCTIONS.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest instructions.

Name of the organization

Employer identification number

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

22-2423882

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

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

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	ATTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b> .....						1,203,314.	

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

PUBLIC DISCLOSURE COPY

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

22-2423882

Schedule G (Form 990 or 990-EZ) 2018

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))		
		GALA (event type)	DUACS (event type)	2. (total number)			
Revenue	1	Gross receipts	1,072,654.	452,021.	584,545.	2,109,220.	
	2	Less: Contributions	786,627.	294,941.	340,743.	1,422,311.	
	3	Gross income (line 1 minus line 2)	286,027.	157,080.	243,802.	686,909.	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs					
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	286,027.	157,081.	243,802.	686,910.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)					686,910.
	11	Net income summary. Subtract line 10 from line 3, column (d)					-1.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_



PUBLIC DISCLOSURE COPY

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

22-2423882

Schedule G (Form 990 or 990-EZ) 2018

Page 3

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

PUBLIC DISCLOSURE COPY

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

22-2423882

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
AMERGENT, INC  9 CENTENNIAL DRIVE PEABODY MA 01960	MAILINGS		X		1,203,314.	

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> ATLANTIC CAPE FAMILY SUPPORT 950 TILTON ROAD, UNIT 108	01-0562891	501 (C) (3)		38,696.	FMV		FOOD DISTRIBUTION
<b>(2)</b> JEFFERSON PARK MINISTRIES 65 JEFFERSON AVE ELIZABETH, NJ 07201	01-0659307	501 (C) (3)		43,065.	FMV		FOOD DISTRIBUTION
<b>(3)</b> SOC. OF ST. VINCENT DEPAUL 29 ABEEL STREET NEW BRUNSWICK, NJ 08901	01-0793075	501 (C) (3)		84,095.	FMV		FOOD DISTRIBUTION
<b>(4)</b> DEEPER LIFE BIBLE CHURCH 23 SOUTH 20TH STREET IRVINGTON, NJ 07111	02-0636780	501 (C) (3)		217,037.	FMV		FOOD DISTRIBUTION
<b>(5)</b> IGLESIA CRISTIANA EVANGELIO CO 49 S. DAY ST ORANGE, NJ 07050	03-0410632	501 (C) (3)		204,000.	FMV		FOOD DISTRIBUTION
<b>(6)</b> ALTMAN TERRACE 1000 ARCTIC AVE. APT.320	03-0539570	501 (C) (3)		30,695.	FMV		FOOD DISTRIBUTION
<b>(7)</b> PANAMERICA ADVENTISTA 55 BIRCH STREET VINELAND, NJ 08360	06-1398645	501 (C) (3)		60,552.	FMV		FOOD DISTRIBUTION
<b>(8)</b> HEAVEN'S HELPERS 393 PEARL ST. WOODBRIDGE, NJ 07060	06-1798430	501 (C) (3)		42,719.	FMV		FOOD DISTRIBUTION
<b>(9)</b> SALVATION ARMY-BUENA 604 CENTRAL AVENUE MINOTOLA, NJ 08341	06-2517941	501 (C) (3)		40,913.	FMV		FOOD DISTRIBUTION
<b>(10)</b> P'VILLE CTR HISPANIC OUTREACH 316 MARTIN LUTHER KING JR BLVD	11-3806844	501 (C) (3)		99,214.	FMV		FOOD DISTRIBUTION
<b>(11)</b> OHEB SHALOM CONG 170 SCOTLAND RD SOUTH ORANGE, NJ 07079	13-1659707	501 (C) (3)		10,770.	FMV		FOOD DISTRIBUTION
<b>(12)</b> FAITH REFORMED CHURCH FOOD PANTRY 95 WASHINGTON STREET LODI, NJ 07644	13-3204416	501 (C) (3)		33,769.	FMV		FOOD DISTRIBUTION

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

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

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Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> NORTH SIDE FOOD PANTRY 90 JEFFERSON S., PATERSON 07522	13-3204416	501 (C) (3)		25,248.	FMV		FOOD DISTRIBUTION
<b>(2)</b> SRC FIVE LOAVES FOOD PANTRY ST 100 COLLEGE AVENUE NEW BRUNSWICK, NJ 08901	13-3204416	501 (C) (3)		32,972.	FMV		FOOD DISTRIBUTION
<b>(3)</b> THE FIRST REFORMED CHURCH F.P. 236 WASHINGTON ST BOONTON, NJ 07005	13-3204416	501 (C) (3)		31,337.	FMV		FOOD DISTRIBUTION
<b>(4)</b> PENTECOST FOOD PANTRY 576 CENTRAL AVENUE, SUITE 301	13-3518705	501 (C) (3)		41,140.	FMV		FOOD DISTRIBUTION
<b>(5)</b> COVENANT HOUSE 929 ATLANTIC AVE ATLANTIC CITY, NJ 08401	13-3537709	501 (C) (3)		14,035.	FMV		FOOD DISTRIBUTION
<b>(6)</b> COVENANT HOUSE - NJ 330 WASHINGTON ST NEWARK, NJ 07102	13-3537710	501 (C) (3)		39,339.	FMV		FOOD DISTRIBUTION
<b>(7)</b> MT. ZION U.F.W. BAPTIST CHURCH 47 BEAVER AVENUE EDISON, NJ 08820	13-3961739	501 (C) (3)		9,451.	FMV		FOOD DISTRIBUTION
<b>(8)</b> HOLY TRINITY-WEST ORANGE FOOD PANTRY 315 MAIN STREET WEST ORANGE, NJ 07052	13-5562208	501 (C) (3)		21,338.	FMV		FOOD DISTRIBUTION
<b>(9)</b> WOOD CLIFF CHRISTIAN HARVEST 7605 PALISADE AVENUE N. BERGEN, NJ 07047	13-5562225	501 (C) (3)		56,380.	FMV		FOOD DISTRIBUTION
<b>(10)</b> SALVATION ARMY-BRIDGETON PO BOX 212 BRIDGETON, NJ 08302	13-5562351	501 (C) (3)		65,997.	FMV		FOOD DISTRIBUTION
<b>(11)</b> LINCOLN PARK FOOD PANTRY 10 BOONTON TPK LINCOLN PARK, NJ 07035	13-5562351	501 (C) (3)		11,805.	FMV		FOOD DISTRIBUTION
<b>(12)</b> SALVATION ARMY - AC 22 SO. TEXAS AVE. ATLANTIC CITY, NJ 08401	13-5562351	501 (C) (3)		203,913.	FMV		FOOD DISTRIBUTION

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COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

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**Part II 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SALVATION ARMY - BOUNDBROO 108 HAMILTON ST BOUND BROOK, NJ 08805	13-5562351	501 (C) (3)		42,421.	FMV		FOOD DISTRIBUTION
(2) SALVATION ARMY - ELIZABETH 1005 EAST JERSEY ST ELIZABETH, NJ 07201	13-5562351	501 (C) (3)		95,007.	FMV		FOOD DISTRIBUTION
(3) SALVATION ARMY - JERSEY CITY 562 BERGEN AVE JERSEY CITY, NJ 07304	13-5562351	501 (C) (3)		45,400.	FMV		FOOD DISTRIBUTION
(4) SALVATION ARMY - NEW BRNWK 287 HANDY ST. NEW BRUNSWICK, NJ 08901	13-5562351	501 (C) (3)		43,448.	FMV		FOOD DISTRIBUTION
(5) SALVATION ARMY - PASSAIC 550 MAIN AVE PASSAIC, NJ 07055	13-5562351	501 (C) (3)		65,060.	FMV		FOOD DISTRIBUTION
(6) SALVATION ARMY - PATERSON 541-545 W. BROADWAY PATERSON, NJ 07509	13-5562351	501 (C) (3)		31,484.	FMV		FOOD DISTRIBUTION
(7) SALVATION ARMY - PERTH AMB 433 STATE ST. PERTH AMBOY, NJ 08861	13-5562351	501 (C) (3)		79,887.	FMV		FOOD DISTRIBUTION
(8) SALVATION ARMY - PLAINFIELD 615 WATCHUNG AVE PLAINFIELD, NJ 07060	13-5562351	501 (C) (3)		26,278.	FMV		FOOD DISTRIBUTION
(9) SALVATION ARMY - WESTSIDE 699 SPRINGFIELD AVE NEWARK, NJ 07103	13-5562351	501 (C) (3)		26,139.	FMV		FOOD DISTRIBUTION
(10) SALVATION ARMY-EAST ORANGE 430 MAIN ST. EAST ORANGE, NJ 07018	13-5562351	501 (C) (3)		60,144.	FMV		FOOD DISTRIBUTION
(11) SALVATION ARMY--KEARNY 443 CHESTNUT STREET KEARNY, NJ 07032	13-5562351	501 (C) (3)		39,005.	FMV		FOOD DISTRIBUTION
(12) SALVATION ARMY-NEWARK CENT 45 CENTRAL AVE NEWARK, NJ 07102	13-5562351	501 (C) (3)		42,097.	FMV		FOOD DISTRIBUTION

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(1) SALVATION ARMY-VINELAND PO BOX 354 VINELAND, NJ 08360	13-5562351	501 (C) (3)		260,722.	FMV		FOOD DISTRIBUTION
(2) SAINT VINCENT SOCIETY OF NORTH PLAINFIELD 99 WESTERVELT AVENUE PLAINFIELD, NJ 07060	13-5562362	501 (C) (3)		10,555.	FMV		FOOD DISTRIBUTION
(3) CALVARY BAPTIST CHURCH 66 SO. GROVE STREET EAST ORANGE, NJ 07018	13-5563018	501 (C) (3)		182,196.	FMV		FOOD DISTRIBUTION
(4) FIRST BAPTIST CHURCH-HILLSIDE 166 HILLSIDE AVE HILLSIDE, NJ 07205	13-5563018	501 (C) (3)		113,839.	FMV		FOOD DISTRIBUTION
(5) FIRST BAPTIST CRANFORD/ELIZABETH 402 UNION AVENUE ELIZABETH, NJ 07208	13-5563018	501 (C) (3)		76,498.	FMV		FOOD DISTRIBUTION
(6) GREATER ABYSSINIAN BAPTIST CHU 88 LYONS AVE NEWARK, NJ 07112	13-5563018	501 (C) (3)		14,713.	FMV		FOOD DISTRIBUTION
(7) HAITIAN BAPTIST CHURCH OF THE CROSSROADS 202 S 12TH STREET NEWARK, NJ 07107	13-5563018	501 (C) (3)		59,367.	FMV		FOOD DISTRIBUTION
(8) MANNA FROM HEAVEN FOOD PANTRY 324 MONROE AVE PLAINFIELD, NJ 07063	13-5563018	501 (C) (3)		34,162.	FMV		FOOD DISTRIBUTION
(9) MT. ZION BAPTIST CHURCH 208 BROADWAY NEWARK, NJ 07104	13-5563018	501 (C) (3)		36,300.	FMV		FOOD DISTRIBUTION
(10) ST. JOHN BAPTIST CHURCH 137 FAIRMONT AVENUE NEWARK, NJ 07103	13-5563018	501 (C) (3)		12,160.	FMV		FOOD DISTRIBUTION
(11) GLORIOUS BLESSED ASSURANCE CHU 100 OCEAN AVENUE JERSEY CITY, NJ 07305	14-1861103	501 (C) (3)		37,252.	FMV		FOOD DISTRIBUTION
(12) PATH STONE, INC. 334 NO. WASHINGTON STREET	16-0984913	501 (C) (3)		18,539.	FMV		FOOD DISTRIBUTION

