

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning 07/01/2024 and ending 06/30/2025

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer COMMUNITY FOOD BANK OF NEW JERSEY, INC. EIN or SSN 22-2423882

Name and title of officer or person subject to tax GERALD MALONEY, CFAO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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>214145989.</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 V, line 5).	4b	_____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	_____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	_____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D).	8b	_____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	_____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize WITHUMSMITH+BROWN, PC ERO firm name to enter my PIN 44484 as my signature. Enter five numbers, but do not enter all zeros

on the tax year 2024 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 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.

Signature of officer or person subject to tax Gerald Maloney **SIGN HERE** Date 2/20/26

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. 2234642202
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return 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 BENDALL Date 02/20/2026

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

Return of Organization Exempt From Income Tax

2024

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

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 07/01/2024 and ending 06/30/2025

Form header section containing organization name (COMMUNITY FOOD BANK OF NEW JERSEY, INC.), EIN (22-2423882), address (31 EVANS TERMINAL ROAD, HILLSIDE, NJ 07205), and principal officer (ELIZABETH MCCARTHY).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue (Total: 226,709,408), expenses (Total: 220,599,190), and net assets (Total: 107,067,700).

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, date, and preparer name.

Preparer information section including name (CATHERINE BENDALL), signature, date (02/20/2026), and firm name (WITHUMSMITH+BROWN, PC).

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

WE SERVE AS A CHAMPION FOR ADDRESSING THE ROOT CAUSES OF HUNGER,
DELIVERING NEIGHBOR-CENTRIC SOLUTIONS, AND FOSTERING COLLABORATIVE
PARTNERSHIPS ACROSS ALL SECTORS OF SOCIETY FOR NEW JERSEY.

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

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

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

4a (Code: _____) (Expenses \$ 199,377,128. including grants of \$ 163,877,379.) (Revenue \$ 2,534,814.)

SEE SCHEDULE O

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

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

4d Other program services (Describe on Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses 199,377,128.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 379		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17 If "Yes," complete Form 6069.		

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (25), 1b (25), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
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.
19 Describe on 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.
GERALD MALONEY 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205

JSA 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ELIZABETH MCCARTHY CHIEF EXECUTIVE OFFICER	40.00 NONE			X				407,428.	NONE	33,804.
(2) KAREN LEIES CHIEF OF EXTERNAL AFFAIRS	40.00 NONE			X				271,148.	NONE	12,822.
(3) GERALD FRANCIS MALONEY CFAO	40.00 NONE			X				230,108.	NONE	34,399.
(4) TERENCE WILLIAMS VP OF HUMAN RESOURCES	40.00 NONE			X				223,779.	NONE	28,239.
(5) DAVID GOLDSTEIN VICE PRESIDENT OF OPERATIONS	40.00 NONE			X				232,938.	NONE	16,424.
(6) JEANNIE FOURNIER VP OF PROGRAMS & SERVICES	40.00 NONE			X				203,908.	NONE	34,691.
(7) ROBERT POWELL SR.DR INFORMATION TECHNOLOGY	40.00 NONE					X		167,593.	NONE	40,182.
(8) NADINE ROSENBAUM-LEHRER SENIOR DIR, DIR RESPONSE MKT	40.00 NONE					X		156,042.	NONE	31,837.
(9) RENEE HELFENSTEIN ASST. VP OF EVENTS, MKTNG & CO	40.00 NONE			X				169,768.	NONE	18,078.
(10) ADELE HELEN LATOURETTE ASST. VP OF POLICY & ADVOCACY	40.00 NONE			X				163,811.	NONE	17,448.
(11) ANDREA PETER ASST. VP, HUMAN RESOURCES	40.00 NONE			X				172,125.	NONE	7,646.
(12) ROD JANUZZI SENIOR DIRECTOR OF FACILITIES	40.00 NONE					X		159,560.	NONE	17,444.
(13) OTTO ROBERTS CONTROLLER	40.00 NONE					X		156,524.	NONE	17,620.
(14) JENNIFER NELSON VP, NETWORK RELATIONS	40.00 NONE			X				153,450.	NONE	10,707.

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) DEBRA SCHEINHOLTZ DIRECTOR OF CORPORATE RELATION	40.00 NONE					X	158,583.	NONE	5,001.	
(16) JOSEPH F. DEMPSEY JR. CHAIRPERSON	1.00 NONE	X		X			NONE	NONE	NONE	
(17) CHRIS PERRY VICE CHAIRPERSON	1.00 NONE	X		X			NONE	NONE	NONE	
(18) DAN CREGG TREASURER	1.00 NONE	X		X			NONE	NONE	NONE	
(19) JILL GATEMAN SECRETARY	1.00 NONE	X		X			NONE	NONE	NONE	
(20) PERRY BLATT DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(21) HANS DEKKER DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(22) ANDREW FEDERBUSCH DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(23) ANTONY J. FEROLIE DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(24) STACEY GOODMAN DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(25) MARINA HONG DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total							3,026,765.	NONE	326,342.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							3,026,765.	NONE	326,342.	

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 ▶ 36

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

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 ▶

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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include individuals like Ashley Julmis, Steven F. Jureller, etc.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a row for total number of independent contractors.

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Michael Rimland, Jason Read, Josh Weinreich, Judith A. Spires, Ralph Izzo, and Haven Cockerham.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'SEE SCHEDULE O'.

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a									
	b	Membership dues	1b									
	c	Fundraising events	1c	1,834,465.								
	d	Related organizations	1d									
	e	Government grants (contributions) . .	1e	105,011,120.								
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	99,256,888.								
	g	Noncash contributions included in lines 1a-1f	1g	\$ 110,033,534.								
	h	Total. Add lines 1a-1f		206,102,473.								
	Program Service Revenue				Business Code							
2a		PURCHASED FOOD REVENUES		624210	2,236,217.	2,236,217.						
b		FOOD SERVICE TRAINING PROGRAM FEES		624210	23,067.	23,067.						
c		OTHER PROGRAM FEES		624210	275,530.	275,530.						
d												
e												
f		All other program service revenue										
g		Total. Add lines 2a-2f			2,534,814.							
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1,728,291.		1,728,291.					
	4	Income from investment of tax-exempt bond proceeds . . .			NONE							
	5	Royalties			NONE							
	6a	Gross rents	6a	(i) Real	(ii) Personal							
	b	Less: rental expenses	6b									
	c	Rental income or (loss)	6c	NONE	NONE							
	d	Net rental income or (loss)			NONE							
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other							
						23,823,362.						
	b	Less: cost or other basis and sales expenses	7b			20,042,951.						
	c	Gain or (loss)	7c			3,780,411.						
d	Net gain or (loss)			3,780,411.		3,780,411.						
8a	Gross income from fundraising events (not including \$ 1,834,465. of contributions reported on line 1c). See Part IV, line 18	8a				486,702.						
			b	Less: direct expenses	8b			486,702.				
			c	Net income or (loss) from fundraising events								
			9a	Gross income from gaming activities. See Part IV, line 19	9a				NONE			
						b	Less: direct expenses	9b			NONE	
						c	Net income or (loss) from gaming activities			NONE		
			10a	Gross sales of inventory, less returns and allowances	10a				NONE			
						b	Less: cost of goods sold	10b			NONE	
						c	Net income or (loss) from sales of inventory			NONE		
			Miscellaneous Revenue				Business Code					
11a												
b												
c												
d	All other revenue											
e	Total. Add lines 11a-11d				NONE							
12	Total revenue. See instructions			214,145,989.	2,534,814.		5,508,702.					

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, and Total functional expenses.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	7,744,066.	1	6,563,375.
	2 Savings and temporary cash investments.	275,539.	2	601,538.
	3 Pledges and grants receivable, net	2,096,383.	3	1,590,561.
	4 Accounts receivable, net	2,452,257.	4	3,585,267.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	19,934,635.	8	20,268,611.
	9 Prepaid expenses and deferred charges	735,709.	9	2,098,927.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 36,706,905.		
	b Less: accumulated depreciation.	10b 18,695,389.		
		17,445,227.	10c	18,011,516.
	11 Investments - publicly traded securities.	60,816,326.	11	59,573,842.
	12 Investments - other securities. See Part IV, line 11	12,994,962.	12	12,843,823.
	13 Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
15 Other assets. See Part IV, line 11	594,600.	15	80,782.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	125,089,704.	16	125,218,242.	
Liabilities	17 Accounts payable and accrued expenses.	10,363,121.	17	8,564,951.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	6,910,462.	19	5,862,048.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	142,643.	23	73,669.
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	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	605,778.	25	81,829.
	26 Total liabilities. Add lines 17 through 25.	18,022,004.	26	14,582,497.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions.	102,994,992.	27	107,411,211.
	28 Net assets with donor restrictions.	4,072,708.	28	3,224,534.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	107,067,700.	32	110,635,745.
33 Total liabilities and net assets/fund balances.	125,089,704.	33	125,218,242.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	214,145,989.
2	Total expenses (must equal Part IX, column (A), line 25)	2	212,780,417.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,365,572.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	107,067,700.
5	Net unrealized gains (losses) on investments	5	2,202,473.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	110,635,745.

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 on 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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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 on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

**Open to Public
Inspection**

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).)
- 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 on 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)						
Total						

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

Schedule A (Form 990) 2024

JSA
4E1210 1.000

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	208,533,033.	163,658,460.	185,339,023.	221,891,889.	206,102,473.	985,524,878.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3	208,533,033.	163,658,460.	185,339,023.	221,891,889.	206,102,473.	985,524,878.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						24,258,297.
6 Public support. Subtract line 5 from line 4						961,266,581.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	208,533,033.	163,658,460.	185,339,023.	221,891,889.	206,102,473.	985,524,878.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	877,545.	1,181,092.	2,310,779.	1,497,392.	1,728,291.	7,595,099.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11 Total support. Add lines 7 through 10						993,119,977.
12 Gross receipts from related activities, etc. (see instructions)					12	7,087,338.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	96.79 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	97.09 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

b 33 1/3% support tests - 2023. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2020			
b	Excess from 2021			
c	Excess from 2022			
d	Excess from 2023			
e	Excess from 2024			

**Schedule B
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

Name of the organization

Employer identification number

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

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), 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), 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).