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(1) LIVING WATER FAMILY BIBLE CENTER 104 UNION STREET CARTERET, NJ 07008	16-1634614	501 (C) (3)		5,532.	FMV		FOOD DISTRIBUTION
(2) NEWARK HOUSING AUTHORITY - BAXTER TERRACE E 25 SUMMIT STREET NEWARK, NJ 07103	16-1634859	501 (C) (3)		8,184.	FMV		FOOD DISTRIBUTION
(3) NEWARK HOUSING AUTHORITY 130 DAYTON STREET NEWARK, NJ 07114	16-1635480	501 (C) (3)		10,643.	FMV		FOOD DISTRIBUTION
(4) THE NWK HOUSING AUTH-STEPHEN C 815 FRANKLIN AVE NEWARK, NJ 07107	16-1635480	501 (C) (3)		6,019.	FMV		FOOD DISTRIBUTION
(5) SALVATION ARMY - SALEM PO BOX 6 SALEM, NJ 08079	18-5582331	501 (C) (3)		70,739.	FMV		FOOD DISTRIBUTION
(6) NEW DESTINY COMM. DEVELOPMENT 129 CHESTNUT ST.-LOWER LEVEL	20-1016554	501 (C) (3)		20,632.	FMV		FOOD DISTRIBUTION
(7) JUMP START 411 CHAMBERLAIN AVENUE PATERSON, NJ 07502	20-1127490	501 (C) (3)		56,079.	FMV		FOOD DISTRIBUTION
(8) FRANCISCAN CHARITIES 103 16TH AVE NEWARK, NJ 07103	20-1557589	501 (C) (3)		106,994.	FMV		FOOD DISTRIBUTION
(9) SECAUCUS FOOD PANTRY 210 MEADOWLANDS PARKWAY SECAUCUS, NJ 07094	20-1737867	501 (C) (3)		21,838.	FMV		FOOD DISTRIBUTION
(10) MOUNT PISGAH AME FOOD PANTRY 354 FORREST ST. JERSEY CITY, NJ 07304	20-2109849	501 (C) (3)		24,734.	FMV		FOOD DISTRIBUTION
(11) GRANDPARENTS RELATIVES CARE 304-306 HAMILTON AVE PATERSON, NJ 07501	20-2180471	501 (C) (3)		241,463.	FMV		FOOD DISTRIBUTION
(12) ST. PETERS COMMUNITY DEV. CORP 505 MAIN STREET SPOTSWOOD, NJ 08884	20-2884675	501 (C) (3)		68,813.	FMV		FOOD DISTRIBUTION

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**Part II 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.

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(1) NEW HOPE COMM. FOOD PANTRY 331 NORTH 11TH STREET	20-2893390	501 (C) (3)		11,640.	FMV		FOOD DISTRIBUTION
(2) CIRCLE OF LIFE 55 REEVES PL. NEWARK, NJ 07108	20-5169061	501 (C) (3)		36,943.	FMV		FOOD DISTRIBUTION
(3) PREMIER COMMUNITY DEVELOPMENT CORP. 543 WEST 3RD STREET PLAINFIELD, NJ 07060	20-8296546	501 (C) (3)		15,138.	FMV		FOOD DISTRIBUTION
(4) NEIGHBORLY NEEDS, INC 124 TREMONT AVENUE PLEASANTVILLE, NJ 08232	20-8920963	501 (C) (3)		8,502.	FMV		FOOD DISTRIBUTION
(5) ST. ANDREWS EPISCOPAL CHURCH 186 EAST COMMERCE STREET	21 0634592	501 (C) (3)		24,299.	FMV		FOOD DISTRIBUTION
(6) ST. VINCENT DEPAUL MAYS LANDING 5021 HARDING HIGHWAY MAYS LANDING, NJ 08330	21-0634505	501 (C) (3)		35,662.	FMV		FOOD DISTRIBUTION
(7) CHRIST CHURCH FOOD PANTRY 5 PATERSON STREET NEW BRUNSWICK, NJ 08901	21-0634592	501 (C) (3)		33,281.	FMV		FOOD DISTRIBUTION
(8) CHURCH OF EPIPHANY OUTREACH 105 MAIN ST ORANGE, NJ 07050	21-0634592	501 (C) (3)		48,982.	FMV		FOOD DISTRIBUTION
(9) INTERFAITH FOOD PANTRY OF THE ORANGES 105 MAIN ST. ORANGE, NJ 07050	21-0634592	501 (C) (3)		63,896.	FMV		FOOD DISTRIBUTION
(10) PETER'S PANTRY 183 RECTOR ST. PERTH AMBOY, NJ 08861	21-0634592	501 (C) (3)		32,617.	FMV		FOOD DISTRIBUTION
(11) SAINT JOSEPHS EPISCOPAL CHURCH 38 WEST END PLACE ELIZABETH, NJ 07202	21-0634592	501 (C) (3)		12,905.	FMV		FOOD DISTRIBUTION
(12) TRINITY EPISCOPAL CHURCH 650 RAHWAY AVE WOODBRIDGE, NJ 07095	21-0634592	501 (C) (3)		27,807.	FMV		FOOD DISTRIBUTION

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(1) VINELAND MINISTERIUM 700 E. LANDIS AVE. VINELAND, NJ 08360	21-0637390	501 (C) (3)		65,191.	FMV		FOOD DISTRIBUTION
(2) FIRST UNITED METHODIST CHURCH 266 E. COMMERCE STREET BRIDGETON, NJ 08302	21-0643021	501 (C) (3)		70,889.	FMV		FOOD DISTRIBUTION
(3) JOHN WESLEY UNITED METHODIST 90 MATTHEW BROWN WAY BRIDGETON, NJ 08302	21-0643021	501 (C) (3)		26,415.	FMV		FOOD DISTRIBUTION
(4) UNION BAPTIST TEMPLE 500 NO. CONNECTICUT AVE 21-0730898	21-0730898	501 (C) (3)		9,172.	FMV		FOOD DISTRIBUTION
(5) COMMUNITY PRESBYTERIAN CHURCH 1501 W. BRIGANTINE AVE. 21-0733950	21-0733950	501 (C) (3)		5,734.	FMV		FOOD DISTRIBUTION
(6) ST. MATTHEW'S LUTHERAN CHURCH 85 WAYNE STREET JERSEY CITY, NJ 07302 21-2723312	21-2723312	501 (C) (3)		102,728.	FMV		FOOD DISTRIBUTION
(7) MORAVIAN CHURCH 245 BOSTON AVE. EGG HARBOR CITY, NJ 08215 21-6018574	21-6018574	501 (C) (3)		52,826.	FMV		FOOD DISTRIBUTION
(8) CATHOLIC CHARITIES - AC 9 NORTH GEORGIA AVE ATLANTIC CITY, NJ 08401 22-1224777	22-1224777	501 (C) (3)		12,088.	FMV		FOOD DISTRIBUTION
(9) GOODWILL RESCUE MISSION, INC. 79 UNIVERSITY AVE NEWARK, NJ 07107 22-1487207	22-1487207	501 (C) (3)		63,683.	FMV		FOOD DISTRIBUTION
(10) SALVATION ARMY - DOVER 76 N. BERGEN ST DOVER, NJ 07801 22-1489911	22-1489911	501 (C) (3)		32,338.	FMV		FOOD DISTRIBUTION
(11) COMMUNITY CONGREGATIONAL CHURCH 200 HARTSHORN DRIVE SHORT HILLS, NJ 07078 22-1551927	22-1551927	501 (C) (3)		14,270.	FMV		FOOD DISTRIBUTION
(12) OUR LADY OF SORROWS/MARY HOUSE 93 CLERK ST JERSEY CITY, NJ 07305 22-1698783	22-1698783	501 (C) (3)		44,211.	FMV		FOOD DISTRIBUTION

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- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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**Part II 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> UNITED COMMUNITY CORPORATION 332-334 S. 8TH ST. NEWARK, NJ 07103	22-1761128	501 (C) (3)		124,977.	FMV		FOOD DISTRIBUTION
<b>(2)</b> HILLTOP HAVEN FAMILY SHELTER (PATERSON TASK 36-38 CIRCLE AVENUE PATERSON, NJ 07522	22-1766323	501 (C) (3)		17,318.	FMV		FOOD DISTRIBUTION
<b>(3)</b> UKRAINIAN EVANGELICAL OF GOD 2208 STANLEY TER UNION, NJ 07083	22-1770826	501 (C) (3)		57,176.	FMV		FOOD DISTRIBUTION
<b>(4)</b> F.O.C.U.S. 441-443 BROAD ST NEWARK, NJ 07102	22-1839206	501 (C) (3)		37,613.	FMV		FOOD DISTRIBUTION
<b>(5)</b> JOHN BROOKS RECOVERY CENTER 1315 PACIFIC AVENUE ATLANTIC CITY, NJ 08401	22-1901742	501 (C) (3)		122,574.	FMV		FOOD DISTRIBUTION
<b>(6)</b> OLD BERGEN CHURCH 1 HIGHLAND AVE JERSEY CITY, NJ 07306	22-1903142	501 (C) (3)		14,526.	FMV		FOOD DISTRIBUTION
<b>(7)</b> NEW COMMUNITIES CORP. - SENIOR 220 BRUCE ST NEWARK, NJ 07103	22-1911104	501 (C) (3)		64,563.	FMV		FOOD DISTRIBUTION
<b>(8)</b> DAMON HOUSE 105 JOYCE KILMER AVE 22-1918234	22-1918234	501 (C) (3)		27,801.	FMV		FOOD DISTRIBUTION
<b>(9)</b> FISH, INC 456 NEW MARKET RD PISCATAWAY, NJ 08854	22-1923766	501 (C) (3)		23,041.	FMV		FOOD DISTRIBUTION
<b>(10)</b> WILLING HEART CTR-METROPOLITAN 555 MARTIN LUTHER KING BLVD. 22-1937486	22-1937486	501 (C) (3)		166,399.	FMV		FOOD DISTRIBUTION
<b>(11)</b> GATEWAY FOOD PANTRY 65 MANHEIM AVENUE BRIDGETON, NJ 08302 22-1942357	22-1942357	501 (C) (3)		135,461.	FMV		FOOD DISTRIBUTION
<b>(12)</b> PUERTO RICAN ASSOCIATION FOR HUMAN DEVELOPM 98 FIRST STREET PERTH AMBOY, NJ 08861 22-2026610	22-2026610	501 (C) (3)		23,097.	FMV		FOOD DISTRIBUTION

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BETHEL COMMANDMENT CHURCH PO BOX 67 WHITESBORO, NJ 08252	22-2091948	501 (C) (3)		266,031.	FMV		FOOD DISTRIBUTION
(2) THESSALONIANS COMMUNITY OUTREACH CENTER 409-413 OCEAN AVENUE JERSEY CITY, NJ 07305	22-2095254	501 (C) (3)		51,433.	FMV		FOOD DISTRIBUTION
(3) JESUS IS LORD 201-223- SPRING STREET ELIZABETH, NJ 07201	22-2100287	501 (C) (3)		63,933.	FMV		FOOD DISTRIBUTION
(4) JEWISH FAMILY SERVICE 607 N. JEROME AVE. MARGATE, NJ 08402	22-2119902	501 (C) (3)		11,161.	FMV		FOOD DISTRIBUTION
(5) FIRST CORINTHIANS BAPT.CHURCH 595 SOUTH 10TH STREET NEWARK, NJ 07103	22-2135863	501 (C) (3)		162,427.	FMV		FOOD DISTRIBUTION
(6) JAMES C. WHITE MANOR NJ 2-25 516 BERGEN STREET NEWARK, NJ 07108	22-2137965	501 (C) (3)		17,088.	FMV		FOOD DISTRIBUTION
(7) CHURCH OF THE ETERNAL GOD 190 HIGHLAND AVENUE NEWARK, NJ 07104	22-2151924	501 (C) (3)		46,489.	FMV		FOOD DISTRIBUTION
(8) BRIDGETON UNION BAPTIST TEMPLE 24 SOUTH PINE STREET BRIDGETON, NJ 08302	22-2174978	501 (C) (3)		37,195.	FMV		FOOD DISTRIBUTION
(9) CENTER FOR FOOD ACTION 192 W DEMAREST AVENUE ENGLEWOOD, NJ 07631	22-2189072	501 (C) (3)		405,642.	FMV		FOOD DISTRIBUTION
(10) CENTER FOR FOOD ACTION NORTHWE 90 RIDGE ROAD MAHWAH, NJ 07430	22-2189072	501 (C) (3)		54,658.	FMV		FOOD DISTRIBUTION
(11) NEWARK EMERGENCY SERVICES 982 BROAD ST NEWARK, NJ 07102	22-2191674	501 (C) (3)		17,582.	FMV		FOOD DISTRIBUTION
(12) FAMILY SUCCESS CENTER CAPE MAY 1046 B RTE 47 RIO GRANDE, NJ 08242	22-2226231	501 (C) (3)		18,051.	FMV		FOOD DISTRIBUTION