Name of organization <p style="text-align: center;">COMMUNITY FOOD BANK OF NEW JERSEY, INC.</p>	Employer identification number <p style="text-align: center;">22-2423882</p>
--	---

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	N/A <hr/> <hr/>	\$ 56,110,885.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:30%;">Person</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input checked="" type="checkbox"/>								
2	N/A <hr/> <hr/>	\$ 48,161,448.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:30%;">Person</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input type="checkbox"/>								
3	N/A <hr/> <hr/>	\$ 10,042,446.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:30%;">Person</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>
Person	<input type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input checked="" type="checkbox"/>								
4	N/A <hr/> <hr/>	\$ 9,861,365.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:30%;">Person</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input checked="" type="checkbox"/>								
5	N/A <hr/> <hr/>	\$ 6,451,680.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:30%;">Person</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>
Person	<input checked="" type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input checked="" type="checkbox"/>								
6	N/A <hr/> <hr/>	\$ 4,927,456.	<table style="width:100%; border-collapse: collapse;"> <tr><td style="width:30%;">Person</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Payroll</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Noncash</td><td style="text-align: center;"><input checked="" type="checkbox"/></td></tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>	Payroll	<input type="checkbox"/>	Noncash	<input checked="" type="checkbox"/>
Person	<input type="checkbox"/>								
Payroll	<input type="checkbox"/>								
Noncash	<input checked="" type="checkbox"/>								

Name of organization <p style="text-align: center;">COMMUNITY FOOD BANK OF NEW JERSEY, INC.</p>	Employer identification number <p style="text-align: center;">22-2423882</p>
--	---

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
7	N/A	\$ 4,392,619.	Person <input checked="" 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.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">COMMUNITY FOOD BANK OF NEW JERSEY, INC.</p>	Employer identification number <p style="text-align: center;">22-2423882</p>
--	---

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	FOOD _____ _____ _____	\$ 26,571,697.	06/30/2025
3	FOOD _____ _____ _____	\$ 10,042,446.	06/30/2025
4	FOOD _____ _____ _____	\$ 9,604,570.	06/30/2025
5	FOOD _____ _____ _____	\$ 6,413,480.	06/30/2025
6	FOOD _____ _____ _____	\$ 4,927,456.	06/30/2025
7	FOOD _____ _____ _____	\$ 4,386,929.	06/30/2025

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

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2024

Department of the Treasury
Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$ _____
- 3 Volunteer hours for political campaign activities. See instructions _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2024

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
1b Total lobbying expenditures to influence a legislative body (direct lobbying)		
1c Total lobbying expenditures (add lines 1a and 1b)		
1d Other exempt purpose expenditures		
1e Total exempt purpose expenditures (add lines 1c and 1d)		
1f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
IF the amount on line 1e, column (a) or (b), is: THEN the lobbying nontaxable amount is:		
not over \$500,000, 20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000, \$100,000 plus 15% of the excess over \$500,000.		
over \$1,000,000 but not over \$1,500,000, \$175,000 plus 10% of the excess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,000, \$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000 \$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No		

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: Question, (a) Yes/No, and (b) Amount. Rows include questions about influencing legislation, volunteers, staff, media, mailings, publications, grants, and direct contact with legislators.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover activity.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, nondeductible lobbying and political expenditures, and aggregate amounts.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Multiple horizontal lines provided for entering supplemental information.

Part IV Supplemental Information (continued)

LOBBYING ACTIVITIES:

COMMUNITY FOODBANK OF NEW JERSEY WORKS WITH STATE AND FEDERAL LEGISLATORS ON CRAFTING, COMMENTING ON AND PASSING LEGISLATION THAT HAS AS ITS GOAL DECREASING HUNGER AND FOOD INSECURITY. WE ALSO WORK WITH STATE DEPARTMENTS WHICH ADMINISTER FEDERAL FEEDING PROGRAMS ON ADMINISTRATIVE IMPROVEMENTS WHICH WILL INCREASE ACCESS TO FEDERAL FEEDING PROGRAMS.

Supplemental Financial Statements

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Open to Public Inspection

Table with 2 columns: Name of the organization (COMMUNITY FOOD BANK OF NEW JERSEY, INC.) and Employer identification number (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 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements

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

Table with 3 columns: Question number, Description, and Answer (Yes/No). Includes questions 1-9 regarding 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 3 columns: Question number, Description, and Amount (\$). Includes questions 1a, 1b, 2a, 2b regarding art and historical treasures.

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 make 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 program
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.
c Beginning balance
d Additions during the year
e Distributions during the year
f 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 in 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 include: 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 Term 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?

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

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

- 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 include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).

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.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) GOVERNMENT/CORPORATE BONDS	12,843,823.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	12,843,823.	

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.

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

Part IX Other Assets

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

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

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	81,829.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	81,829.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

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 214,145,989.

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 212,780,417.

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 SUPPLEMENTAL PAGE

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, 2025 AND 2024. THE FOOD BANK HAS NO INCOME TAX RELATED PENALTIES OR INTEREST FOR THE PERIODS REPORTED IN THESE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, AND XII, LINE 2D:

FUNDRAISING EXPENSE OF \$85,699 WAS NETTED AGAINST INCOME PER 990 INSTRUCTIONS.

**SCHEDULE G
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

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

**Open to Public
Inspection**

Name of the organization: **COMMUNITY FOOD BANK OF NEW JERSEY, INC.**
Employer identification number: **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 nongovernment 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			
SEE SUPPLEMENT INFORMATION						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					3,761,752.	

- 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.

AL, AK, CO, CT, FL, GA, HI, IL,
KS, KY, ME, MD, MA, MI, MN, MO, NV, NH, NJ, NM, NY, NC, OH,
OR, PA, RI, SC, TN, VA, WA, WV, WI,

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	
		BLUE JEAN BALL (event type)	WOMEN'S LUNCH (event type)	5 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	1,551,003.	434,637.	335,527.	2,321,167.
	2	Less: Contributions	1,214,889.	382,601.	236,975.	1,834,465.
	3	Gross income (line 1 minus line 2)	336,114.	52,036.	98,552.	486,702.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	15,000.		2,650.	17,650.
	7	Food and beverages	80,442.	29,103.	3,304.	112,849.
	8	Entertainment	20,000.	7,127.		27,127.
	9	Other direct expenses	220,672.	35,123.	73,281.	329,076.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				486,702.
11	Net income summary. Subtract line 10 from line 3, column (d)					

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: _____

- 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	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

Part IV Supplemental Information. 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).

SCHEDULE G, PART I

COL (IV) GROSS RECEIPTS FROM ACTIVITY:
 THE ORGANIZATION DOES NOT SEPARATELY KEEP TRACK OF THE AMOUNT OF FUNDS RAISED BY A PROFESSIONAL FUNDRAISER. THE TOTAL AMOUNT RAISED BY THE FUNDRAISER IS INCLUDED IN THE TOTAL CONTRIBUTIONS REPORTED ON PART VIII.

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

=====

NAME:

AMERGENT (MOORE)

ADDRESS:

9 CENTENNIAL DRIVE
PEADBODY, MA 09160

ACTIVITY :

MAILINGS

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 2,966,881.

NAME:

M&R STRATEGIC SERVICES, INC

ADDRESS:

1101 CONNECTICUT AVE NW, 7TH FLOOR
WASHINGTON, DC 20036

ACTIVITY :

CAMPAIGNS

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 725,517.

NAME:

GATEWAY COMMUNICATIONS INC

ADDRESS:

16805 NE MASON COURT
PORTLAND, OR 97230

ACTIVITY :

CAMPAIGNS

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 69,354.

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 1ST PRESBYTERIAN CH. OF AVENEL 621 E. WOODBRIDGE AVE. AVENEL, NJ 07001	80-0473061	501(C)(3)		42,818.	FMV	FOOD	GENERAL SUPPORT
(2) 1ST PRESBYTERIAN CHURCH 150 NORTH BROADWAY SOUTH AMBOY, NJ 08879	80-0473061	501(C)(3)		2,243,029.	FMV	FOOD	GENERAL SUPPORT
(3) 1ST PRESBYTERIAN CHURCH OF ARLINGTON 663 KEARNY AVENUE KEARNY, NJ 07032	23-6393377	501(C)(3)		88,611.	FMV	FOOD	GENERAL SUPPORT
(4) 5TH WARD COMMUNITY DISTRIBUTION 2709 FAIRMOUNT AVE., ATL. CITY, NJ 0840	26-3570540	501(C)(3)		774,362.	FMV	FOOD	GENERAL SUPPORT
(5) A HEART 207 ATLANTIC AVE., APT. H-1, EGG HARBOR CIT	22-3190855	501(C)(3)		347,887.	FMV	FOOD	GENERAL SUPPORT
(6) A SERVANTS HEART PO BOX 188 BRIDGETON, NJ 08302	22-3516376	501(C)(3)		8,631.	FMV	FOOD	GENERAL SUPPORT
(7) ABSEGAMI HIGH SCHOOL 201 S. WRANGLEBORO ROAD GALLOWAY, NJ 08205	99-9999999	501(C)(3)		7,544.	FMV	FOOD	GENERAL SUPPORT
(8) ABUNDANT LIFE CENTER 849 ROUTE 54 WILLIAMSTOWN, NJ 08094	95-1683874	501(C)(3)		29,362.	FMV	FOOD	GENERAL SUPPORT
(9) ABUNDANT LIFE CHRISTIAN CTR. 2245 ROUTE 130, STE. 101 DAYTON, NJ 08810	22-2435835	501(C)(3)		55,951.	FMV	FOOD	GENERAL SUPPORT
(10) ACCC 5100 BLACK HORSE PIKE, MAYS LANDING, NJ, 08	99-9999999	501(C)(3)		6,548.	FMV	FOOD	GENERAL SUPPORT
(11) AGAPE FAMILY WORSHIP CENTER 501 E. HAZELWOOD AVE. RAHWAY, NJ 07065	22-3056048	501(C)(3)		322,260.	FMV	FOOD	GENERAL SUPPORT
(12) AHMADIYYA MOVEMENT IN ISLAM 131 WAGARAW RD HAWTHORNE, NJ 07506	52-6054158	501(C)(3)		92,242.	FMV	FOOD	GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 705