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<b>(1)</b> REVIVAL TEMPLE 81-85 16TH AVE NEWARK, NJ 07103	22-2229868	501 (C) (3)		69,027.	FMV		FOOD DISTRIBUTION
<b>(2)</b> CONCERNED CITIZENS OF WHITESBORO 100 EAST MAIN STREET WHITESBORO, NJ 08252	22-2241934	501 (C) (3)		15,458.	FMV		FOOD DISTRIBUTION
<b>(3)</b> PARK AVE. PANTRY/BNAI ISREAL 565 BROADWAY PASSAIC, NJ 07055	22-2281774	501 (C) (3)		20,380.	FMV		FOOD DISTRIBUTION
<b>(4)</b> ST. ANDREWS 936 BALTIC AVE ATLANTIC CITY, NJ 08401	22-2282866	501 (C) (3)		113,868.	FMV		FOOD DISTRIBUTION
<b>(5)</b> MOUNT ZION BAPTIST CHURCH 61 RICHARDS AVENUE DOVER, NJ 07801	22-2285212	501 (C) (3)		41,044.	FMV		FOOD DISTRIBUTION
<b>(6)</b> LOVE OF JESUS FOOD PANTRY 385 BROADWAY PATERSON, NJ 07501	22-2294015	501 (C) (3)		40,649.	FMV		FOOD DISTRIBUTION
<b>(7)</b> LOVE OF JESUS MINISTRIES 448 HIGHLAND AVENUE ORANGE, NJ 07050	22-2294015	501 (C) (3)		298,589.	FMV		FOOD DISTRIBUTION
<b>(8)</b> THE SOAR CHURCH PO BOX 512 WOODBINE, NJ 08270	22-2295177	501 (C) (3)		52,635.	FMV		FOOD DISTRIBUTION
<b>(9)</b> SOLID ROCK BAPTIST CHURCH 644 CHANCELLOR AVENUE IRVINGTON, NJ 07111	22-2305385	501 (C) (3)		115,582.	FMV		FOOD DISTRIBUTION
<b>(10)</b> FIRST HOPEWELL BAPTIST CHURCH 525 ORANGE ST NEWARK, NJ 07107	22-2313428	501 (C) (3)		47,240.	FMV		FOOD DISTRIBUTION
<b>(11)</b> MT. OLIVE CHURCH OF GOD 24 CLEVELAND ST. ORANGE, NJ 07050	22-2321231	501 (C) (3)		64,069.	FMV		FOOD DISTRIBUTION
<b>(12)</b> PRAISE TABERNACLE 2235 OCEAN HEIGHTS AVE	22-2333902	501 (C) (3)		46,263.	FMV		FOOD DISTRIBUTION

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OMB No. 1545-0047

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Employer identification number

22-2423882

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- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> TRUE WITNESS OF JESUS CHRST FP 234 GODWIN AVE. PATERSON, NJ 07544	22-2348389	501 (C) (3)		35,913.	FMV		FOOD DISTRIBUTION
<b>(2)</b> WOMEN AWARE, INC. 286 LIVINGSTON AVENUE	22-2374378	501 (C) (3)		8,652.	FMV		FOOD DISTRIBUTION
<b>(3)</b> LET'S CELEBRATE 46-48 FAIRVIEW AVE JERSEY CITY, NJ 07304	22-2400132	501 (C) (3)		87,840.	FMV		FOOD DISTRIBUTION
<b>(4)</b> HELPING HANDS AND EARS 32 PARK ST ORANGE, NJ 07050	22-2403113	501 (C) (3)		17,752.	FMV		FOOD DISTRIBUTION
<b>(5)</b> FRANKLIN TWP. FOOD BANK INC. P.O. BOX 333 SOMERSET, NJ 08875	22-2406472	501 (C) (3)		269,061.	FMV		FOOD DISTRIBUTION
<b>(6)</b> COALITION AGAINST RAPE & ABUSE PO BOX 774 CAPE MAY COURTHOUSE, NJ 08210	22-2407639	501 (C) (3)		22,741.	FMV		FOOD DISTRIBUTION
<b>(7)</b> EVA'S KITCHEN 393 MAIN ST PATERSON, NJ 07505	22-2424542	501 (C) (3)		42,375.	FMV		FOOD DISTRIBUTION
<b>(8)</b> GRACE ASSEMBLY OF GOD 927 NAVAJO AVENUE ABSECON, NJ 08201	22-2426902	501 (C) (3)		7,971.	FMV		FOOD DISTRIBUTION
<b>(9)</b> FAITH FELLOWSHIP WORLD OUTREAC 2707 MAIN ST SAYREVILLE, NJ 08872	22-2437978	501 (C) (3)		60,047.	FMV		FOOD DISTRIBUTION
<b>(10)</b> ST. JAMES SOCIAL SERVICE CORP. 588 MARTIN LUTHER KING BLVD	22-2462242	501 (C) (3)		391,908.	FMV		FOOD DISTRIBUTION
<b>(11)</b> MAIN ST. PANTRY 6011 MAIN ST. MAYS LANDING, NJ 08330	22-2470839	501 (C) (3)		41,124.	FMV		FOOD DISTRIBUTION
<b>(12)</b> EL CENTRO HISPANOAMERICANO 525 E. FRONT STREET PLAINFIELD, NJ 07060	22-2487067	501 (C) (3)		40,084.	FMV		FOOD DISTRIBUTION

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(1) ST. JAMES AME CHURCH 1743 BACHARACH BLVD.	22-2491056	501 (C) (3)		36,019.	FMV		FOOD DISTRIBUTION
(2) THE LENNARD CLINIC, INC. 461 FRELINGHUYSEN AVE NEWARK, NJ 07114	22-2511850	501 (C) (3)		39,528.	FMV		FOOD DISTRIBUTION
(3) CHRIST THE GOOD SHEPHERD PARISH 1655 MAGNOLIA ROAD VINELAND, NJ 08360	22-2547030	501 (C) (3)		34,843.	FMV		FOOD DISTRIBUTION
(4) ST. MAXIMILIAN KOLBE PANTRY 200 TUCKAHOE RD. MARMORA, NJ 08223	22-2547030	501 (C) (3)		43,740.	FMV		FOOD DISTRIBUTION
(5) SPIRIT AND TRUTH MINISTRIES P.O.BOX 89 VINELAND, NJ 08362	22-2582816	501 (C) (3)		51,964.	FMV		FOOD DISTRIBUTION
(6) CALVARY CHAPEL OF OLD BRIDGE 135 WHITE OAK LANE OLD BRIDGE, NJ 08857	22-2603508	501 (C) (3)		81,172.	FMV		FOOD DISTRIBUTION
(7) CLEARVIEW BAPTIST CHURCH 314-320 HOBSON ST NEWARK, NJ 07112	22-2610331	501 (C) (3)		40,328.	FMV		FOOD DISTRIBUTION
(8) ST. PAUL TABERNACLE 530-532 CLINTON AVENUE NEWARK, NJ 07108	22-2621134	501 (C) (3)		64,840.	FMV		FOOD DISTRIBUTION
(9) NEW CHRISTIAN BAPTIST CHURCH 16-18 BRIDGE ST PATERSON, NJ 07501	22-2621724	501 (C) (3)		30,767.	FMV		FOOD DISTRIBUTION
(10) EMANUEL BAPTIST CHURCH 230 CHANCELLOR AVENUE NEWARK, NJ 07112	22-2623422	501 (C) (3)		35,698.	FMV		FOOD DISTRIBUTION
(11) HOUSE OF MERCY MISSION 573 SPRINGFIELD AVE NEWARK, NJ 07103	22-2637121	501 (C) (3)		80,770.	FMV		FOOD DISTRIBUTION
(12) GOSPEL TABERNACLE 5029 KENNEDY BLVD. NORTH BERGEN, NJ 07047	22-2685236	501 (C) (3)		81,673.	FMV		FOOD DISTRIBUTION

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(1) SJ AIDS ALLIANCE - ATLANTIC CI 19 GORDON'S ALLEY ATLANTIC CITY, NJ 08401	22-2686586	501 (C) (3)		14,012.	FMV		FOOD DISTRIBUTION
(2) AIDS RESOURCE FOUNDATION FOR C 75-77 ACADEMY STREET NEWARK, NJ 07102	22-2696986	501 (C) (3)		35,300.	FMV		FOOD DISTRIBUTION
(3) ISAIAH HOUSE 85 N. 14TH STREET EAST ORANGE, NJ 07017	22-2699121	501 (C) (3)		135,091.	FMV		FOOD DISTRIBUTION
(4) NEWARK TRANSITIONAL PROGRAM 212 PESHINE AVE NEWARK, NJ 07108	22-2730393	501 (C) (3)		20,776.	FMV		FOOD DISTRIBUTION
(5) VENICE PARK FOOD PANTRY 2005 MORNING SIDE AVENUE	22-2764979	501 (C) (3)		36,321.	FMV		FOOD DISTRIBUTION
(6) BUDDIES OF NEW JERSEY INC. 149 HUDSON ST HACKENSACK, NJ 07601	22-2767627	501 (C) (3)		23,257.	FMV		FOOD DISTRIBUTION
(7) ST. PETER'S HAVEN 380 CLIFTON AVE CLIFTON, NJ 07011	22-2769711	501 (C) (3)		46,447.	FMV		FOOD DISTRIBUTION
(8) STRENGTHEN OUR SISTER P.O. BOX 1089 HILLSIDE, NJ 07205	22-2858735	501 (C) (3)		14,506.	FMV		FOOD DISTRIBUTION
(9) CORINTHIAN BAPTIST CHRUCH 130 BERGEN AVE. JERSEY CITY, NJ 07305	22-2869284	501 (C) (3)		5,043.	FMV		FOOD DISTRIBUTION
(10) DAMASCUS CHRISTIAN CHURCH 114-120 LOGAN AVENUE JERSEY CITY, NJ 07306	22-2877636	501 (C) (3)		50,415.	FMV		FOOD DISTRIBUTION
(11) EMMANUEL CHURCH OF CHRIST 54 IRVINE TURNER BLVD. NEWARK, NJ 07103	22-2888758	501 (C) (3)		82,815.	FMV		FOOD DISTRIBUTION
(12) BROADWAY HOUSE 298 BROADWAY NEWARK, NJ 07104	22-2903536	501 (C) (3)		47,590.	FMV		FOOD DISTRIBUTION

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(1) CHRISTIAN FELLOWSHIP CENTER 343-359 VAN HOUTEN STREET	22-2956237	501 (C) (3)		45,592.	FMV		FOOD DISTRIBUTION
(2) PALISADES EMERGENCY RESIDENCE 108 36TH STREET UNION CITY, NJ 07087	22-2985600	501 (C) (3)		168,623.	FMV		FOOD DISTRIBUTION
(3) GREATER MT. MORIAH HOME FOREIG 210 CLINTON AVENUE NEWARK, NJ 07108	22-3019594	501 (C) (3)		43,017.	FMV		FOOD DISTRIBUTION
(4) NEW EPHEBUS BAPTIST CHURCH 175 BROOKWOOD ST EAST ORANGE, NJ 07018	22-3043796	501 (C) (3)		35,675.	FMV		FOOD DISTRIBUTION
(5) ELIJAH'S PROMISE 18 NEILSON STREET NEW BRUNSWICK, NJ 08901	22-3055539	501 (C) (3)		45,637.	FMV		FOOD DISTRIBUTION
(6) HUMAN NEEDS FOOD PANTRY 9 LABEL STREET MONTCLAIR, NJ 07042	22-3057065	501 (C) (3)		319,783.	FMV		FOOD DISTRIBUTION
(7) ST. PAUL'S COMMUNITY CORP. 451 VAN HOUTEN ST PATERSON, NJ 07501	22-3075855	501 (C) (3)		129,471.	FMV		FOOD DISTRIBUTION
(8) LITTLE ZION U.A.M.E. CHURCH 154 STEPHENS ST BELLEVILLE, NJ 07109	22-3104783	501 (C) (3)		58,294.	FMV		FOOD DISTRIBUTION
(9) CHRISTIAN PENTECOSTAL CHURCH 11 ASPEN PLACE, 3G PASSAIC, NJ 07055	22-3127350	501 (C) (3)		49,430.	FMV		FOOD DISTRIBUTION
(10) HAITIAN PENTECOSTAL CHURCH & HOME OF HOPE W 431 MAPLE AVE LINDEN, NJ 07036	22-3142926	501 (C) (3)		37,916.	FMV		FOOD DISTRIBUTION
(11) PEACEFUL ZION BAPTIST CHURCH 213 RHODE ISLAND AVE EAST ORANGE, NJ 07018	22-3148004	501 (C) (3)		52,730.	FMV		FOOD DISTRIBUTION
(12) POSITIVE HEALTH CARE INC. 333 WASHINGTON ST NEWARK, NJ 07102	22-3153632	501 (C) (3)		83,689.	FMV		FOOD DISTRIBUTION