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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AIDS RESOURCE FOUNDATION FOR C 75-77 ACADEMY STREET NEWARK, NJ 07104	22-2696986	501(C)(3)		20,556.	FMV	FOOD	GENERAL SUPPORT
(2) ALDERSGATE UMC CRISIS ROOM 568 RYDERS LANE EAST BRUNSWICK, NJ 08816	36-2167731	501(C)(3)		524,997.	FMV	FOOD	GENERAL SUPPORT
(3) ALL ACCESS COMMUNITY DEVELOPMENT CORPORATIO THE LODGE, 351 FIRST STREET	87-2043738	501(C)(3)		66,788.	FMV	FOOD	GENERAL SUPPORT
(4) ALL SAINTS EPISCOPAL CHURCH 15 BASKING RIDGE ROAD MILLINGTON, NJ 07946	31-1629166	501(C)(3)		48,723.	FMV	FOOD	GENERAL SUPPORT
(5) ALLEN VILLAGE CDC 56 19TH AVENUE NEWARK, NJ 07103	46-4868512	501(C)(3)		301,408.	FMV	FOOD	GENERAL SUPPORT
(6) ALTMAN TERRACE 1000 ARCTIC AVE. , APT. 320	03-0539570	501(C)(3)		63,364.	FMV	FOOD	GENERAL SUPPORT
(7) AL'UMMAH COMMUNITY CENTER 55 HILLSIDE AVE TEANECK, NJ 07666	83-2403741	501(C)(3)		23,927.	FMV	FOOD	GENERAL SUPPORT
(8) ANGEL VISIT BAPTIST CHURCH 435 W GARFIELD AVENUE WILDWOOD, NJ 08260	22-2749159	501(C)(3)		102,549.	FMV	FOOD	GENERAL SUPPORT
(9) ANGELA CARES 512 OCEAN AVE JERSEY CITY, NJ 07305	45-3555605	501(C)(3)		33,129.	FMV	FOOD	GENERAL SUPPORT
(10) ANNIE CLYDE HOLT FOOD PANTRY 100 PALISADE AVENUE WESTWOOD, NJ 07675	22-3254771	501(C)(3)		68,940.	FMV	FOOD	GENERAL SUPPORT
(11) AREA BABY CENTER 214 SPRINGFIELD AVENUE SUMMIT, NJ 07901	22-3682455	501(C)(3)		31,826.	FMV	FOOD	GENERAL SUPPORT
(12) ARLINGTON HOUSE 55-57 SOUTH MUNN AVE., ATL.CITY, NJ 08401	99-9999999	501(C)(3)		123,924.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ASBURY UNITED METHODIST CHURCH 1213 PACIFIC AVE. ATLANTIC CITY, NJ 08401	90-0168116	501(C)(3)		46,599.	FMV	FOOD	GENERAL SUPPORT
(2) ATLANTIC CAPE FAMILY SUPPORT 950 TILTON RD UNIT 108, NORTHFIELD, NJ 0822	01-0562891	501(C)(3)		67,708.	FMV	FOOD	GENERAL SUPPORT
(3) ATLANTIC COUNTY SPECIAL SERVICES SCHOOL DIS 4805 NAWAKWA BLVD., MAYS LANDING, NJ 08330	99-9999999	501(C)(3)		173,752.	FMV	FOOD	GENERAL SUPPORT
(4) ATLANTICARE 1401 ATLANTIC AVE ATLANTIC CITY, NJ 08401	22-3265213	501(C)(3)		326,214.	FMV	FOOD	GENERAL SUPPORT
(5) BE THE CHANGE NJ 19 SOUTH 2ND AVE. HIGHLAND PARK, NJ 80904	46-4339228	501(C)(3)		260,149.	FMV	FOOD	GENERAL SUPPORT
(6) BEACON HOPE CHEST 420 S. 6TH AVENUE GALLOWAY, NJ 08205	41-0721672	501(C)(3)		188,994.	FMV	FOOD	GENERAL SUPPORT
(7) BEOF-BAYONNE ECONOMIC OPPORTUNITY FOUNDATIO 555 KENNEDY BLVD. BAYONNE, NJ 07002	22-1811616	501(C)(3)		318,883.	FMV	FOOD	GENERAL SUPPORT
(8) BEREAN SEVENTHDAY ADVENTIST CHURCH 828 SANFORD AVE. NEWARK, NJ 07106	52-0643036	501(C)(3)		349,538.	FMV	FOOD	GENERAL SUPPORT
(9) BERGEN COUNTY COMMUNITY ACTION 392 MAIN STREET HACKENSACK, NJ 07601	22-1818014	501(C)(3)		25,468.	FMV	FOOD	GENERAL SUPPORT
(10) BERKELEY COLLEGE 536 BROAD STREET NEWARK, NJ 07102	46-3847620	501(C)(3)		21,605.	FMV	FOOD	GENERAL SUPPORT
(11) BESSIE GREEN COMMUNITY 510 BROAD STREET NEWARK, NJ 07102	22-2269884	501(C)(3)		277,631.	FMV	FOOD	GENERAL SUPPORT
(12) BEST OF LIFE PARK 129 SO. VIRGINIA AVE., ATL CITY, NJ 08401	26-4634136	501(C)(3)		38,579.	FMV	FOOD	GENERAL SUPPORT

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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BETHANY BAPTIST CHURCH PANTRY 275 W. MARKET ST NEWARK, NJ 07103	22-6000112	501(C)(3)		181,802.	FMV	FOOD	GENERAL SUPPORT
(2) BETHANY LUTHERAN CHURCH 2015 KENNEDY BLVD. JERSEY CITY, NJ 07305	41-1568278	501(C)(3)		71,830.	FMV	FOOD	GENERAL SUPPORT
(3) BETHEL ASSEMBLY OF GOD 580 MT. PROSPECT AVENUE NEWARK, NJ 07104	44-0577787	501(C)(3)		439,544.	FMV	FOOD	GENERAL SUPPORT
(4) BETHEL COMMANDMENT CHURCH 402 S. GEORGE STREET WHITESBORO, NJ 08252	22-2091948	501(C)(3)		642,870.	FMV	FOOD	GENERAL SUPPORT
(5) BETHEL FRENCH SDA CHURCH 188 UNION AVENUE IRVINGTON, NJ 07111	52-0643036	501(C)(3)		163,717.	FMV	FOOD	GENERAL SUPPORT
(6) BETHEL NEW LIFE COMMUNITY OUTREACH CHURCH 450 N MAPLE AVE EAST ORANGE, NJ 07018	46-3574402	501(C)(3)		56,809.	FMV	FOOD	GENERAL SUPPORT
(7) BETHESDA FRENCH SDA 302 E. 9TH AVENUE ROSELLE, NJ 07203	52-0643036	501(C)(3)		95,304.	FMV	FOOD	GENERAL SUPPORT
(8) BETHLEHEM COMMUNITY DEVELOPMENT CORP. 77 NORTH 14TH STREET EAST ORANGE, NJ 07017	22-3603695	501(C)(3)		97,650.	FMV	FOOD	GENERAL SUPPORT
(9) BETHLEHEM FRENCH SDA CHURCH 30 N. CLINTON ST. EAST ORANGE, NJ 07017	52-0643036	501(C)(3)		178,006.	FMV	FOOD	GENERAL SUPPORT
(10) BETTER TOMOROWS AT LAFAYETTE 471 PACIFIC AVENUE JERSEY CITY, NJ 07304	45-3199958	501(C)(3)		21,270.	FMV	FOOD	GENERAL SUPPORT
(11) BETTER TOMORROW @ BLVD. WEST 220 IRVINE TURNER BLVD. NEWARK, NJ 07107	45-3199958	501(C)(3)		48,795.	FMV	FOOD	GENERAL SUPPORT
(12) BETTER TOMORROWS (CATHERINE TODD SR. RESIDE 547 MONTGOMERY STREET JERSEY CITY, NJ 07302	45-3199958	501(C)(3)		45,091.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BETTER TOMORROWS AC 818K MARYLAND AVE., ATL. CITY, NJ 08401	45-3199958	501(C)(3)		65,160.	FMV	FOOD	GENERAL SUPPORT
(2) BETTER TOMORROWS BAXTER PARK 2 WELLINGTON WAY NEWARK, NJ 07103	45-3199958	501(C)(3)		11,674.	FMV	FOOD	GENERAL SUPPORT
(3) BIANCA FLOWERS INC. 145 PARK AVENUE PLAINFIELD, NJ 07060	46-3334835	501(C)(3)		94,263.	FMV	FOOD	GENERAL SUPPORT
(4) BIBLE WAY CHURCH 20 SOUTHARD ST PATERSON, NJ 07501	22-2180062	501(C)(3)		232,499.	FMV	FOOD	GENERAL SUPPORT
(5) BITE AT LINCOLN HIGH SCHOOL 2163 JFK BLVD JERSEY CITY, NJ 07304	82-2955055	501(C)(3)		965,896.	FMV	FOOD	GENERAL SUPPORT
(6) BLESSED SACRAMENT PANTRY 19 VAN NESS PLACE NEWARK, NJ 07108	53-0196617	501(C)(3)		92,156.	FMV	FOOD	GENERAL SUPPORT
(7) BLINDED VETERANS ASSOCIATION 385 TREMONT AVE EAST ORANGE, NJ 07018	83-1133087	501(C)(3)		136,932.	FMV	FOOD	GENERAL SUPPORT
(8) BLOOMFIELD PRESBYTERIAN CHURCH 147 BROAD STREET BLOOMFIELD, NJ 07003	23-6393377	501(C)(3)		232,365.	FMV	FOOD	GENERAL SUPPORT
(9) BOYS AND GIRLS CLUB OF NEWARK 1 AVON AVENUE NEWARK, NJ 07108	22-1515405	501(C)(3)		9,985.	FMV	FOOD	GENERAL SUPPORT
(10) BREAD OF LIFE KINGDOM FELLOWSHIP 1501 LIVINGSTON AVE, N. BRUNSWICK, NJ 08902	99-9999999	501(C)(3)		59,335.	FMV	FOOD	GENERAL SUPPORT
(11) BRIAN P. STACK ASSOC 811 WEST STREET UNION CITY, NJ 07087	22-3675033	501(C)(3)		545,486.	FMV	FOOD	GENERAL SUPPORT
(12) BRIDGETON ASSEMBLY OF GOD 424 INDIAN AVENUE BRIDGETON, NJ 08302	22-3000781	501(C)(3)		117,360.	FMV	FOOD	GENERAL SUPPORT

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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BRIDGETON UNION BAPTIST TEMPLE 30 MLK JR WAY & PINE ST, BRIDGETON, NJ 0830	22-2174978	501(C)(3)		195,050.	FMV	FOOD	GENERAL SUPPORT
(2) BUDDHIST TZU CHI FOUNDATION 150 COMMERCE ROAD CEDAR GROVE, NJ 07009	94-2952782	501(C)(3)		1,218,122.	FMV	FOOD	GENERAL BRIDGETON
(3) BUDDIES OF NEW JERSEY INC. 149 HUDSON ST HACKENSACK, NJ 07601	22-2767627	501(C)(3)		203,189.	FMV	FOOD	GENERAL SUPPORT
(4) BUENA GARDENS SENIOR CENTER 114 W. ARCTIC AVENUE MINOTOLA, NJ 08341	99-9999999	501(C)(3)		40,168.	FMV	FOOD	GENERAL SUPPORT
(5) BUILDING NEW LIVES (PREV. BEYOND THE WALLS) 1837 NE BLVD. VINELAND, NJ 08360	36-4801030	501(C)(3)		130,965.	FMV	FOOD	GENERAL SUPPORT
(6) BUILDING NEW LIVES (PREV. BEYOND THE WALLS) 2411 MEMORIAL AVENUE PORT NORRIS, NJ 08349	36-4801030	501(C)(3)		114,762.	FMV	FOOD	GENERAL SUPPORT
(7) BUTLER CHURCH OF THE NAZARENE 188-190 KIEL AVE. BUTLER, NJ 07405	22-2039005	501(C)(3)		32,591.	FMV	FOOD	GENERAL SUPPORT
(8) BUTLER UNITED METHODIST CHURCH 5 BARTHOLDI AVENUE BUTLER, NJ 07405	31-1813333	501(C)(3)		34,140.	FMV	FOOD	GENERAL SUPPORT
(9) CALVARY BAPTIST CHURCH 17 LYONS AVENUE NEWARK, NJ 07112	22-6075629	501(C)(3)		21,395.	FMV	FOOD	GENERAL SUPPORT
(10) CALVARY BAPTIST CHURCH 66 SO. GROVE STREET EAST ORANGE, NJ 07018	83-1893006	501(C)(3)		804,215.	FMV	FOOD	GENERAL SUPPORT
(11) CALVARY CHAPEL CROSSFIELDS 15 HALF ACRE RD JAMESBURG, NJ 08831	83-0412331	501(C)(3)		11,732.	FMV	FOOD	GENERAL SUPPORT
(12) CALVARY CHAPEL OF OLD BRIDGE 139 WHITE OAK LANE OLD BRIDGE, NJ 08857	22-2603508	501(C)(3)		173,897.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash 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 1111 PREAKNESS AVE WAYNE, NJ 07470	44-0577787	501(C)(3)		621,826.	FMV	FOOD	GENERAL SUPPORT
(2) CALVARY TOUCH OF GOD CHURCH 636-638 BERGEN STREET NEWARK, NJ 07108	22-3597115	501(C)(3)		121,553.	FMV	FOOD	GENERAL SUPPORT
(3) CAPE ATLANTIC POVERTY TASK FORCE 131 E. CENTRAL AVE BLUE ANCHOR, NJ 08037	62-0475840	501(C)(3)		136,216.	FMV	FOOD	GENERAL SUPPORT
(4) CAPE MAY COUNTY SPECIAL SERVICES 4 MOORE ROAD, DN-704, CAPE MAY COURTHOUSE	22-3480433	501(C)(3)		6,745.	FMV	FOOD	GENERAL SUPPORT
(5) CARING FOR KIDS 3100 ROUTE 9 SEAVILLE, NJ 08230	22-3796155	501(C)(3)		277,846.	FMV	FOOD	GENERAL SUPPORT
(6) CARLOTTA'S KIDS 239 E. FREEWAY DRIVE EAST ORANGE, NJ 07018	22-3125393	501(C)(3)		6,159.	FMV	FOOD	GENERAL SUPPORT
(7) CATHOLIC CHARITIES-AC 9 N. GEORGIA AVENUE ATLANTIC CITY, NJ 08401	94-1640741	501(C)(3)		13,403.	FMV	FOOD	GENERAL SUPPORT
(8) CATHOLIC FAMILY COMMUNITY SERVICES FOOD PAN 48 WYKER ROAD FRANKLIN, NJ 07416	53-0196617	501(C)(3)		49,033.	FMV	FOOD	GENERAL SUPPORT
(9) CBC HELPING HANDS 131 POMONA AVENUE NEWARK, NJ 07112	30-0184402	501(C)(3)		540,569.	FMV	FOOD	GENERAL SUPPORT
(10) CEDAR CREEK HIGH SCHOOL 1701 NY AVE., EGG HARBOR CITY, NJ 08215	99-9999999	501(C)(3)		5,320.	FMV	FOOD	GENERAL SUPPORT
(11) CENTER FOR FOOD ACTION 192 W. DEMAREST AVE ENGLEWOOD, NJ 07631	22-2189072	501(C)(3)		2,387,965.	FMV	FOOD	GENERAL SUPPORT
(12) CENTER OF GRACE 175 FAIR STREET PATERSON, NJ 07501	52-2414770	501(C)(3)		166,134.	FMV	FOOD	GENERAL SUPPORT