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

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

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Schedule I (Form 990) (2018)



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> HANSEN HOUSE MEN 542 NO. WEST BLVD. VINELAND, NJ 08360	22-3161537	501 (C) (3)		12,789.	FMV		FOOD DISTRIBUTION
<b>(2)</b> HENDRICK'S HOUSE 542 NORTH WEST BLVD. VINELAND, NJ 08360	22-3161537	501 (C) (3)		17,670.	FMV		FOOD DISTRIBUTION
<b>(3)</b> HOBOKEN COALITION SHELTER 300 BLOOMFIELD ST HOBOKEN, NJ 07030	22-3174286	501 (C) (3)		80,253.	FMV		FOOD DISTRIBUTION
<b>(4)</b> HOGAR CREA OF PERTH AMBOY 687 CORTLAND STREET PERTH AMBOY, NJ 08861	22-3188864	501 (C) (3)		59,330.	FMV		FOOD DISTRIBUTION
<b>(5)</b> A HEART 207 ATLANTIC AVE EGG HARBOR CITY, NJ 08215	22-3190855	501 (C) (3)		49,487.	FMV		FOOD DISTRIBUTION
<b>(6)</b> HOLY REDEEMER 1801 ROUTE 9 NORTH SWAINTON, NJ 08210	22-3197910	501 (C) (3)		107,777.	FMV		FOOD DISTRIBUTION
<b>(7)</b> IMANI BAPTIST CHURCH 113-117 ELMWOOD AVE. EAST ORANGE, NJ 07017	22-3204744	501 (C) (3)		52,531.	FMV		FOOD DISTRIBUTION
<b>(8)</b> CATHOLIC CHARITIES 114 STATE ST PENNS GROVE, NJ 08069	22-3211567	501 (C) (3)		15,671.	FMV		FOOD DISTRIBUTION
<b>(9)</b> IGREJA EVANGELICA VIDA NOVA 150 BROADWAY NEWARK, NJ 07104	22-3238015	501 (C) (3)		25,149.	FMV		FOOD DISTRIBUTION
<b>(10)</b> THE CITYLINE CHURCH 1510 KENNEDY BLVD JERSEY CITY, NJ 07305	22-3252131	501 (C) (3)		56,534.	FMV		FOOD DISTRIBUTION
<b>(11)</b> ABUNDANT LIFE CENTER 849 ROUTE 54 WILLIAMSTOWN, NJ 08094	22-3290580	501 (C) (3)		25,182.	FMV		FOOD DISTRIBUTION
<b>(12)</b> MT. ZION BAPTIST CHURCH 353 S NEW ROAD PLEASANTVILLE, NJ 08232	22-3309525	501 (C) (3)		28,858.	FMV		FOOD DISTRIBUTION

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<b>(1)</b> THE MERCY HOUSE 282 MCCLELLAN STREET PERTH AMBOY, NJ 08861	22-3329432	501 (C) (3)		186,083.	FMV		FOOD DISTRIBUTION
<b>(2)</b> NEW REID TEMPLE CHURCH OF GOD IN CHRIST 154 N. ORATON PARKWAY EAST ORANGE, NJ 07017	22-3341658	501 (C) (3)		30,348.	FMV		FOOD DISTRIBUTION
<b>(3)</b> ZION HILL BAPTIST CHURCH 450 HIGHLAND AVENUE PISCATAWAY, NJ 08854	22-3349097	501 (C) (3)		57,906.	FMV		FOOD DISTRIBUTION
<b>(4)</b> FRIENDS OF JEAN WEBSTER PO BOX 5146 ATLANTIC CITY, NJ 08401	22-3363270	501 (C) (3)		52,882.	FMV		FOOD DISTRIBUTION
<b>(5)</b> HIS WORD MINISTRIES 593 RINGWOOD AVENUE WANAQUE, NJ 07465	22-3382220	501 (C) (3)		18,830.	FMV		FOOD DISTRIBUTION
<b>(6)</b> GRACE'S KITCHEN 600 CLEVELAND AVE PLAINFIELD, NJ 07060	22-3425177	501 (C) (3)		11,279.	FMV		FOOD DISTRIBUTION
<b>(7)</b> NEW DESTINY FOOD PANTRY 1330 LIVINGSTON AVENUE	22-3426956	501 (C) (3)		31,148.	FMV		FOOD DISTRIBUTION
<b>(8)</b> OASIS HAVEN FOR WOMEN & CHILDR 59 MILL STREET PATERSON, NJ 07501	22-3491573	501 (C) (3)		11,380.	FMV		FOOD DISTRIBUTION
<b>(9)</b> LINDEN INTERFAITH LINC 14 WEST MUNSILL AVE LINDEN, NJ 07036	22-3504240	501 (C) (3)		27,244.	FMV		FOOD DISTRIBUTION
<b>(10)</b> A SERVANTS HEART PO BOX 188 BRIDGETON, NJ 08302	22-3516376	501 (C) (3)		20,973.	FMV		FOOD DISTRIBUTION
<b>(11)</b> MINISTERIO DE RESTAURACION 163-165 THIRD STREET ELIZABETH, NJ 07208	22-3521623	501 (C) (3)		196,905.	FMV		FOOD DISTRIBUTION
<b>(12)</b> NORTH BRUNSWICK FOOD BANK 710 HERMAN RD NORTH BRUNSWICK, NJ 08902	22-3522458	501 (C) (3)		46,855.	FMV		FOOD DISTRIBUTION

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(1) MT. OLIVE BAPTIST CHURCH 400 ARLINGTON AVENUE JERSEY CITY, NJ 07304	22-3555968	501 (C) (3)		60,788.	FMV		FOOD DISTRIBUTION
(2) EBENEZER BAPTIST CHURCH 153 WILLIAM ST ORANGE, NJ 07050	22-3562301	501 (C) (3)		99,188.	FMV		FOOD DISTRIBUTION
(3) JAMES O. BRYANT FOOD PANTRY 6 ETHEL RD. PISCATAWAY, NJ 08854	22-3595278	501 (C) (3)		27,748.	FMV		FOOD DISTRIBUTION
(4) CALVARY TOUCH OF GOD CHURCH 636-638 BERGEN STREET NEWARK, NJ 07108	22-3597115	501 (C) (3)		54,213.	FMV		FOOD DISTRIBUTION
(5) HOUSE OF PRAYER FOOD PANTRY 138 HICKORY STREET ORANGE, NJ 07050	22-3599608	501 (C) (3)		69,199.	FMV		FOOD DISTRIBUTION
(6) HOPE HOUSE A DIV OF CATHOLIC 101-103 BASSETT HIGHWAY DOVER, NJ 07801	22-3618468	501 (C) (3)		34,772.	FMV		FOOD DISTRIBUTION
(7) INTERFAITH FOOD PANTRY 2 EXECUTIVE DRIVE MORRIS PLAINS, NJ 07950	22-3618468	501 (C) (3)		329,687.	FMV		FOOD DISTRIBUTION
(8) FRANKLIN - ST. JOHN'S COMMUNIT 142 MAPLE AVE NEWARK, NJ 07112	22-3622528	501 (C) (3)		43,412.	FMV		FOOD DISTRIBUTION
(9) ST. LUKE'S CDC CHRISTHOUSE 269 FAIR STREET PATERSON, NJ 07501	22-3626408	501 (C) (3)		53,176.	FMV		FOOD DISTRIBUTION
(10) EBENEZER BAPTIST CHURCH 126 LEE AVENUE NEW BRUNSWICK, NJ 08901	22-3628388	501 (C) (3)		35,572.	FMV		FOOD DISTRIBUTION
(11) BRIAN P. STACK ASSOC 1202 SUMMIT AVENUE UNION CITY, NJ 07087	22-3675033	501 (C) (3)		151,037.	FMV		FOOD DISTRIBUTION
(12) PRAISE TEMPLE ECONOMIC DEV CRP 805-813 SOUTH ORANGE AVENUE	22-3675838	501 (C) (3)		102,575.	FMV		FOOD DISTRIBUTION

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<b>(1)</b> REDEEMED CHRISTIANS CHURCH OF GOD 119 STUYVESANT AVE. NEWARK, NJ 07106	22-3679337	501 (C) (3)		25,967.	FMV		FOOD DISTRIBUTION
<b>(2)</b> CHURCH OF GOD OF PROPHECY 113 FABIAN AVENUE NORTHFIELD, NJ 08225	22-3686093	501 (C) (3)		100,206.	FMV		FOOD DISTRIBUTION
<b>(3)</b> SUYDAM STREET REFORMED CHURCH 74 DRIFT STREET NEW BRUNSWICK, NJ 08901	22-3689305	501 (C) (3)		32,380.	FMV		FOOD DISTRIBUTION
<b>(4)</b> THE HOPE CENTER 43 CHARLES ST JERSEY CITY, NJ 07304	22-3737867	501 (C) (3)		38,647.	FMV		FOOD DISTRIBUTION
<b>(5)</b> VINELAND PUBLIC SCHOOL 688 N. MILL RD. VINELAND, NJ 08360	22-3746158	501 (C) (3)		22,356.	FMV		FOOD DISTRIBUTION
<b>(6)</b> ANGEL VISIT BAPTIST CHURCH PO BOX 951 WILDWOOD, NJ 08260	22-3792342	501 (C) (3)		46,366.	FMV		FOOD DISTRIBUTION
<b>(7)</b> CARING FOR KIDS 31 E. MECHANICS STREET	22-3796155	501 (C) (3)		25,836.	FMV		FOOD DISTRIBUTION
<b>(8)</b> GREATER REFUGE CHURCH OF CHRIST 600 GRANT AVENUE PLAINFIELD, NJ 07060	22-3807983	501 (C) (3)		50,238.	FMV		FOOD DISTRIBUTION
<b>(9)</b> MORNING STAR COMM. DEVE. CORP. 1009 CHANDLER AVE LINDEN, NJ 07036	22-3833499	501 (C) (3)		56,985.	FMV		FOOD DISTRIBUTION
<b>(10)</b> ATLANTIC CITY RESCUE MISSION 2009 BACHRACH BLVD ATLANTIC CITY, NJ 08401	22-5557677	501 (C) (3)		162,337.	FMV		FOOD DISTRIBUTION
<b>(11)</b> BETHANY BAPTIST CHURCH PANTRY 275 W. MARKET ST NEWARK, NJ 07103	22-6000112	501 (C) (3)		55,591.	FMV		FOOD DISTRIBUTION
<b>(12)</b> FIRST UNITARIAN SOC. PLAINFIELD 724 PARK AVE PLAINFIELD, NJ 07060	22-6000534	501 (C) (3)		32,812.	FMV		FOOD DISTRIBUTION

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<b>(1)</b> MARKET STREET MISSION 9 MARKET ST MORRISTOWN, NJ 07960	22-6047486	501 (C) (3)		46,263.	FMV		FOOD DISTRIBUTION
<b>(2)</b> WORLD FOR CHRIST CRUSDADE INC. 1005 UNION VALLEY RD WEST MILFORD, NJ 07480	22-6063975	501 (C) (3)		24,213.	FMV		FOOD DISTRIBUTION
<b>(3)</b> MORE THAN ENOUGH 5901 PACIFIC AVENUE	22-6068955	501 (C) (3)		21,609.	FMV		FOOD DISTRIBUTION
<b>(4)</b> ABUNDANT LIFE CHRISTIAN CTR. 2245 ROUTE 130, STE. 101 DAYTON, NJ 08810	23-2172664	501 (C) (3)		104,980.	FMV		FOOD DISTRIBUTION
<b>(5)</b> MHA EAST MAIN 122 EAST MAIN STREET MILLVILLE, NJ 08332	23-2351124	501 (C) (3)		13,110.	FMV		FOOD DISTRIBUTION
<b>(6)</b> COMMUNITY SDA CHURCH 245 TENAFLY ROAD ENGLEWOOD, NJ 07631	99-9999999	501 (C) (3)		14,811.	FMV		FOOD DISTRIBUTION
<b>(7)</b> BEREAN SEVENTHDAY ADVENTIST CHURCH 828 SANFORD AVE. NEWARK, NJ 07106	99-9999999	501 (C) (3)		39,613.	FMV		FOOD DISTRIBUTION
<b>(8)</b> COMMUNITY FOOD CLOSET 817 KEARNEY STREET CAPE MAY, NJ 08204	23-6393377	501 (C) (3)		15,538.	FMV		FOOD DISTRIBUTION
<b>(9)</b> ELIZABETHPORT PRESB. CHURCH 184 FIRST STREET ELIZABETH, NJ 07206	23-6393377	501 (C) (3)		584,582.	FMV		FOOD DISTRIBUTION
<b>(10)</b> FIRST PRESBYTERIAN CHURCH 600 RAHWAY AVENUE WOODBRIDGE, NJ 07095	23-6393377	501 (C) (3)		26,899.	FMV		FOOD DISTRIBUTION
<b>(11)</b> GOD'S CO-OP PANTRY 1506 ORCHARD TERR. BERNARDSVILLE, NJ 07924	23-6393377	501 (C) (3)		33,113.	FMV		FOOD DISTRIBUTION
<b>(12)</b> LPC MISSION PROJECT 326 BELLEVUE AVE. LINDEN, NJ 07036	23-6393377	501 (C) (3)		7,619.	FMV		FOOD DISTRIBUTION

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<b>(1)</b> PRESBYTERIAN CHURCH-HAMMONTON 20 CHURCH STREET HAMMONTON, NJ 08037	23-6393377	501 (C) (3)		30,863.	FMV		FOOD DISTRIBUTION
<b>(2)</b> WHARTON UNITED COMMUNITY CHURCH FOOD PANTRY 613 KEARNY AVENUE WHARTON, NJ 07885	23-6393377	501 (C) (3)		17,237.	FMV		FOOD DISTRIBUTION
<b>(3)</b> 1ST PRESBYTERIAN CHURCH OF ARLINGTON PO BOX 52 KEARNY, NJ 07032	23-6393377	501 (C) (3)		12,516.	FMV		FOOD DISTRIBUTION
<b>(4)</b> MISSION TEENS, INC. 901 ATLANTIC AVE. NORMA, NJ 08347	23-7071094	501 (C) (3)		9,961.	FMV		FOOD DISTRIBUTION
<b>(5)</b> CODI- FOOD PANTRY PO BOX 61 EGG HARBOR CITY, NJ 08215	23-7073173	501 (C) (3)		13,321.	FMV		FOOD DISTRIBUTION
<b>(6)</b> SPANISH COMMUNITY CENTER 487 ORANGE STREET LANDISVILLE, NJ 08326	23-7123574	501 (C) (3)		24,780.	FMV		FOOD DISTRIBUTION
<b>(7)</b> UNITED NEIGHBORS DEVE. CORP. 4844 MAYS LANDING RD. NEWARK, NJ 07107	23-7256620	501 (C) (3)		20,883.	FMV		FOOD DISTRIBUTION
<b>(8)</b> GRACE BEYOND OUR DOORS 250 BERGEN STREET MAYS LANDING, NJ 08330	23-7367282	501 (C) (3)		71,673.	FMV		FOOD DISTRIBUTION
<b>(9)</b> NEW BORN HOLY CHURCH 1108 GROVE STREET NEWARK, NJ 07103	23-7375624	501 (C) (3)		32,781.	FMV		FOOD DISTRIBUTION
<b>(10)</b> CHRIST GLORY FOOD PANTRY 1508 ROOSEVELT AVENUE IRVINGTON, NJ 07111	26-0553895	501 (C) (3)		60,682.	FMV		FOOD DISTRIBUTION
<b>(11)</b> FAVOR MINISTRIES 675 S. 20TH STREET W. CARTERET, NJ 07008	26-0580158	501 (C) (3)		22,632.	FMV		FOOD DISTRIBUTION
<b>(12)</b> TABERNACLE CHURCH 199 6TH AVE NEWARK, NJ 07103	26-0714972	501 (C) (3)		63,158.	FMV		FOOD DISTRIBUTION

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**Part II 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 organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) G.H.R.C./COMMUNITY OUTREACH SV 500 BROAD STREET PATERSON, NJ 07501	26-0853750	501 (C) (3)		204,921.	FMV		FOOD DISTRIBUTION
(2) NEWARK HOUSING AUTHORITY 22 LAKE PLACE NEWARK, NJ 07114	26-0857248	501 (C) (3)		32,621.	FMV		FOOD DISTRIBUTION
(3) VICTORY AME ZION 589-595 CENTRAL AVE PLEASANTVILLE, NJ 08232	26-3000184	501 (C) (3)		19,088.	FMV		FOOD DISTRIBUTION
(4) HOUSE OF LOVE SOUP KITCHEN 1272 PARK AVENUE NEWARK, NJ 07107	26-4820894	501 (C) (3)		35,104.	FMV		FOOD DISTRIBUTION
(5) CEDARBROOK PARK APARTMENTS (ENTER ON TABERNACLE WAY BTW NEILSON AND BU	27-1396485	501 (C) (3)		35,659.	FMV		FOOD DISTRIBUTION
(6) NEW BRUNSWICK APARTMENTS 194 BURGESS PLACE NEW BRUNSWICK, NJ 08901	27-1396485	501 (C) (3)		8,147.	FMV		FOOD DISTRIBUTION
(7) HEAVEN'S GATE CHRISTIAN FELLOWSHIP 2006 BEACH AVENUE PASSAIC, NJ 07055	27-3209535	501 (C) (3)		27,856.	FMV		FOOD DISTRIBUTION
(8) BARLINVIS APARTMENTS 621 DOCK ST. ATLANTIC CITY, NJ 08401	27-3539886	501 (C) (3)		31,824.	FMV		FOOD DISTRIBUTION
(9) THE BUILDING BLOCKS OF NJ 284 PESHINE AVENUE UNION CITY, NJ 07087	27-3646101	501 (C) (3)		7,913.	FMV		FOOD DISTRIBUTION
(10) ST. MARY MAGDALEN CHURCH 68 STORM AVENUE MILLVILLE, NJ 08332	27-4092806	501 (C) (3)		20,800.	FMV		FOOD DISTRIBUTION
(11) NEW DAWN MISS. BAPT. CHURCH 120-134 PROSPECT AVE. NEWARK, NJ 07108	30-0281415	501 (C) (3)		132,913.	FMV		FOOD DISTRIBUTION
(12) JERSEY CITY ESPISCOPAL CDC 65 UNION AVE JERSEY CITY, NJ 07306	31-1551853	501 (C) (3)		35,218.	FMV		FOOD DISTRIBUTION

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

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

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Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> IRVINGTON SDA COMM. SERV. 73 SO. FULLERTON AVE IRVINGTON, NJ 07111	31-1627317	501 (C) (3)		48,916.	FMV		FOOD DISTRIBUTION
<b>(2)</b> THE FOOD PANTRY ST ST. AGNES 515-517 WEST FOURTH STREET	31-1629166	501 (C) (3)		62,215.	FMV		FOOD DISTRIBUTION
<b>(3)</b> TONI'S KITCHEN @ ST. LUKES CH. 100 VINCENT PL MONTCLAIR, NJ 07042	31-1629186	501 (C) (3)		27,079.	FMV		FOOD DISTRIBUTION
<b>(4)</b> S.H.E.E.L.D. (SHILOH DEVE. CORP 417 W. 6TH ST PLAINFIELD, NJ 07060	31-1672462	501 (C) (3)		75,880.	FMV		FOOD DISTRIBUTION
<b>(5)</b> VINCENT UNITED METHODIST CHURCH 562 RYDERS LANE NUTLEY, NJ 07110	31-1813333	501 (C) (3)		13,495.	FMV		FOOD DISTRIBUTION
<b>(6)</b> COMMUNITY CHURCH OF GOD 1240 CLINTON AVE PLAINFIELD, NJ 07060	35-6064030	501 (C) (3)		25,928.	FMV		FOOD DISTRIBUTION
<b>(7)</b> ALDERSGATE UMC CRISIS ROOM 223 ELLISON ST. EAST BRUNSWICK, NJ 08816	36-2167731	501 (C) (3)		41,924.	FMV		FOOD DISTRIBUTION
<b>(8)</b> CHURCH WOMEN UNITED PANTRY 579 RINGWOOD AVE IRVINGTON, NJ 07111	36-2167731	501 (C) (3)		32,588.	FMV		FOOD DISTRIBUTION
<b>(9)</b> CUMAC/ECHO 27-53 PRESCOTT STREET PATERSON, NJ 07509	36-2167731	501 (C) (3)		237,733.	FMV		FOOD DISTRIBUTION
<b>(10)</b> WANAQUE FEED THE HUNGRY 144 NORMAN ST WANAQUE, NJ 07465	36-2167731	501 (C) (3)		15,778.	FMV		FOOD DISTRIBUTION
<b>(11)</b> MT. SINAI GOSPEL CHURCH 145 BROAD ST. JERSEY CITY, NJ 07304	36-2192827	501 (C) (3)		211,883.	FMV		FOOD DISTRIBUTION
<b>(12)</b> NEW HOPE BAPTIST CHURCH PANTRY 376 CLINTON PL EAST ORANGE, NJ 07017	36-2192827	501 (C) (3)		47,758.	FMV		FOOD DISTRIBUTION

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Schedule I (Form 990) (2018)



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(Form 990)**

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

OMB No. 1545-0047

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Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> ST. JOHN THE BAPTIST ORTHODOX CHURCH 2411 MEMORIAL AVENUE PERTH AMBOY, NJ 08861	36-2192827	501 (C) (3)		6,360.	FMV		FOOD DISTRIBUTION
<b>(2)</b> VICTORY AT SUNRISE BAPTIST CHU 420 SOUTH 6TH AVENUE NEWARK, NJ 07112	36-2192827	501 (C) (3)		56,715.	FMV		FOOD DISTRIBUTION
<b>(3)</b> BEYOND THE WALLS 2015 KENNEDY BLVD. PORT NORRIS, NJ 08349	36-4801030	501 (C) (3)		20,914.	FMV		FOOD DISTRIBUTION
<b>(4)</b> BEACON HOPE CHEST PO BOX 741 GALLOWAY, NJ 08205	41-0721672	501 (C) (3)		17,651.	FMV		FOOD DISTRIBUTION
<b>(5)</b> BETHANY LUTHERAN CHURCH 11 E. DAWES AVENUE JERSEY CITY, NJ 07305	41-1568278	501 (C) (3)		61,260.	FMV		FOOD DISTRIBUTION
<b>(6)</b> EPIPHANY LUTHERAN CHURCH 440 HOBOKEN AVENUE PLEASANTVILLE, NJ 08232	41-1568278	501 (C) (3)		71,009.	FMV		FOOD DISTRIBUTION
<b>(7)</b> GRACE LUTHERAN CHURCH 1-3 KIRKPATRICK STREET	41-1568278	501 (C) (3)		12,473.	FMV		FOOD DISTRIBUTION
<b>(8)</b> THE SHARING PLACE, INC. PO BOX 784 JERSEY CITY, NJ 07306	41-1568278	501 (C) (3)		62,080.	FMV		FOOD DISTRIBUTION
<b>(9)</b> EMANUEL EVANG LUTHERAN CHURCH 80 JEFFERSON BLVD NEW BRUNSWICK, NJ 08901	41-1568278	501 (C) (3)		60,423.	FMV		FOOD DISTRIBUTION
<b>(10)</b> BETHEL AME 580 MT. PROSPECT AVENUE MILLVILLE, NJ 08332	43-1995790	501 (C) (3)		78,784.	FMV		FOOD DISTRIBUTION
<b>(11)</b> NEW BEGINNINGS CHURCH OF NAZARENE 1111 PREAKNESS AVE EDISON, NJ 08817	43-6890529	501 (C) (3)		9,682.	FMV		FOOD DISTRIBUTION
<b>(12)</b> BETHEL ASSEMBLY OF GOD 15 GROVE STREET NEWARK, NJ 07104	44-0577787	501 (C) (3)		13,101.	FMV		FOOD DISTRIBUTION