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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CENTRAL JERSEY DIAPER BANK 223 CHURCHILL AVE SOMERSET, NJ 08873	22-3625904	501(C)(3)		17,613.	FMV	FOOD	GENERAL SUPPORT
(2) CFB-COMMISSARY 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	99-9999999	501(C)(3)		9,990.	FMV	FOOD	GENERAL SUPPORT
(3) CHANCES @ MCC MINISTRY 242 JEFFERSON STREET NEWARK, NJ 07105	86-1657248	501(C)(3)		157,786.	FMV	FOOD	GENERAL SUPPORT
(4) CHESTNUT ASSEMBLY OF GOD 2554 E. CHESTNUT AVENUE VINELAND, NJ 08361	44-0577787	501(C)(3)		248,628.	FMV	FOOD	GENERAL SUPPORT
(5) CHILDREN'S SPECIALIZED HOSPITAL-NEW BRUNSWI 645 ROUTE 18 EAST BRUNSWICK, NJ 08816	22-1487148	501(C)(3)		9,559.	FMV	FOOD	GENERAL SUPPORT
(6) CHRIST EPISCOPAL CHURCH HOPE AND FAITH FOOD 480 WARWICK AVENUE, TEANECK, NJ 07666	31-1629166	501(C)(3)		130,340.	FMV	FOOD	GENERAL SUPPORT
(7) CHRIST FELLOWSHIP OF ELIZABETH 1121 ELIZABETH AVE., ELIZABETH, NJ 07201	22-3524062	501(C)(3)		257,451.	FMV	FOOD	GENERAL SUPPORT
(8) CHRIST GLORY FOOD PANTRY 1108 GROVE STREET IRVINGTON, NJ 07111	22-3788193	501(C)(3)		321,975.	FMV	FOOD	GENERAL SUPPORT
(9) CHRIST GOSPEL AGAPE COMMUNITY LIFE CENTER 2209 RT 9 SOUTH WHITESBORO, NJ 08252	26-1996843	501(C)(3)		47,568.	FMV	FOOD	GENERAL SUPPORT
(10) CHRIST TEMPLE CHURCH 260 SOUTH 20TH STREET NEWARK, NJ 07103	61-1535503	501(C)(3)		346,193.	FMV	FOOD	GENERAL SUPPORT
(11) CHRIST THE GOOD SHEPHERD PARISH 15 NORTH EAST AVENUE VINELAND, NJ 08360	22-2547030	501(C)(3)		201,695.	FMV	FOOD	GENERAL SUPPORT
(12) CHRISTIAN FELLOWSHIP CENTER 359 VAN HOUTEN STREET PATERSON, NJ 07501	22-2956237	501(C)(3)		130,055.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHRISTIAN PENTECOSTAL CHURCH 86 MARKET ST PASSAIC, NJ 07055	22-3127350	501(C)(3)		67,407.	FMV	FOOD	GENERAL SUPPORT
(2) CHURCH AT SHALOM, INC. 75-95 CLINTON AVENUE NEWARK, NJ 07114	22-3434439	501(C)(3)		75,343.	FMV	FOOD	GENERAL SUPPORT
(3) CHURCH OF A LIVING GOD 434 E 4TH ST. PLAINFIELD, NJ 07060	52-1608118	501(C)(3)		39,863.	FMV	FOOD	GENERAL SUPPORT
(4) CHURCH OF EPIPHANY OUTREACH 105 MAIN ST ORANGE, NJ 07050	03-0435388	501(C)(3)		100,537.	FMV	FOOD	GENERAL SUPPORT
(5) CHURCH OF GOD OF PROPHECY 113 FABIAN AVENUE NORTHFIELD, NJ 08225	22-3686093	501(C)(3)		455,674.	FMV	FOOD	GENERAL SUPPORT
(6) CHURCH OF JESUS CHRIST THE LORD INC. 140 LAWRENCE STREET PATERSON, NJ 07501	22-3083506	501(C)(3)		26,530.	FMV	FOOD	GENERAL SUPPORT
(7) CHURCH OF THE IMMACULATE HEART 1571 S. MARTINE AVE SCOTCH PLAINS, NJ 07076	53-0196617	501(C)(3)		76,002.	FMV	FOOD	GENERAL SUPPORT
(8) CHURCH WOMEN UNITED PANTRY 1240 CLINTON AVE IRVINGTON, NJ 07111	13-1957221	501(C)(3)		67,523.	FMV	FOOD	GENERAL SUPPORT
(9) CIRCLE OF LIFE 55 REEVES PL. NEWARK, NJ 07108	20-5169061	501(C)(3)		25,255.	FMV	FOOD	GENERAL SUPPORT
(10) CITY HARVEST 6 E 32ND ST NEW YORK CITY, NY 10016	13-3170676	501(C)(3)		4,102,927.	FMV	FOOD	GENERAL SUPPORT
(11) CLEARVIEW BAPTIST CHURCH 314-320 HOBSON ST NEWARK, NJ 07112	22-2610331	501(C)(3)		284,554.	FMV	FOOD	GENERAL SUPPORT
(12) COALITION AGAINST RAPE & ABUSE 800 RT. 9 S., CAPE MAY COURT HOUSE, NJ 0821	22-2407639	501(C)(3)		37,588.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COMMERCIAL TWP SCHOOL DISTRICT 1208 NORTH AVE PORT NORRIS, NJ 08347	99-9999999	501(C)(3)		68,155.	FMV	FOOD	GENERAL SUPPORT
(2) COMMUNITY CHARTER SCHOOL OF PATERSON 8 MORRIS STREET PATERSON, NJ 07501	26-1132409	501(C)(3)		15,385.	FMV	FOOD	GENERAL SUPPORT
(3) COMMUNITY CHURCH OF GOD 417 W. SIXTH ST PLAINFIELD, NJ 07060	22-3834617	501(C)(3)		35,508.	FMV	FOOD	GENERAL SUPPORT
(4) COMMUNITY CONGREGATIONAL CHURCH 200 HARTSHORN DRIVE SHORT HILLS, NJ 07078	13-1957221	501(C)(3)		209,480.	FMV	FOOD	GENERAL SUPPORT
(5) COMMUNITY FOOD CLOSET 500 HUGHES STREET CAPE MAY, NJ 08204	82-2727241	501(C)(3)		110,373.	FMV	FOOD	GENERAL SUPPORT
(6) COMMUNITY HAVEN SENIOR HI-RISE 35 S. VIRGINIA AVE., ATL. CITY, NJ 08401	86-1094959	501(C)(3)		228,743.	FMV	FOOD	GENERAL SUPPORT
(7) COMMUNITY PRESBYTERIAN CHURCH 1501 W. BRIGANTINE AVE. BRIGANTINE, NJ 0820	23-6393377	501(C)(3)		46,243.	FMV	FOOD	GENERAL SUPPORT
(8) COMMUNITY PSYCHIATRIC INSTIT 67 SANFORD STREET EAST ORANGE, NJ 07018	23-7184194	501(C)(3)		52,247.	FMV	FOOD	GENERAL SUPPORT
(9) COMMUNITY SDA CHURCH 245 TENAFLY ROAD ENGLEWOOD, NJ 07631	52-0643036	501(C)(3)		67,288.	FMV	FOOD	GENERAL SUPPORT
(10) COMMUNITY SOUP KITCHEN OF MORR 36 SUSSEX AVE MORRISTOWN, NJ 07960	22-3084025	501(C)(3)		433,550.	FMV	FOOD	GENERAL SUPPORT
(11) CONCERNED CITIZENS OF WHITESBORO 100 E. MAIN STREET WHITESBORO, NJ 08252	31-1623274	501(C)(3)		28,305.	FMV	FOOD	GENERAL SUPPORT
(12) CONCORD TOWERS 210 N. GROVE ST. EAST ORANGE, NJ 07018	99-9999999	501(C)(3)		73,559.	FMV	FOOD	GENERAL SUPPORT