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Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CALVARY TEMPLE - COMPASSION IN 160 PASSAIC AVENUE WAYNE, NJ 07470	44-0577787	501 (C) (3)		99,349.	FMV		FOOD DISTRIBUTION
(2) SPANISH PENTECOSTAL EVANGELICAL CHURCH 220 S. HARRISON ST., EAST ORANGE	44-0577787	501 (C) (3)		27,494.	FMV		FOOD DISTRIBUTION
(3) TRINITY ASSEMBLY OF GOD (FEED THE NEED) 63 MT. PLEASANT AVENUE PASSAIC, NJ 07055	44-0577787	501 (C) (3)		47,626.	FMV		FOOD DISTRIBUTION
(4) JOAN T. AND ROBIN L. CROWLEY MEMORIAL FOOD 547 MONTGOMERY STREET ORANGE, NJ 07050	45-2715926	501 (C) (3)		7,747.	FMV		FOOD DISTRIBUTION
(5) MEN AND WOMEN OF VALOR 100 GRANT STREET NEWARK, NJ 07104	45-2737333	501 (C) (3)		224,017.	FMV		FOOD DISTRIBUTION
(6) BETTER TOMORROWS (CATHERINE TODD SR. RESIDE 1221 NEW BRUNSWICK AVE.	45-3199958	501 (C) (3)		36,627.	FMV		FOOD DISTRIBUTION
(7) FEEDING HANDS PANTRY 273 OCEAN AVE SOMERVILLE, NJ 08876	45-4159276	501 (C) (3)		52,281.	FMV		FOOD DISTRIBUTION
(8) RAHWAY FOOD FOR FRIENDS 63 HARRISON AVE RAHWAY, NJ 07065	46-1061259	501 (C) (3)		102,713.	FMV		FOOD DISTRIBUTION
(9) AT THE FEET OF JESUS LUKE 1039 336 OAKWOOD AVE JERSEY CITY, NJ 07305	46-1104171	501 (C) (3)		244,480.	FMV		FOOD DISTRIBUTION
(10) MEALS WITH A MISSION 118-120 LORD AVENUE GARFIELD, NJ 07026	46-1389172	501 (C) (3)		43,848.	FMV		FOOD DISTRIBUTION
(11) MANNA FROM HEAVEN-ST. MATTHEWS 59 SPRINGDALE AVENUE ORANGE, NJ 07052	46-2677889	501 (C) (3)		25,668.	FMV		FOOD DISTRIBUTION
(12) FAITH AND VICTORY COMMUNITY SERVICE, INC. 56 19TH AVE. BAYONNE, NJ 07002	46-4120938	501 (C) (3)		46,994.	FMV		FOOD DISTRIBUTION

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Schedule I (Form 990) (2018)

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Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

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- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> BEULAH GROVE CHURCH 833 MADISON AVENUE NEWARK, NJ 07107	46-4541466	501 (C) (3)		25,908.	FMV		FOOD DISTRIBUTION
<b>(2)</b> ALLEN VILLAGE CDC 530 WEST 4TH STREET (BOYS AND GIRLS CLUB)	46-4868512	501 (C) (3)		96,550.	FMV		FOOD DISTRIBUTION
<b>(3)</b> FAITH IN ACTION COMMUNITY DEV. CORP. 114 S. ARLINGTON AVE, PATERSON, NJ 07514	47-1432312	501 (C) (3)		26,916.	FMV		FOOD DISTRIBUTION
<b>(4)</b> BIANCA FLOWERS INC. 226 WARREN STREET PLAINFIELD, NJ 07060	48-3334835	501 (C) (3)		47,156.	FMV		FOOD DISTRIBUTION
<b>(5)</b> INNER CITY EMERG(JOI'S ANGELS) 302 E. 9TH AVENUE EAST ORANGE, NJ 07018	51-0389791	501 (C) (3)		394,811.	FMV		FOOD DISTRIBUTION
<b>(6)</b> TRINITY U.A.M.E. 188 UNION AVENUE NEWARK, NJ 07103	51-0389791	501 (C) (3)		28,210.	FMV		FOOD DISTRIBUTION
<b>(7)</b> BETHESDA FRENCH SDA 30 N. CLINTON ST. ROSELLE, NJ 07203	51-0476490	501 (C) (3)		48,762.	FMV		FOOD DISTRIBUTION
<b>(8)</b> BETHEL FRENCH SDA CHURCH 15 ELMWOOD AVE IRVINGTON, NJ 07111	52-0643036	501 (C) (3)		39,647.	FMV		FOOD DISTRIBUTION
<b>(9)</b> BETHLEHEM FRENCH SDA CHURCH P.O. BOX 115 EAST ORANGE, NJ 07017	52-0643036	501 (C) (3)		20,777.	FMV		FOOD DISTRIBUTION
<b>(10)</b> FIRST 7TH DAY ADVENTIST CHURCH 57 HANCOCK AVE. MONTCLAIR, NJ 07042	52-0643036	501 (C) (3)		44,091.	FMV		FOOD DISTRIBUTION
<b>(11)</b> FIRST NEWTONVILLE SDA 890 SOUTH ORANGE AVENUE	52-0643036	501 (C) (3)		6,698.	FMV		FOOD DISTRIBUTION
<b>(12)</b> LA ESPERANZA 7TH DAY ADVENTIST 339 LIVINGSTON AVENUE JERSEY CITY, NJ 07307	52-0643036	501 (C) (3)		105,066.	FMV		FOOD DISTRIBUTION

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Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

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Department of the Treasury  
Internal Revenue Service

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

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Name of the organization

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22-2423882

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MARANATHA SDA CHURCH 58 2ND AVENUE NEWARK, NJ 07106	52-0643036	501 (C) (3)		6,907.	FMV		FOOD DISTRIBUTION
(2) NEW BRUNSWICK ENGLISH SDS CHURCH 308 REYNOLDS TERRACE	52-0643036	501 (C) (3)		87,050.	FMV		FOOD DISTRIBUTION
(3) NEWARK SPANISH 7TH DAY ADVENTI 10 S. ORATON PARKWAY NEWARK, NJ 07104	52-0643036	501 (C) (3)		54,444.	FMV		FOOD DISTRIBUTION
(4) S.D.A. CHURCH OF THE ORANGES 75-79 HOOVER AVENUE ORANGE, NJ 07050	52-0643036	501 (C) (3)		130,063.	FMV		FOOD DISTRIBUTION
(5) SALEM SEVENTH-DAY ADVENTIST 343 11TH AVE. EAST ORANGE, NJ 07018	52-0643036	501 (C) (3)		31,702.	FMV		FOOD DISTRIBUTION
(6) SEVENTH DAY ADVENTIST CHURCH 118 DIVISION ST PASSAIC, NJ 07055	52-0643036	501 (C) (3)		31,819.	FMV		FOOD DISTRIBUTION
(7) THE FIRST SEVENTH DAY ADV. CHURCH 393 CENTRAL AVE STE 301 PATERSON, NJ 07514	52-0643036	501 (C) (3)		50,717.	FMV		FOOD DISTRIBUTION
(8) ST. JOSEPHS SOCIAL SERVICE CTR 434 E. 4TH ST. ELIZABETH, NJ 07201	52-1467470	501 (C) (3)		472,645.	FMV		FOOD DISTRIBUTION
(9) NO. JERSEY COMM RESEARCH INIT. 32 DALES AVE NEWARK, NJ 07103	52-1592616	501 (C) (3)		34,036.	FMV		FOOD DISTRIBUTION
(10) CHURCH OF A LIVING GOD 184 HOBART AVENUE PLAINFIELD, NJ 07062	52-1608118	501 (C) (3)		48,377.	FMV		FOOD DISTRIBUTION
(11) GOOD NEWS BIBLE MISSION 67 PRINCE STREET JERSEY CITY, NJ 07306	52-1623231	501 (C) (3)		42,088.	FMV		FOOD DISTRIBUTION
(12) HIGHWAYS 60 SUMMER ST. BAYONNE, NJ 07002	52-1648111	501 (C) (3)		35,950.	FMV		FOOD DISTRIBUTION

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<b>(1)</b> COUNCIL EVANGELICAL APOSTOLIC PO BOX 1656 ELIZABETH, NJ 07208	52-1761401	501 (C) (3)		37,979.	FMV		FOOD DISTRIBUTION
<b>(2)</b> BROTHERS UNITED IN CHRIST 552 E. 22ND STREET PASSAIC, NJ 07055	52-1802794	501 (C) (3)		23,462.	FMV		FOOD DISTRIBUTION
<b>(3)</b> HELP & HOPE MINISTRIES 175 FAIR STREET MILLVILLE, NJ 08332	52-1844677	501 (C) (3)		48,097.	FMV		FOOD DISTRIBUTION
<b>(4)</b> CANAAN ECONOMIC COMM. DEV. 15 BALDWIN AVENUE PATERSON, NJ 07522	52-2205369	501 (C) (3)		33,733.	FMV		FOOD DISTRIBUTION
<b>(5)</b> CENTER OF GRACE 48 WYKER ROAD PATERSON, NJ 07501	52-2414770	501 (C) (3)		47,108.	FMV		FOOD DISTRIBUTION
<b>(6)</b> BLESSED SACRAMENT PANTRY 1571 S. MARTINE AVENUE NEWARK, NJ 07108	53-0196617	501 (C) (3)		50,457.	FMV		FOOD DISTRIBUTION
<b>(7)</b> CATHOLIC FAMILY COMMUNITY SERVICES FOOD PAN 435 MAIN ST FRANKLIN, NJ 07416	53-0196617	501 (C) (3)		58,328.	FMV		FOOD DISTRIBUTION
<b>(8)</b> CHURCH OF THE IMMACULATE HEART 492 BRAMHALL AVE SCOTCH PLAINS, NJ 07076	53-0196617	501 (C) (3)		24,098.	FMV		FOOD DISTRIBUTION
<b>(9)</b> FR. ENGLISH EMERG. FOOD PANTRY 569 65TH STREET PATERSON, NJ 07501	53-0196617	501 (C) (3)		237,045.	FMV		FOOD DISTRIBUTION
<b>(10)</b> GEORGE PITCHFORD FOOD PANTRY 336 FIRST ST. JERSEY CITY, NJ 07304	53-0196617	501 (C) (3)		16,935.	FMV		FOOD DISTRIBUTION
<b>(11)</b> HOLY REDEEMER CHURCH 619 GROVE ST WEST NEW YORK, NJ 07093	53-0196617	501 (C) (3)		252,564.	FMV		FOOD DISTRIBUTION
<b>(12)</b> HOLY TRINITY RC CHURCH 380 SMITH ST. WESTFIELD, NJ 07090	53-0196617	501 (C) (3)		32,726.	FMV		FOOD DISTRIBUTION

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> J.C. HOMELESS/ST. LUCY'S SHELTER 55 W. DEMAREST AVE JERSEY CITY, NJ 07310	53-0196617	501 (C) (3)		21,512.	FMV		FOOD DISTRIBUTION
<b>(2)</b> OUR LADY OF FATIMA BREAD OF LI 45 WILUS WAY PERTH AMBOY, NJ 08861	53-0196617	501 (C) (3)		28,322.	FMV		FOOD DISTRIBUTION
<b>(3)</b> ST. CECILIA OFFICE OF CONCERN 1805 PENBROOK TER ENGLEWOOD, NJ 07631	53-0196617	501 (C) (3)		142,555.	FMV		FOOD DISTRIBUTION
<b>(4)</b> ST. CECILIA'S SOCIAL MINISTRY 454 GERMANTOWN RD ISELIN, NJ 08830	53-0196617	501 (C) (3)		29,271.	FMV		FOOD DISTRIBUTION
<b>(5)</b> ST. JOHN THE APOSTLE CHURCH 55 HIGH ST LINDEN, NJ 07036	53-0196617	501 (C) (3)		53,076.	FMV		FOOD DISTRIBUTION
<b>(6)</b> ST. JOSEPH'S CHURCH 22 LAKESIDE AVE. WEST MILFORD, NJ 07480	53-0196617	501 (C) (3)		17,864.	FMV		FOOD DISTRIBUTION
<b>(7)</b> ST. JOSEPH'S FOOD PANTRY 256 AUGUSTA ST CARTERET, NJ 07008	53-0196617	501 (C) (3)		9,586.	FMV		FOOD DISTRIBUTION
<b>(8)</b> ST. MARY'S CHURCH FOOD PANTRY 254 2ND STREET & ERIE	53-0196617	501 (C) (3)		16,904.	FMV		FOOD DISTRIBUTION
<b>(9)</b> ST. MARY'S FOOD PANTRY 18-24 GRANT ST SOUTH AMBOY, NJ 08879	53-0196617	501 (C) (3)		22,005.	FMV		FOOD DISTRIBUTION
<b>(10)</b> ST. MARY'S PARISH FOOD PANTRY 230 NEW BRUNSWICK AVE.	53-0196617	501 (C) (3)		44,056.	FMV		FOOD DISTRIBUTION
<b>(11)</b> THE APOSTLES HOUSE 528 MARTIN LUTHER KING BLVD	53-0196617	501 (C) (3)		82,362.	FMV		FOOD DISTRIBUTION
<b>(12)</b> THE SOCIETY ST. VINCENT DEPAUL 310 EAST 8TH AVE PERTH AMBOY, NJ 08861	53-0196617	501 (C) (3)		216,020.	FMV		FOOD DISTRIBUTION

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

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

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Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> TOUSSAINT FOOD PANTRY 153 LAWRENCE PL NEWARK, NJ 07102	53-0196617	501 (C) (3)		44,660.	FMV		FOOD DISTRIBUTION
<b>(2)</b> HEARD AME CHURCH 59 SPRING STREET ROSELLE, NJ 07203	53-0204696	501 (C) (3)		37,807.	FMV		FOOD DISTRIBUTION
<b>(3)</b> NEW AME ZION CHURCH 160 MADISON AVE PATERSON, NJ 07501	53-0204696	501 (C) (3)		46,223.	FMV		FOOD DISTRIBUTION
<b>(4)</b> TABLE OF HOPE 3408 BERGENLINE AVE FLR 2	53-0204696	501 (C) (3)		38,027.	FMV		FOOD DISTRIBUTION
<b>(5)</b> MT. TEMAN CHURCH 260 SOUTH 20TH STREET ELIZABETH, NJ 07201	53-0304696	501 (C) (3)		51,380.	FMV		FOOD DISTRIBUTION
<b>(6)</b> IGLESIA PENTECOSTAL EL TABERNA 225 E. 7TH ST UNION CITY, NJ 07087	54-2073010	501 (C) (3)		102,089.	FMV		FOOD DISTRIBUTION
<b>(7)</b> CHRIST TEMPLE CHURCH 5800 PALISADES AVENUE NEWARK, NJ 07103	61-1535503	501 (C) (3)		15,455.	FMV		FOOD DISTRIBUTION
<b>(8)</b> NEW COVENANT CHURCH OF GOD 198 CHADWICK AVENUE PLAINFIELD, NJ 07060	62-0484417	501 (C) (3)		89,789.	FMV		FOOD DISTRIBUTION
<b>(9)</b> NAZARETH BAPTIST CHURCH 131 POMONA AVENUE WEST NEW YORK, NJ 07093	62-0535346	501 (C) (3)		36,726.	FMV		FOOD DISTRIBUTION
<b>(10)</b> PLEASANT GROVE BAPTIST CHURCH 621 E. WOODBRIDGE AVE. NEWARK, NJ 07108	75-3227222	501 (C) (3)		144,646.	FMV		FOOD DISTRIBUTION
<b>(11)</b> CANAAN BAPTIST CHURCH 150 NO. BROADWAY NEWARK, NJ 07112	80-0167768	501 (C) (3)		100,497.	FMV		FOOD DISTRIBUTION
<b>(12)</b> 1ST PRESBYTERIAN CH. OF AVENEL 36 ROSEVILLE AVE AVENEL, NJ 07065	80-0473061	501 (C) (3)		22,267.	FMV		FOOD DISTRIBUTION

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

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

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Schedule I (Form 990) (2018)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> 1ST PRESBYTERIAN CHURCH 293 PACIFIC AVE SOUTH AMBOY, NJ 08879	80-0473061	501 (C) (3)		34,197.	FMV		FOOD DISTRIBUTION
<b>(2)</b> ROSEVILLE PRESBYTERIAN CHURCH 488 SOUTH ORANGE AVE NEWARK, NJ 07107	80-0473061	501 (C) (3)		50,776.	FMV		FOOD DISTRIBUTION
<b>(3)</b> MISSION HOUSE OF GRACE, INC 346 SIXTEENTH AVENUE JERSEY CITY, NJ 07304	80-0574901	501 (C) (3)		120,494.	FMV		FOOD DISTRIBUTION
<b>(4)</b> DELIVERANCE HOLISTIC CARE PROG 1029 BERGEN STREET NEWARK, NJ 07103	81-0552809	501 (C) (3)		96,096.	FMV		FOOD DISTRIBUTION
<b>(5)</b> IRVINGTON NEIGHBORHOOD IMPROVE 87 FIRST STREET IRVINGTON, NJ 07111	81-1094642	501 (C) (3)		56,161.	FMV		FOOD DISTRIBUTION
<b>(6)</b> POPULAR FOUNDATION FOR COMMUNITY DEVELOPMEN 28 KENNEDY BLVD NEWARK, NJ 07112	81-3337042	501 (C) (3)		11,047.	FMV		FOOD DISTRIBUTION
<b>(7)</b> HE HEARS HE CARES PRAYER MIN INT'L 220 S. 6TH AVE. ELIZABETH, NJ 07206	82-1726629	501 (C) (3)		78,250.	FMV		FOOD DISTRIBUTION
<b>(8)</b> FEEDING MIDDLESEX COUNTY 1152 S. ORANGE AVE EAST BRUNSWICK, NJ 08816	82-2487235	501 (C) (3)		70,583.	FMV		FOOD DISTRIBUTION
<b>(9)</b> HIGHLAND PARK COMMUNITY 156 NO. MAIN STREET HIGHLAND PARK, NJ 08904	82-2487235	501 (C) (3)		22,954.	FMV		FOOD DISTRIBUTION
<b>(10)</b> EBEN-EZER FOOD PANTRY 35 VIRGINIA AVE. APT. # 216	84-1175729	501 (C) (3)		253,935.	FMV		FOOD DISTRIBUTION
<b>(11)</b> PLEASANTVILLE TOWERS 65-67 RUBY BROWN TERRACE	84-1648333	501 (C) (3)		36,860.	FMV		FOOD DISTRIBUTION
<b>(12)</b> COMMUNITY HAVEN SENIOR HI-RISE 150 COMMERCE ROAD ATLANTIC CITY, NJ 08401	86-1094959	501 (C) (3)		44,402.	FMV		FOOD DISTRIBUTION

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

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

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Schedule I (Form 990) (2018)



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CURRIE WOODS TENANT TASK FORCE 250 NORTH NEW YORK AVENUE	91-2065925	501 (C) (3)		45,754.	FMV		FOOD DISTRIBUTION
(2) BUDDHIST TZU CHI FOUNDATION 281 COHANSEY STREET CEDAR GROVE, NJ 07009	94-2952782	501 (C) (3)		152,352.	FMV		FOOD DISTRIBUTION
(3) POLICE ATHLETIC LEAGUE OF ATLANTIC CITY 1409 PACIFIC AVE. ATLANTIC CITY, NJ 08401	22-2507381	501 (C) (3)		7,036.	FMV		FOOD DISTRIBUTION
(4) BRIDGETON ASSEMBLY OF GOD 1837 NE BLVD. BRIDGETON, NJ 08302	27-0938580	501 (C) (3)		63,824.	FMV		FOOD DISTRIBUTION
(5) ST. NICHOLAS OF TOLENTINE 65 BERGEN STREET RM 157	22-1543211	501 (C) (3)		13,691.	FMV		FOOD DISTRIBUTION
(6) BEYOND THE WALLS 38 WEST END PLACE VINELAND, NJ 08360	36-4801030	501 (C) (3)		21,721.	FMV		FOOD DISTRIBUTION
(7) NATIONAL DIAPER NETWORK, INC. 155 EAST STREET NEW HAVEN, CT 06511	45-2823935	501 (C) (3)	82,203.				PROGRAM SUPPORT
(8) MERCER STREET FRIENDS FOOD BANK 824 SILVIA STREET EWING TOWNSHIP, NJ 08628	21-0733990	501 (C) (3)	57,528.				PROGRAM ASSISTANCE
(9) CENTER FOR FOOD ACTION 192 W. DEMAREST AVE ENGLEWOOD, NJ 07631	22-2189072	501 (C) (3)	25,000.				PROGRAM ASSISTANCE
(10) FOOD BANK OF SOUTH JERSEY 1501 JOHN TIMPTON BLVD PENNSAUKEN, NJ 08110	22-2623089	501 (C) (3)	93,183.				PROGRAM SUPPORT
(11) FULFILL 3300 ROUTE 66 NEPTUNE, NJ 07753	22-2622522	501 (C) (3)	24,422.				PROGRAM SUPPORT
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 371.

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

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

Schedule I (Form 990) (2018)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

ALL GRANTS INCLUDING CASH AND NONCASH ARE MONITORED BY THE ORGANIZATION FOR COYPLIANCE WITH THE OUTLINED USE OF FUNDS. THE FOUR FOOD REGIONAL FOOD BANKS RECEIVE FUNDING TO SUPPLEMENT THEIR FOOD DISTRIBUTION OPERATIONS. EMPLOYEES MAKE ANNUAL SITE VISITS TO ENSURE THAT THE REGIONAL FOOD BANKS ARE OPERATING AS INTENDED. AGENCIES THAT ARE ALLOWED TO MAKE FOOD PURCHASES OR RECEIVE FOOD OR COMMODITIES UNDER THE GOVERNMENTAL PROGRAMS ARE REVIEWED ANNUALLY TO ENSURE ELIGIBILITY. SITE VISITS ARE PERFORMED ON A RANDOM BASIS TO ENSURE THAT THE AGENCY IS IN COMPLIANCE WITH FOOD STORAGE REQUIREMENTS AND TO SEE THAT THE FOOD IS

PUBLIC DISCLOSURE COPY

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

BEING USED APPROPRIATELY. ADDITIONALLY, ALL DISTRIBUTIONS ARE VERIFIED MONTHLY TO ENSURE THAT THE PURCHASES AND DISTRIBUTIONS ARE APPROPRIATE FOR THE TYPE OF AGENCY OPERATIONS. AGENCIES THAT DO NOT MEET THE ELIGIBILITY REQUIREMENTS OR THAT DO NOT STAY IN COMPLIANCE WILL NO LONGER BE ABLE TO RECEIVE DISTRIBUTIONS OR MAKE PURCHASES.

SCHEDULE J (Form 990)

Compensation Information

OMB No. 1545-0047

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

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

Attach to Form 990.

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel, Travel for companions, Tax indemnification and gross-up payments, Discretionary spending account, Housing allowance or residence for personal use, Payments for business use of personal residence, Health or social club dues or initiation fees, Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee, Independent compensation consultant, Form 990 of other organizations, Written employment contract, Compensation survey or study, Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
b Any related organization?