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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CONNEX4NPO A NJ NON-PROFIT CORPORATION 22A SAND RD WESTWOOD, NJ 07675	85-0738991	501(C)(3)		10,824.	FMV	FOOD	GENERAL SUPPORT
(2) COUNCIL EVANGELICAL APOSTOLIC 67 PRINCE STREET ELIZABETH, NJ 07208	52-1761401	501(C)(3)		226,007.	FMV	FOOD	GENERAL SUPPORT
(3) COVENANT HOUSE-NJ 330 WASHINGTON ST NEWARK, NJ 07102	13-3537710	501(C)(3)		36,512.	FMV	FOOD	GENERAL SUPPORT
(4) COVENANT PLACE 623 EAST FRONT STREET PLAINFIELD, NJ 07060	99-9999999	501(C)(3)		47,361.	FMV	FOOD	GENERAL SUPPORT
(5) CUMAC/ECHO 223 ELLISON ST. PATERSON, NJ 07505	22-2657737	501(C)(3)		3,765,592.	FMV	FOOD	GENERAL SUPPORT
(6) CUMBERLAND CO. MOTELS MOBILE 2201 S 2ND ST MILLVILLE, NJ 08332	99-9999999	501(C)(3)		48,806.	FMV	FOOD	GENERAL SUPPORT
(7) CUMBERLAND COUNTY DIST-IMMACULATE CONCEPTIO 312 NO. PEARL STREET BRIDGETON, NJ 08302	53-0196617	501(C)(3)		158,647.	FMV	FOOD	GENERAL SUPPORT
(8) CUMBERLAND DROP AND GO DISTRIBUTION 1560 W MAIN STREET PORT NORRIS, NJ 08347	53-0196617	501(C)(3)		92,815.	FMV	FOOD	GENERAL SUPPORT
(9) CURRIE WOODS TENANT TASK FORCE 3 NEW HECKMAN DR. JERSEY CITY, NJ 07305	91-2065925	501(C)(3)		310,853.	FMV	FOOD	GENERAL SUPPORT
(10) DAMON HOUSE 105 JOYCE KILMER AVE, NEW BRUNSWICK, NJ 089	22-1918234	501(C)(3)		949,387.	FMV	FOOD	GENERAL SUPPORT
(11) DARE YOU TO BE DIFFERENT 28 OLIVER AVE. NEW BRUNSWICK, NJ 08901	84-4793941	501(C)(3)		406,005.	FMV	FOOD	GENERAL SUPPORT
(12) DCF CUMBERLAND REGIONAL 928 WEST SHERMAN AVENUE VINELAND, NJ 08360	99-9999999	501(C)(3)		21,850.	FMV	FOOD	GENERAL SUPPORT

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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DEEPER LIFE BIBLE CHURCH 23 S. 20TH STREET IRVINGTON, NJ 07111	02-0636780	501(C)(3)		498,184.	FMV	FOOD	GENERAL SUPPORT
(2) DIOCESAN HOUSING SERVICES 676 TOWN BANK ROAD, SUITE 100, CAPE MAY	53-0196617	501(C)(3)		12,206.	FMV	FOOD	GENERAL SUPPORT
(3) DVINE KONEKTION COMM. DEV. CO 611 56TH STREET WEST NEW YORK, NJ 07093	26-3037180	501(C)(3)		133,349.	FMV	FOOD	GENERAL SUPPORT
(4) EAST ORANGE COMMUNITY CHARTER SCHOOL 99 WASHINGTON STREET EAST ORANGE, NJ 07017	22-3573478	501(C)(3)		69,477.	FMV	FOOD	GENERAL SUPPORT
(5) EAST ORANGE YMCA 100 NO. ARLINGTON AVE, EAST ORANGE, NJ 0701	22-1487387	501(C)(3)		5,607.	FMV	FOOD	GENERAL SUPPORT
(6) EBENEZER BAPTIST CHURCH 153 WILLIAM ST ORANGE, NJ 07050	22-3562301	501(C)(3)		130,353.	FMV	FOOD	GENERAL SUPPORT
(7) EBENEZER BAPTIST CHURCH 126 LEE AVENUE NEW BRUNSWICK, NJ 08901	22-3628388	501(C)(3)		85,595.	FMV	FOOD	GENERAL SUPPORT
(8) EBEN-EZER FOOD PANTRY 1152 S. ORANGE AVE. NEWARK, NJ 07106	13-1623940	501(C)(3)		260,574.	FMV	FOOD	GENERAL SUPPORT
(9) EDISON HOUSING AUTHORITY 533B NEW BRUNSWICK AVE, PERTH AMBOY, NJ 088	22-3439175	501(C)(3)		9,756.	FMV	FOOD	GENERAL SUPPORT
(10) EDWARD GRAY BLDG 712 15TH AVENUE IRVINGTON, NJ 07111	99-9999999	501(C)(3)		39,797.	FMV	FOOD	GENERAL SUPPORT
(11) EGG HARBOR CITY COMMUNITY SCHOOL 730 HAVANA AVENUE EGG HARBOR CITY, NJ 08215	99-9999999	501(C)(3)		14,889.	FMV	FOOD	GENERAL SUPPORT
(12) EL CENTRO HISPANOAMERICANO 525 E. FRONT STREET PLAINFIELD, NJ 07060	22-2487067	501(C)(3)		178,736.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ELCC (ETERNAL LIFE CHRISTIAN CENTER) 322 FRANKLIN BLVD SOMERSET, NJ 08873	44-0577787	501(C)(3)		67,430.	FMV	FOOD	GENERAL SUPPORT
(2) ELIJAH'S PROMISE PO BOX 3050 EDISON, NJ 08818	22-3055539	501(C)(3)		84,177.	FMV	FOOD	GENERAL SUPPORT
(3) ELIZABETHPORT PRESB. CHURCH 154 FIRST STREET, ELIZABETH, NJ 07206	23-6393377	501(C)(3)		1,352,062.	FMV	FOOD	GENERAL SUPPORT
(4) EMANUEL BAPTIST CHURCH 228 CHANCELLOR AVE NEWARK, NJ 07112	22-2623422	501(C)(3)		56,251.	FMV	FOOD	GENERAL SUPPORT
(5) EMBRACE RELIEF 18 PASSAIC AVE, UNIT 1 FAIRFIELD, NJ 07004	26-2393075	501(C)(3)		14,742.	FMV	FOOD	GENERAL SUPPORT
(6) EMMANUEL CHURCH OF CHRIST 54 IRVINE TURNER BLVD NEWARK, NJ 07103	22-2888758	501(C)(3)		81,187.	FMV	FOOD	GENERAL SUPPORT
(7) ENGLEWOOD NEIGHBORHOOD PANTRY 128 W DEMAREST AVE ENGLEWOOD, NJ 07631	88-2475410	501(C)(3)		682,813.	FMV	FOOD	GENERAL SUPPORT
(8) ESSEX COUNTY COLLEGE 303 UNIVERSITY AVENUE NEWARK, NJ 07102	51-0389791	501(C)(3)		12,211.	FMV	FOOD	GENERAL SUPPORT
(9) EVA'S KITCHEN 393 MAIN ST PATERSON, NJ 07505	22-2424542	501(C)(3)		312,391.	FMV	FOOD	GENERAL SUPPORT
(10) F.O.C.U.S. 441-443 BROAD ST NEWARK, NJ 07107	22-1839206	501(C)(3)		179,640.	FMV	FOOD	GENERAL SUPPORT
(11) FAITH AND VICTORY COMMUNITY SERVICE, INC. 118-120 LORD AVENUE BAYONNE, NJ 07002	46-4120938	501(C)(3)		141,302.	FMV	FOOD	GENERAL SUPPORT
(12) FAITH BAPTIST CHURCH 829 TILTON ROAD PLEASANTVILLE, NJ 08232	22-2859240	501(C)(3)		67,870.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FAITH FELLOWSHIP WORLD OUTREAC 2707 MAIN STREET SAYREVILLE, NJ 08872	22-2437978	501(C)(3)		162,659.	FMV	FOOD	GENERAL SUPPORT
(2) FAITH IN ACTION COMMUNITY DEV. CORP. 833 MADISON AVE PATERSON, NJ 07514	47-1432312	501(C)(3)		170,434.	FMV	FOOD	GENERAL SUPPORT
(3) FAITH REFORMED CHURCH FOOD PANTRY 95 WASHINGTON STREET LODI, NJ 07644	13-3204416	501(C)(3)		87,105.	FMV	FOOD	GENERAL SUPPORT
(4) FAITH TABERNACLE CHURCH 1665 NORTH AVENUE PORT NORRIS, NJ 08349	23-1583546	501(C)(3)		70,665.	FMV	FOOD	GENERAL SUPPORT
(5) FAMILIES FOR FAMILIES 250 BRAEN AVE WYCKOFF, NJ 07481	82-3175535	501(C)(3)		106,653.	FMV	FOOD	GENERAL SUPPORT
(6) FARLEY TOWERS-HOUSING AUTHORITY OF ELIZABET 33 CHERRY STREET ELIZABETH, NJ 07202	99-9999999	501(C)(3)		75,033.	FMV	FOOD	GENERAL SUPPORT
(7) FAVOR MINISTRIES 1176 ROOSEVELT AVENUE W. CARTERET, NJ 07008	26-0580158	501(C)(3)		28,170.	FMV	FOOD	GENERAL SUPPORT
(8) FDU MADISON DEVILS CARE PANTRY 285 MADISON AVENUE MADISON, NJ 07940	22-1494434	501(C)(3)		10,342.	FMV	FOOD	GENERAL SUPPORT
(9) FEEDING HANDS PANTRY 186 ROUTE 206 HILLSBOROUGH, NJ 08844	47-2253408	501(C)(3)		1,464,968.	FMV	FOOD	GENERAL SUPPORT
(10) FEEDING MIDDLESEX COUNTY 28 KENNEDY BLVD EAST BRUNSWICK, NJ 08816	82-2487235	501(C)(3)		5,733,460.	FMV	FOOD	GENERAL SUPPORT
(11) FEEDING SOUTHWEST VIRGINA 1025 ELECTRIC ROAD SALEM, VA 24153	54-1939556	501(C)(3)		68,400.	FMV	FOOD	GENERAL SUPPORT
(12) FIRST ASSEMBLY OF GOD 100 EAST 22ND ST. BAYONNE, NJ 07002	44-0577787	501(C)(3)		62,249.	FMV	FOOD	GENERAL SUPPORT

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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FIRST BAPTIST CHURCH-HILLSIDE 166 HILLSIDE AVE HILLSIDE, NJ 07205	13-5563018	501(C)(3)		233,981.	FMV	FOOD	GENERAL SUPPORT
(2) FIRST BAPTIST CRANFORD/ELIZABETH 402 UNION AVENUE ELIZABETH, NJ 07208	22-6085515	501(C)(3)		74,340.	FMV	FOOD	GENERAL SUPPORT
(3) FIRST HOPEWELL BAPTIST CHURCH 525 ORANGE ST NEWARK, NJ 07107	22-2313428	501(C)(3)		42,612.	FMV	FOOD	GENERAL SUPPORT
(4) FIRST PRESBYTERIAN CHURCH 600 RAHWAY AVENUE WOODBRIDGE, NJ 07095	23-6393377	501(C)(3)		26,556.	FMV	FOOD	GENERAL SUPPORT
(5) FIRST UNITARIAN SOC. PLAINFIELD 718 WATCHUNG AVE PLAINFIELD, NJ 07060	22-6000534	501(C)(3)		166,527.	FMV	FOOD	GENERAL SUPPORT
(6) FISH, INC 456 NEW MARKET RD PISCATAWAY, NJ 08854	22-1923766	501(C)(3)		480,129.	FMV	FOOD	GENERAL SUPPORT
(7) FOOD BANK OF ALBEMARLE 109 TIDEWATER WAY, ELIZABETH CITY, NC 27906	56-1341658	501(C)(3)		80,438.	FMV	FOOD	GENERAL SUPPORT
(8) FOOD BANK OF CENTRAL NEW YORK 7066 INTERSTATE ISLAND RD, SYRACUSE, NY 132	22-2816988	501(C)(3)		72,675.	FMV	FOOD	GENERAL SUPPORT
(9) FOOD BANK OF NORTH CAROLINA 1924 CAPITOL BLVD RALEIGH, NC 27604	56-1283426	501(C)(3)		80,438.	FMV	FOOD	GENERAL SUPPORT
(10) FOOD BANK OF SOUTH JERSEY 1501 JOHN TIPTON BLVD, PENNSAUKEN, NJ 08110	22-2623089	501(C)(3)		1,269,864.	FMV	FOOD	GENERAL SUPPORT
(11) FOOD FOR HOPE PANTRY 140 GREEN POND ROAD ROCKAWAY, NJ 07866	03-0496558	501(C)(3)		8,061.	FMV	FOOD	GENERAL SUPPORT
(12) FOOD LIFELINE HUNGER SOLUTION CENTER 815 S 96TH ST BOULEVARD PARK, WA 98108	91-1090450	501(C)(3)		81,069.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FOODBANK NETWORK OF SOMERSET BLDG 7E EASY ST. BOUND BROOK, NJ 08805	22-2405550	501(C)(3)		3,239,841.	FMV	FOOD	GENERAL SUPPORT
(2) FOODBANK OF DELAWARE 102 VETERANS BLVD. MILFORD, DE 19963	51-0258984	501(C)(3)		136,602.	FMV	FOOD	GENERAL SUPPORT
(3) FOR MY GOOD WORKS 214 CHURCH ST BOUND BROOK, NJ 08805	46-4524128	501(C)(3)		350,064.	FMV	FOOD	GENERAL SUPPORT
(4) FOREST LAKES FAMILY SUCCESS CENTER 2009 SPRING GARDEN ROAD MILLVILLE, NJ 08332	21-0634484	501(C)(3)		281,723.	FMV	FOOD	GENERAL SUPPORT
(5) FORT LAZARUS HOUSE/TEEN CHALLE 245 STANTON MOUNTAIN ROAD LEBANON, NJ 08833	04-2401399	501(C)(3)		23,365.	FMV	FOOD	GENERAL SUPPORT
(6) FR. ENGLISH EMERG. FOOD PANTRY 35 GETTY AVE PATERSON, NJ 07501	53-0196617	501(C)(3)		1,208,489.	FMV	FOOD	GENERAL SUPPORT
(7) FRANCISCAN CHARITIES 212 HUNTERDON STREET NEWARK, NJ 07103	20-1557589	501(C)(3)		198,913.	FMV	FOOD	GENERAL SUPPORT
(8) FRANCISCAN COMMUNITY DEVELOPMENT CENTER 239 ANDERSON AVE. FAIRVIEW, NJ 07022	20-4909372	501(C)(3)		76,531.	FMV	FOOD	GENERAL SUPPORT
(9) FRANCISCAN SISTERS DAY NURSERY 499 PARK RD PARSIPPANY, NJ 07054	22-3115452	501(C)(3)		19,061.	FMV	FOOD	GENERAL SUPPORT
(10) FRANKLIN TWP. FOOD BANK INC. 211 LIVINGSTON AVE, NEW BRUNSWICK, NJ 08901	22-2406472	501(C)(3)		5,202,267.	FMV	FOOD	GENERAL SUPPORT
(11) FRANKLIN-ST.JOHN'S COMMUNIT 142 MAPLE AVE NEWARK, NJ 07112	31-1813333	501(C)(3)		36,379.	FMV	FOOD	GENERAL SUPPORT
(12) FREEDOM CHURCH *(AT PLAINFIELD HIGH SCHOOL) 1355 W. FRONT STREET PLAINFIELD, NJ 07060	47-5447918	501(C)(3)		209,336.	FMV	FOOD	GENERAL SUPPORT

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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FRIENDS OF JEAN WEBSTER 108 N. PENNSYLVANIA AVE, ATL. CITY, NJ 0706	22-3363270	501(C)(3)		1,415,674.	FMV	FOOD	GENERAL SUPPORT
(2) FULFILL 3300 RT. 66 NEPTUNE, NJ 07753	22-2622522	501(C)(3)		958,617.	FMV	FOOD	GENERAL SUPPORT
(3) FUNDACION MANOS QUE BENDICEN 176 MOUNT PLEASEANT AVE NEWARK, NJ 07104	82-0910172	501(C)(3)		247,816.	FMV	FOOD	GENERAL SUPPORT
(4) G.H.R.C./COMMUNITY OUTREACH SV 199 6TH AVE PATERSON, NJ 07501	26-0853750	501(C)(3)		28,518.	FMV	FOOD	GENERAL SUPPORT
(5) GARDEN SENIOR 265 MORRIS AVE. NEWARK, NJ 07103	99-9999999	501(C)(3)		26,591.	FMV	FOOD	GENERAL SUPPORT
(6) GARFIELD YMCA 33 OUTWATER LANE GARFIELD, NJ 07026	22-2324697	501(C)(3)		153,883.	FMV	FOOD	GENERAL SUPPORT
(7) GATEWAY FOOD PANTRY 110 COHANSEY STREET BRIDGETON, NJ 08302	22-1942357	501(C)(3)		752,971.	FMV	FOOD	GENERAL SUPPORT
(8) GEORGE PITCHFORD FOOD PANTRY 492 BRAMHALL AVE JERSEY CITY, NJ 07304	53-0196617	501(C)(3)		62,530.	FMV	FOOD	GENERAL SUPPORT
(9) GLEANERS FOOD BANK OF INDIANA 3737 WALDEMERE AVE, INDIANAPOLIS, IN 46241	35-1483868	501(C)(3)		70,543.	FMV	FOOD	GENERAL SUPPORT
(10) GOD'S CO-OP PANTRY 12 EAST ALLEN ST. BASKING RIDGE, NJ 07920	23-6393377	501(C)(3)		124,196.	FMV	FOOD	GENERAL SUPPORT
(11) GOD'S KITCHEN AT ST. PETERS 501 8TH STREET OCEAN CITY, NJ 08226	31-1813333	501(C)(3)		11,837.	FMV	FOOD	GENERAL SUPPORT
(12) GOLDEN RULE COMMUNITY OUTREACH 221 OSWALD PLACE VAUXHALL, NJ 07088	84-3462383	501(C)(3)		193,535.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GOOD NEWS BIBLE MISSION 32 DALES AVE JERSEY CITY, NJ 07306	52-1623231	501(C)(3)		47,925.	FMV	FOOD	GENERAL SUPPORT
(2) GOOD SAMARITAN GROUP 1325 KENNEDY BLVD BAYONNE, NJ 07002	86-2375726	501(C)(3)		269,516.	FMV	FOOD	GENERAL SUPPORT
(3) GOSPEL TABERNACLE 5029 KENNEDY BLVD. NORTH BERGEN, NJ 07047	44-0577787	501(C)(3)		180,058.	FMV	FOOD	GENERAL SUPPORT
(4) GOTHIC KNIGHT FOOD PANTRY (NJCU) 2039 KENNEDY BLVD JERSEY CITY, NJ 07305	23-7261698	501(C)(3)		13,669.	FMV	FOOD	GENERAL SUPPORT
(5) GRACE ASSEMBLY OF GOD 201 NEW HAMPSHIRE AVE, ATL. CITY, NJ 08401	44-0577787	501(C)(3)		21,615.	FMV	FOOD	GENERAL SUPPORT
(6) GRACE BEYOND OUR DOORS 2151 ZION ROAD NORTHFIELD, NJ 08225	43-6890529	501(C)(3)		211,743.	FMV	FOOD	GENERAL SUPPORT
(7) GRACE CHRISTIAN FELLOWSHIP MINISTRIES 40 MADISON AVE OLD BRIDGE, NJ 08857	22-3491223	501(C)(3)		251,391.	FMV	FOOD	GENERAL SUPPORT
(8) GRACE CHURCH IN NEWARK 950 BROAD ST NEWARK, NJ 07102	31-1629166	501(C)(3)		39,027.	FMV	FOOD	GENERAL SUPPORT
(9) GRACE COMMUNITY FAMILY LIFE 300 SHADELAND AVE, PLEASANTVILLE, NJ 08232	22-3482530	501(C)(3)		97,706.	FMV	FOOD	GENERAL SUPPORT
(10) GRACE LUTHERAN CHURCH 11 E. DAWES AVENUE SOMERS POINT, NJ 08244	41-1568278	501(C)(3)		35,146.	FMV	FOOD	GENERAL SUPPORT
(11) GRACE POINTE SDA CHURCH 15 ELMWOOD AVENUE MONTCLAIR, NJ 07042	52-0643036	501(C)(3)		71,232.	FMV	FOOD	GENERAL SUPPORT
(12) GRACE REDEEMER CHURCH 21 HARRISTOWN ROAD GLEN ROCK, NJ 07452	23-7366967	501(C)(3)		141,615.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GRANDPARENTS RELATIVES CARE 77 PARK AVE. UNIT 2 PATERSON, NJ 07501	20-2180471	501(C)(3)		446,874.	FMV	FOOD	GENERAL SUPPORT
(2) GREATER ABYSSINIAN BAPTIST CHU 88 LYONS AVE NEWARK, NJ 07112	13-5563018	501(C)(3)		12,177.	FMV	FOOD	GENERAL SUPPORT
(3) GREATER NEW POINT MISSIONARY BAPTIST CHURCH 60 PAINE AVE IRVINGTON, NJ 07111	22-2342561	501(C)(3)		126,311.	FMV	FOOD	GENERAL NONE
(4) GREATER REFUGE CHURCH OF CHRIST 600 GRANT AVENUE PLAINFIELD, NJ 07060	22-3807983	501(C)(3)		368,460.	FMV	FOOD	GENERAL SUPPORT
(5) HAITIAN BAPTIST CHURCH OF THE CROSSROADS 202 S 12TH STREET NEWARK, NJ 07107	13-5563018	501(C)(3)		326,098.	FMV	FOOD	GENERAL SUPPORT
(6) HAITIAN PENTECOSTAL CHURCH & HOME OF HOPE W 431 MAPLE AVE LINDEN, NJ 07036	22-3142926	501(C)(3)		26,387.	FMV	FOOD	GENERAL SUPPORT
(7) HAMILTON TOWNSHIPS SCHOOL 5801 THIRD STREET MAYS LANDING, NJ 08330	99-9999999	501(C)(3)		119,746.	FMV	FOOD	GENERAL SUPPORT
(8) HAMMONTON FAMILY SUCCESS CENTER (ATLANTICAR) 310 BELLEVUE AVE HAMMONTON, NJ 08037	22-3265214	501(C)(3)		210,804.	FMV	FOOD	GENERAL SUPPORT
(9) HANDS OF GRACE 140 1ST. ST. PASSAIC, NJ 07055	93-4135331	501(C)(3)		49,062.	FMV	FOOD	GENERAL SUPPORT
(10) HANSEN HOUSE MEN 411 ALOE STREET EGG HARBOR CITY, NJ 08215	22-3161537	501(C)(3)		231,929.	FMV	FOOD	GENERAL SUPPORT
(11) HARVEST OUTREACH MINISTRY 204-208 21ST AVE PATERSON, NJ 07501	33-1029492	501(C)(3)		95,068.	FMV	FOOD	GENERAL SUPPORT
(12) HE HEARS HE CARES PRAYER MIN INT'L 87 FIRST STREET ELIZABETH, NJ 07206	93-3185973	501(C)(3)		801,589.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HEAVEN'S GATE CHRISTIAN FELLOWSHIP 85 HAMILTON AVE PASSAIC, NJ 07055	27-3209535	501(C)(3)		56,274.	FMV	FOOD	GENERAL SUPPORT
(2) HEAVEN'S HELPERS 393 PEARL ST. WOODBRIDGE, NJ 07095	06-1798430	501(C)(3)		119,587.	FMV	FOOD	GENERAL SUPPORT
(3) HELP & HOPE MINISTRIES 214 HOWARD STREET MILLVILLE, NJ 08332	52-1844677	501(C)(3)		405,682.	FMV	FOOD	GENERAL SUPPORT
(4) HELP AND RECONCILIATION MINISTRY AND BIBLE 50 4TH AVE. NEWARK, NJ 07104	20-0611387	501(C)(3)		5,674.	FMV	FOOD	GENERAL SUPPORT
(5) HENDRICK'S HOUSE 542 N. WEST BLVD VINELAND, NJ 08360	22-3161537	501(C)(3)		130,938.	FMV	FOOD	GENERAL SUPPORT
(6) HERTAGE VILLAGE OF GALLOWAY 290 W. WHITE HORSE PIKE GALLOWAY, NJ 08205	99-9999999	501(C)(3)		29,973.	FMV	FOOD	GENERAL SUPPORT
(7) HIGH STREET APARTMENTS 315 HIGH STREET PERTH AMBOY, NJ 08861	99-9999999	501(C)(3)		107,285.	FMV	FOOD	GENERAL SUPPORT
(8) HIGHER PLACES MINISTRIES 40 WEST LANDIS AVE VINELAND, NJ 08360	27-3536525	501(C)(3)		129,221.	FMV	FOOD	GENERAL SUPPORT
(9) HIGHLAND PARK COMMUNITY 220 S. 6TH AVE. HIGHLAND PARK, NJ 08904	92-3641347	501(C)(3)		84,761.	FMV	FOOD	GENERAL SUPPORT
(10) HIGHWAYS 155 BROADWAY BAYONNE, NJ 07002	52-1648111	501(C)(3)		189,395.	FMV	FOOD	GENERAL SUPPORT
(11) HILLSIDE TOWNSHIP-SENIORS 1409 LIBERTY AVENUE HILLSIDE, NJ 07205	22-6001988	501(C)(3)		194,341.	FMV	FOOD	GENERAL SUPPORT
(12) HILLTOP HAVEN FAMILY SHELTER (PATERSON TASK) 36-38 CIRCLE AVENUE PATERSON, NJ 07522	22-1766323	501(C)(3)		19,486.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HOBOKEN COALITION SHELTER 300 BLOOMFIELD ST HOBOKEN, NJ 07030	22-3174286	501(C)(3)		96,317.	FMV	FOOD	GENERAL SUPPORT
(2) HOBOKEN COMMUNITY CENTER 1301 WASHINGTON ST. HOBOKEN, NJ 07030	22-1487383	501(C)(3)		328,159.	FMV	FOOD	GENERAL SUPPORT
(3) HOGAR CREA OF PERTH AMBOY 687 CORTLAND STREET PERTH AMBOY, NJ 08861	22-3188864	501(C)(3)		98,584.	FMV	FOOD	GENERAL SUPPORT
(4) HOLLY CITY DEVELOPMENT CORPORATION 1414 CANAL STREET MILLVILLE, NJ 08332	22-3614788	501(C)(3)		123,764.	FMV	FOOD	GENERAL SUPPORT
(5) HOLY REDEEMER 458 WOODBINE OCEANVIEW ROAD, SEAVILLE, NJ 0	53-0196617	501(C)(3)		239,468.	FMV	FOOD	GENERAL SUPPORT
(6) HOLY TRINITY RC CHURCH 425 NORTH AVENUE EAST WESTFIELD, NJ 07090	85-3814300	501(C)(3)		125,054.	FMV	FOOD	GENERAL SUPPORT
(7) HOLY TRINITY-WEST ORANGE FOOD PANTRY 315 MAIN STREET WEST ORANGE, NJ 07052	13-5562208	501(C)(3)		143,110.	FMV	FOOD	GENERAL SUPPORT
(8) HOMELESS SOLUTIONS INC. 540 W. HANOVER AVE MORRISTOWN, NJ 07960	22-2491675	501(C)(3)		15,965.	CASH	FOOD	GENERAL SUPPORT
(9) HOPE EXISTS FOUNDATION INC 227 NORTH VERMONT AVE, ATL. CITY, NJ 08401	82-5432194	501(C)(3)		258,319.	FMV	FOOD	GENERAL SUPPORT
(10) HOPE HOUSE A DIV OF CATHOLIC 101-103 BASSETT HIGHWAY DOVER, NJ 07801	53-0196617	501(C)(3)		84,574.	FMV	FOOD	GENERAL SUPPORT
(11) HOPEWELL PLACE SENIOR APARTMENTS 40 OLD STAGECOACH RD. BRIDGETON, NJ 08302	99-9999999	501(C)(3)		17,550.	FMV	FOOD	GENERAL SUPPORT
(12) HORIZON SCHOOL 71 ? 77 OKNER PARKWAY LIVINGSTON, NJ 07039	99-9999999	501(C)(3)		8,487.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HOUSE OF LOVE SOUP KITCHEN 589-595 CENTRAL AVE NEWARK, NJ 07107	26-4820894	501(C)(3)		162,150.	FMV	FOOD	GENERAL SUPPORT
(2) HOUSE OF MERCY MISSION 573 SPRINGFIELD AVE NEWARK, NJ 07103	91-0751369	501(C)(3)		180,226.	FMV	FOOD	GENERAL SUPPORT
(3) HOUSING AUTH CITY OF ELIZABETH 69 DIVISION ST- FORD ELIZABETH, NJ 07201	99-9999999	501(C)(3)		32,349.	FMV	FOOD	GENERAL SUPPORT
(4) HOUSING AUTHORITY (IRVINGTON) 624 NYE AVENUE IRVINGTON, NJ 07111	46-3176291	501(C)(3)		75,899.	FMV	FOOD	GENERAL SUPPORT
(5) HOUSING AUTHORITY OF ELIZABETH 70 WESTFIELD AVE-KENNEDY ARMS, ELIZABETH NJ	47-5579841	501(C)(3)		63,192.	FMV	FOOD	GENERAL SUPPORT
(6) HOUSING AUTHORITY OF THE CITY OF ELIZABETH- 688 MAPLE AVE ELIZABETH, NJ 07202	47-5579841	501(C)(3)		27,416.	FMV	FOOD	GENERAL SUPPORT
(7) HR RECOVERY INTIATIVE 1616 PACIFIC AVE ATLANTIC CITY, NJ 08401	47-3172897	501(C)(3)		36,573.	FMV	FOOD	GENERAL SUPPORT
(8) HUMAN NEEDS FOOD PANTRY 9 LABEL STREET MONTCLAIR, NJ 07042	22-3057065	501(C)(3)		294,522.	FMV	FOOD	GENERAL SUPPORT
(9) IGLESIA PENTECOSTAL EL TABERNA 3408 BERGENLINE AVE FLR 2, UNION CITY, NJ	54-2073010	501(C)(3)		1,569,821.	FMV	FOOD	GENERAL SUPPORT
(10) IGLESIA SHALOM BAPTIST CHURCH 70 SOUTH 8TH STREET NEWARK, NJ 07107	56-2501620	501(C)(3)		48,814.	FMV	FOOD	GENERAL SUPPORT
(11) IMANI BAPTIST CHURCH 113-117 ELMWOOD AVE EAST ORANGE, NJ 07017	22-3204744	501(C)(3)		54,529.	FMV	FOOD	GENERAL SUPPORT
(12) INNER CITY EMERG(JOI'S ANGELS) 114 SOUTH ARLINGTON AVE, EAST ORANGE, NJ 07	81-1604996	501(C)(3)		702,085.	FMV	FOOD	GENERAL SUPPORT