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
b Any related organization?

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Table with 3 columns: Question, Yes, No. Rows 1a-9.

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

Schedule J (Form 990) 2018

PUBLIC DISCLOSURE COPY

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KAREN LEIES VP OF DEVELOPMENT	(i)	268,058.	0.	0.	8,850.	20,988.	297,896.	
	(ii)	0.	0.	0.				
2 JEFFREY MOTT VICE PRESIDENT OF FINANCE	(i)	184,822.	0.	0.	8,186.		193,008.	
	(ii)	0.	0.	0.				
3 CARLOS M RODRIGUEZ PRESIDENT	(i)	189,528.	0.	0.		4,536.	194,064.	
	(ii)	0.	0.	0.				
4 GLEN HANSEN DIRECTOR OF OPERATIONS	(i)	128,683.	0.	0.		22,917.	151,600.	
	(ii)	0.	0.	0.				
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

## REBUTTABLE PRESUMPTION

THE ORGANIZATION'S BOARD OF DIRECTORS HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY, OUTLINED IN SCHEDULE O, WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT AND SENIOR MANAGEMENT. A REVIEW OF THE "TOTAL COMPENSATION" FOR EACH INDIVIDUAL IS MADE, WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF 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"

**Part III Supplemental Information**

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

WITH RESPECT TO THE COMPENSATION ARRANGEMENT; 2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND 3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION THE MEMBERS OF THE BOARD OF DIRECTORS EACH ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST. THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED. THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE BOARD AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING BUT NOT LIMITED TO THE PRESIDENT AND SENIOR MANAGEMENT. THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE PRESIDENT WITH ASSISTANCE FROM OTHER STAFF IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION. OTHER OBJECTIVE FACTORS

**Part III Supplemental Information**

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

INCLUDE SALARY DATA FOR COMPARABLE POSITIONS, PERSONNEL REVIEWS AND EVALUATIONS.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization COMMUNITY FOOD BANK OF NEW JERSEY, INC.	Employer identification number 22-2423882
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**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles. . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .				
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X		69,538,330.	FAIR VALUE
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts. . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

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

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

Schedule M (Form 990) 2018

JSA

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

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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 O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2018****Open to Public  
Inspection**

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

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

IMMEDIATELY UPON ELECTION OR APPOINTMENT OF A DIRECTOR OR OFFICER, ALL DIRECTORS AND OFFICERS SHALL DISCLOSE ANY RELEVANT INTEREST OF AN INTERESTED PARTY OR RELATED PARTY AS THEY RELATE TO SUCH DIRECTOR OR OFFICER WHICH MAY POSE A POTENTIAL CONFLICT OF INTEREST. THE BOARD OF DIRECTORS OF THE ORGANIZATION SHALL INVESTIGATE THE POTENTIAL CONFLICT OF INTEREST. THE CONFLICT OF INTEREST DISCLOSURE FORMS ARE UPDATED AT LEAST ANNUALLY. ANY CONFLICTS ARE RECORDED IN THE MINUTES OF THE MEETING OF THE BOARD OR COMMITTEE.

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 RECOMMENDATIONS ARE BASED ON REASONABLY-AVAILABLE INFORMATION REGARDING COMPENSATION PAID BY AT LEAST THREE COMPARABLE ORGANIZATIONS IN THE SAME OR SIMILAR COMMUNITIES FOR SIMILAR POSITIONS INVOLVING SIMILAR SERVICES BASED ON THE REVIEW OF SALARY INFORMATION AVAILABLE ON THE FORM 990 FOR THESE ORGANIZATIONS. THE BOARD REVIEWS THE COMMITTEE'S RECOMMENDATIONS IN LIGHT OF THE COMMITTEE'S STATED REASONS AND ANY OTHER INFORMATION REASONABLY AVAILABLE REGARDING COMPARABLE POSITIONS AND COMPENSATION. THE BOARD'S DECISIONS AND REASONS FOR ITS DECISIONS ARE DOCUMENTED IN THE MINUTES OF THE BOARD.

PUBLIC DISCLOSURE COPY

Name of the organization COMMUNITY FOOD BANK OF NEW JERSEY, INC.	Employer identification number 22-2423882
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FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE ASSUMES THE REPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF CFB NJ'S FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

FORM 990, PART VIII. LINE 1G

THE VALUE OF DONATED FOOD AND COMMODITIES IS CALCULATED USING AN AVERAGE WHOLESALE COST PER POUND, WHICH IS BASED ON AN ANNUAL STUDY PREPARED BY FEEDING AMERICA, THE NATIONAL ORGANIZATION OF FOOD BANKS COUNTRY-WIDE.

FORM 990, PART VI, SECTION B, LINE 11A

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.

FORM 990, PART VI, SECTION C, LINE 19

CFBNJ MAKES THEIR FINANCIAL STATEMENTS AND 990 AVAILABLE ON THEIR WEBSITE AND THEIR GOVERNING DOCUMENTS AND POLICIES AVAILABLE UPON REQUEST.

FORM 990, PART III, LINE 1

AND THE NEW HUNGER STUDY IN 2014 SHOWS THAT MORE THAN 4.7 MILLION TIMES A YEAR, SOMEONE IN 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.

FORM 990, PART III, LINE 4A

WITH SUPPORT FROM OUR DONORS, VOLUNTEERS AND HUNGER-FIGHTING ADVOCATES, THE FOODBANK DISTRIBUTES FOOD TO SUPPORT MILLIONS OF MEALS EVERY YEAR

PUBLIC DISCLOSURE COPY

Name of the organization COMMUNITY FOOD BANK OF NEW JERSEY, INC.	Employer identification number 22-2423882
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AMONG MORE THAN 1,000 NONPROFIT COMMUNITY PARTNERS, INCLUDING PANTRIES, SOUP KITCHENS, EMERGENCY SHELTERS, MOBILE PANTRIES, AND CHILD AND SENIOR FEEDING PROGRAMS. MORE THAN 4.7 MILLION TIMES A YEAR, SOMEONE IN NEED IS FED BY THE 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.

FORM 990, PART XI, LINE 8

THE NET ASSETS OF THE FOOD BANK AS OF JULY 1, 2017, HAVE BEEN RESTATED FROM THE AMOUNTS PREVIOUSLY 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.

DONATED FOOD AND COMMODITIES INVENTORY BY \$487,966.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CLIFTON LARSON ALLEN LLP P.O BOX 829709 PHILADELPHIA, PA 19182	TEMP STAFF	121,253.
CREATIVE WORKFORCE SOLUTIONS, LL 17 BROADWAY - GROUND FLOOR FLORHAM PARK, NJ 07932	HUMAN RESOURCE	149,732.
DANIEL J. EDELMAN, INC. 200 EAST RANDOLPH STREET CHICAGO, IL 60601	PR & MARKETING	136,143.
AMERGENT, INC. 9 CENTENNIAL DRIVE PEABODY, MA 01960	FUNDRAISER	1,203,314.

PUBLIC DISCLOSURE COPY

Name of the organization COMMUNITY FOOD BANK OF NEW JERSEY, INC.	Employer identification number 22-2423882
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ATTACHMENT 1 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
NETWORK DOCTOR IT SOLUTIONS & SERVICES 600 SYLVAN AVENUE SUITE 212 ENGLEWOOD CLIFFS, NJ 07632	IT SERVICES	543,761.

ATTACHMENT 2

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	43,152.
TOTALS	<u>43,152.</u>

ATTACHMENT 3

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
US EQUITIES	441,603.	FMV
NON US EQUITIES	1,990,327.	FMV
MONEY MARKET FUNDS	54,113.	FMV
MUTUAL FUNDS	1,671,374.	FMV
INDEXFUNDS	6,654,499.	FMV
TOTALS	<u>10,811,916.</u>	

ATTACHMENT 4

PUBLIC DISCLOSURE COPY

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

ATTACHMENT 4 (CONT'D)

FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REVENUE	1,115,077.
TOTALS	<u>1,115,077.</u>

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019.

2018

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed, B Exempt under section, C Book value of all assets at end of year, D Employer identification number, E Unrelated business activity code, F Group exemption number, G Check organization type.

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here RENTAL OF FACILITIES.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of JEFF MOTT Telephone number 908-355-3663

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from a partnership or an S corporation, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from a controlled organization, 9 Investment income of a section 501(c)(7), (9), or (17) organization, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 3 columns: Line number, Description, Amount. Rows include: 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest (attach schedule), 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation claimed on Schedule A and elsewhere on return, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses, 27 Excess readership costs, 28 Other deductions, 29 Total deductions, 30 Unrelated business taxable income before net operating loss deduction, 31 Deduction for net operating loss, 32 Unrelated business taxable income.



Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-45e, 46-49, 50a-50g, 51-55 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No. Includes lines 56-58 regarding foreign activities and tax-exempt interest.

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature and Preparer Information section including fields for officer signature, date, title, firm name, address, and EIN.

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶

<b>1</b> Inventory at beginning of year . . . . .	<b>1</b>		<b>6</b> Inventory at end of year . . . . .	<b>6</b>	
<b>2</b> Purchases . . . . .	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line		
<b>3</b> Cost of labor . . . . .	<b>3</b>		6 from line 5. Enter here and in		
<b>4a</b> Additional section 263A costs			Part I, line 2 . . . . .	<b>7</b>	
(attach schedule) . . . . .	<b>4a</b>				
<b>b</b> Other costs (attach schedule) . . . . .	<b>4b</b>		<b>8</b> Do the rules of section 263A (with respect to	<b>Yes</b>	<b>No</b>
<b>5</b> <b>Total.</b> Add lines 1 through 4b . . . . .	<b>5</b>		property produced or acquired for resale) apply		
			to the organization? . . . . .		X

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

<b>1. Description of property</b>		
(1)	32-34 EVANS TERMINAL ROAD	
(2)	SOLAR ARRAY	
(3)		
(4)		
<b>2. Rent received or accrued</b>		
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1) ATCH 1	52,600.	120,300.
(2)	28,736.	18,905.
(3)		
(4)		
<b>Total</b>	<b>Total</b> 81,336.	
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . ▶		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ▶
81,336.		139,205.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

<b>1. Description of debt-financed property</b>		<b>2. Gross income from or allocable to debt-financed property</b>	<b>3. Deductions directly connected with or allocable to debt-financed property</b>	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
<b>4. Amount of average acquisition debt on or allocable to debt-financed property</b> (attach schedule)	<b>5. Average adjusted basis of or allocable to debt-financed property</b> (attach schedule)	<b>6. Column 4 divided by column 5</b>	<b>7. Gross income reportable</b> (column 2 x column 6)	<b>8. Allocable deductions</b> (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8 . . . . . ▶				

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals . . . . . ▶

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Totals . . . . . ▶

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Totals . . . . . ▶

**Schedule J—Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5)) . . . ▶

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I . . . . .</b> ▶						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
<b>Totals, Part II (lines 1-5) . . . . .</b> ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

SCHEDULE C - RENT INCOME DEDUCTIONS

32-34 EVANS TERMINAL ROAD

DEPRECIATION	25,525.
INSURANCE	11,132.
SECURITY	4,834.
REAL ESTATE TAXES	30,067.
INTEREST	29,390.
PERSONNEL	19,352.
TOTAL	<u>120,300.</u>

SCHEDULE C - RENT INCOME DEDUCTIONS

SOLAR ARRAY

PERSONNEL	6,451.
INSURANCE	1,454.
DEPRECIATION	11,000.
TOTAL	<u>18,905.</u>

Form **8879-EO**

**IRS e-file Signature Authorization for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 07/01, 2018, and ending 06/30, 20 19

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

**2018**

Name of exempt organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

Name and title of officer

CARLOS RODRIGUEZ, PRESIDENT AND CEO

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>107258419.</u>
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5). . . . .	4b	
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, line 3c) . . . . .	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize WITHUMSMITH+BROWN, PC to enter my PIN 4 4 4 8 4 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 2-24-2020

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

2 2 0 0 6 2 2 2 2 0 2

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Catherine E. Bentall

Date ▶

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)