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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) INSPIRA MEDICAL CENTERS, INC. 333 IRVING AVE BRIDGETON, NJ 08302	22-2508425	501(C)(3)		23,429.	FMV	FOOD	GENERAL SUPPORT
(2) INSPIRE COMMUNITY DEVELOPMENT CORPORATION 91 JEFFERSON BLVD EDISON, NJ 08817	93-4636498	501(C)(3)		83,978.	FMV	FOOD	GENERAL SUPPORT
(3) INTERFAITH FOOD PANTRY 340 WEST HANOVER AVE. MORRISTOWN, NJ 07960	22-3618468	501(C)(3)		2,129,868.	FMV	FOOD	GENERAL SUPPORT
(4) INTERFAITH FOOD PANTRY OF THE ORANGES 357 S JEFFERSON, ORANGE, NJ 07050	45-5497470	501(C)(3)		1,492,227.	FMV	FOOD	GENERAL SUPPORT
(5) IRONBOUND COMMUNITY CORPORATION 1 NEW YORK NEWARK, NJ 07105	22-1916086	501(C)(3)		255,598.	FMV	FOOD	GENERAL SUPPORT
(6) IRVINGTON NEIGHBORHOOD IMPROVE 346 16TH AVENUE IRVINGTON, NJ 07111	90-0750319	501(C)(3)		333,895.	FMV	FOOD	GENERAL SUPPORT
(7) ISAIAH HOUSE 238 NORTH MUNN AVE EAST ORANGE, NJ 07017	22-2699121	501(C)(3)		135,143.	FMV	FOOD	GENERAL SUPPORT
(8) ISLAND HARVEST 40 MARCUS BLVD. HAUPPAUGE, NY 11788	11-3136350	501(C)(3)		68,400.	FMV	FOOD	GENERAL SUPPORT
(9) J CHRISTIAN-BOLLWAG(E PORT) 205 FIRST STREET ELIZABETH, NJ 07206	99-9999999	501(C)(3)		30,277.	FMV	FOOD	GENERAL SUPPORT
(10) JAMES C. WHITE MANOR NJ 2-25 516 BERGEN STREET NEWARK, NJ 07108	22-2137965	501(C)(3)		164,208.	FMV	FOOD	GENERAL SUPPORT
(11) JAMES O. BRYANT FOOD PANTRY 6 ETHEL RD. PISCATAWAY, NJ 08854	53-0204696	501(C)(3)		131,870.	FMV	FOOD	GENERAL SUPPORT
(12) JBWS P.O. BOX 1437 MORRISTOWN, NJ 07960	22-2170048	501(C)(3)		28,200.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JEFFERSON PARK MINISTRIES 70 W. GRAND STREET ELIZABETH, NJ 07202	01-0659307	501(C)(3)		77,158.	FMV	FOOD	GENERAL SUPPORT
(2) JERSEY CITY ESPISCOPAL CDC 247 OLD BERGEN ROAD JERSEY CITY, NJ 07305	31-1629166	501(C)(3)		702,258.	FMV	FOOD	GENERAL SUPPORT
(3) JERUSALEM BAPTIST CHURCH 106-8 ATLANTIC STEET JERSEY CITY, NJ 07304	22-2517710	501(C)(3)		78,285.	FMV	FOOD	GENERAL SUPPORT
(4) JESUS IS LORD 201 SPRING STREET ELIZABETH, NJ 07201	22-2100287	501(C)(3)		394,146.	FMV	FOOD	GENERAL SUPPORT
(5) JEWISH FAMILY SERVICE 655 WESTFIELD AVE ELIZABETH, NJ 07208	22-1487364	501(C)(3)		377,879.	FMV	FOOD	GENERAL SUPPORT
(6) JEWISH FAMILY SERVICE 607 N. JEROME AVE MARGATE, NJ 08402	22-2119902	501(C)(3)		251,163.	FMV	FOOD	GENERAL SUPPORT
(7) JEWISH FAMILY SERVICES OF BERGEN COUNTY 1485 TEANECK ROAD TEANECK, NJ 07666	22-2223109	501(C)(3)		94,972.	FMV	FOOD	GENERAL SUPPORT
(8) JEWISH OLDER ADULT SERVICES 1102 ATLANTIC AVENUE, ATL. CITY, NJ 08401	22-3265214	501(C)(3)		12,286.	FMV	FOOD	GENERAL SUPPORT
(9) JEWISH RELIEF AGENCY OF NEW JERSEY 226 SUSSEX AVE MORRISTOWN, NJ 07960	22-6017975	501(C)(3)		99,354.	FMV	FOOD	GENERAL SUPPORT
(10) JOBETH, INC. 203 JOHNSON AVENUE NEWARK, NJ 07108	22-3640340	501(C)(3)		101,256.	FMV	FOOD	GENERAL SUPPORT
(11) JOHN FRICANO TOWERS 90 NEILSON ST. NEW BRUNSWICK, NJ 08901	99-9999999	501(C)(3)		148,785.	FMV	FOOD	GENERAL SUPPORT
(12) JOY OF LIFE ADULT DAY CENTER 1701 N. SECOND STEET MILLVILLE, NJ 08332	20-5594106	501(C)(3)		25,838.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JUMP START 385 PARK AVE. PATERSON, NJ 07502	20-1127490	501(C)(3)		338,755.	FMV	FOOD	GENERAL SUPPORT
(2) KEAN UNIVERSITY-CLS 1000 MORRIS AVENUE UNION, NJ 07083	22-2849480	501(C)(3)		48,399.	FMV	FOOD	GENERAL SUPPORT
(3) LA ESPERANZA 7TH DAY ADVENTIST 2410 WEST ST. UNION CITY, NJ 07307	52-0643036	501(C)(3)		256,522.	FMV	FOOD	GENERAL SUPPORT
(4) LAFAYETTE SENIOR 463 PACIFIC AVENUE JERSEY CITY, NJ 07304	99-9999999	501(C)(3)		50,211.	FMV	FOOD	GENERAL SUPPORT
(5) LAZARUS HOUSE PO BOX 1792 WILDWOOD, NJ 08260	81-4190437	501(C)(3)		190,059.	FMV	FOOD	GENERAL SUPPORT
(6) LEADERS WITHOUT LIMITS 63 MARTIN LUTHER KING DR., JERSEY CITY, NJ	46-1104171	501(C)(3)		985,219.	FMV	FOOD	GENERAL SUPPORT
(7) LEGACY CHURCH INC. 264 WHITEHEAD AVE SOUTH RIVER, NJ 08882	82-5331165	501(C)(3)		38,963.	FMV	FOOD	GENERAL SUPPORT
(8) LET'S CELEBRATE 46-48 FAIRVIEW AVENUE JERSEY CITY, NJ 07304	22-2400132	501(C)(3)		168,977.	FMV	FOOD	GENERAL SUPPORT
(9) LETS EAT 7809 BAYSHORE DRIVE MARGATE, NJ 08402	99-9999999	501(C)(3)		21,904.	FMV	FOOD	GENERAL SUPPORT
(10) LIBERTY BAPTIST CHURCH 515-517 COURT STREET ELIZABETH, NJ 07206	22-6071916	501(C)(3)		42,896.	FMV	FOOD	GENERAL SUPPORT
(11) LIFE LONG LEARNING 22 PEARSON ROAD BRIDGETON, NJ 08302	37-1494071	501(C)(3)		36,053.	FMV	FOOD	GENERAL SUPPORT
(12) LIGHTS ON PROGRAM 403 SOUTH ORANGE AVE NEWARK, NJ 07103	85-1737646	501(C)(3)		51,795.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LINCOLN PARK FOOD PANTRY 10 BOONTON TPK LINCOLN PARK, NJ 07035	53-0196617	501(C)(3)		8,732.	FMV	FOOD	GENERAL SUPPORT
(2) LINDEN HOUSING AUTHORITY 1425 DILL AVE, LINDEN, NJ 07036	22-3611641	501(C)(3)		59,005.	FMV	FOOD	GENERAL SUPPORT
(3) LINDEN HOUSING AUTHORITY 1 1601 DILL AVE, LINDEN, NJ 07036	22-3611641	501(C)(3)		77,737.	FMV	FOOD	GENERAL SUPPORT
(4) LINDEN HOUSING AUTHORITY 2 1551 DILL AVE, LINDEN NJ 07036	22-3611641	501(C)(3)		60,802.	FMV	FOOD	GENERAL SUPPORT
(5) LINDEN INTERFAITH LINGS 14 W MUNSELL AVE LINDEN, NJ 07036	22-3504240	501(C)(3)		49,055.	FMV	FOOD	GENERAL SUPPORT
(6) LITTLE ZION U.A.M.E. CHURCH 154 STEPHENS ST BELLEVILLE, NJ 07109	22-3104783	501(C)(3)		89,392.	FMV	FOOD	GENERAL SUPPORT
(7) LIVING HOPE OUTREACH CENTER 201 WHITTIER AVE DUNELLEN, NJ 08812	44-0577787	501(C)(3)		15,446.	FMV	FOOD	GENERAL SUPPORT
(8) LIVING WATER (HALEYVILLE) 1151 NORTH AVENUE PORT NORRIS, NJ 08349	22-2235017	501(C)(3)		88,467.	FMV	FOOD	GENERAL SUPPORT
(9) LOAVES & FISHES COMMUNITY FOOD PANTRY 513 BIRCH ST BOONTON, NJ 07005	83-3823198	501(C)(3)		294,093.	FMV	FOOD	GENERAL SUPPORT
(10) LOVE OF JESUS FOOD PANTRY 385- BROADWAY PATERSON, NJ 07501	22-3703594	501(C)(3)		156,247.	FMV	FOOD	GENERAL SUPPORT
(11) LOVE OF JESUS MINISTRIES 448 HIGHLAND AVENUE ORANGE, NJ 07050	22-2294015	501(C)(3)		266,610.	FMV	FOOD	GENERAL SUPPORT
(12) LOVE THY NEIGHBOR (ABUNDANT LIFE WORSHIP CE) 200 JEFFERSON ST, PERTH AMBOY, NJ 08861	85-4020923	501(C)(3)		810,388.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LPC MISSION PROJECT 1506 ORCHARD TERR. LINDEN, NJ 07036	23-6393377	501(C)(3)		20,641.	FMV	FOOD	GENERAL SUPPORT
(2) MADISON AVE CROSSROADS COMMUNI 498 MADISON AVE PATERSON, NJ 07514	22-3575823	501(C)(3)		64,219.	FMV	FOOD	GENERAL SUPPORT
(3) MAIN ST. PANTRY 6011 MAIN STREET MAYS LANDING, NJ 08330	31-1813333	501(C)(3)		160,854.	FMV	FOOD	GENERAL SUPPORT
(4) MAKING THE DIFFERENCE 705 WHITE HORSE PIKE ABSECON, NJ 08201	20-8685350	501(C)(3)		35,293.	FMV	FOOD	GENERAL SUPPORT
(5) MANNA FROM HEAVEN FOOD PANTRY 2387 MORSE AVE SCOTCH PLAINS, NJ 07076	22-2966903	501(C)(3)		108,105.	FMV	FOOD	GENERAL SUPPORT
(6) MANNA FROM HEAVEN-ST. MATTHEWS 336 OAKWOOD AVE ORANGE, NJ 07052	46-2677889	501(C)(3)		305,019.	FMV	FOOD	GENERAL SUPPORT
(7) MARKET STREET MISSION 9 MARKET ST MORRISTOWN, NJ 07960	22-6047486	501(C)(3)		215,241.	FMV	FOOD	GENERAL SUPPORT
(8) MARTIN GERBER APARTMENTS 550 REMSEN AVE. NORTH BRUNSWICK, NJ 08902	99-9999999	501(C)(3)		26,399.	FMV	FOOD	GENERAL SUPPORT
(9) MAURICE RIVER SENIOR CENTER 590 MAIN STREEET LEESBURG, NJ 08327	46-2882959	501(C)(3)		72,722.	FMV	FOOD	GENERAL SUPPORT
(10) MCKINLEY ELEMENTARY SCHOOL 15 VAN DYKE AVE NEW BRUNSWICK, NJ 08901	22-6002128	501(C)(3)		6,471.	FMV	FOOD	GENERAL SUPPORT
(11) MEADOWLANDS AREA YMCA 390 MURRAY HILL PKWY E RUTHERFORD, NJ 07073	22-1997720	501(C)(3)		187,006.	FMV	FOOD	GENERAL SUPPORT
(12) MEN AND WOMEN OF VALOR 347 6TH AVE W NEWARK, NJ 07107	45-2737333	501(C)(3)		542,165.	FMV	FOOD	GENERAL SUPPORT

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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MEND 50 S CENTER ST UNIT 2 ORANGE, NJ 07050	27-1105051	501(C)(3)		912,518.	FMV	FOOD	GENERAL SUPPORT
(2) MERCER STREET FRIENDS 3 GRAPHICS DRIVE EWING, NJ 08628	21-0733990	501(C)(3)		2,098,121.	FMV	FOOD	GENERAL SUPPORT
(3) MERCY FOR MY NEIGHBOR 145 LINDEN AVE JERSEY CITY, NJ 07305	83-4679992	501(C)(3)		334,240.	FMV	FOOD	GENERAL SUPPORT
(4) METRO YMCA'S 274 BOYDEN AVENUE MAPLEWOOD, NJ 07040	22-1487387	501(C)(3)		12,337.	FMV	FOOD	GENERAL SUPPORT
(5) METROPOLITAN COMMUNITY SERVICE 1003 WEST 4TH STREET PLAINFIELD, NJ 07063	52-0643036	501(C)(3)		119,678.	FMV	FOOD	GENERAL SUPPORT
(6) MIDLAND ADULT SERVICES 122 ROBBINS ROAD BRANCHBURG, NJ 08876	22-3362433	501(C)(3)		39,907.	FMV	FOOD	GENERAL SUPPORT
(7) MIGHTY WRITERS 211 MELROSE AVE ATLANTIC CITY, NJ 08401	01-0920922	501(C)(3)		535,777.	FMV	FOOD	GENERAL SUPPORT
(8) MILLPOND TOWERS 45 BASSETT HWY DOVER, NJ 07801	99-9999999	501(C)(3)		53,377.	FMV	FOOD	GENERAL SUPPORT
(9) MINISTERIO DE RESTAURACION 114 S PARK ST ELIZABETH, NJ 07206	22-3521623	501(C)(3)		349,035.	FMV	FOOD	GENERAL SUPPORT
(10) MISSION HOUSE OF GRACE, INC 293 PACIFIC AVE JERSEY CITY, NJ 07304	80-0574901	501(C)(3)		94,018.	FMV	FOOD	GENERAL SUPPORT
(11) MISSION TEENS, INC. 102 EPPINGER AVENUE ELMER, NJ 08318	23-7071094	501(C)(3)		22,835.	FMV	FOOD	GENERAL SUPPORT
(12) MIZPAH INLAND HUMAN SERVICES 6916 SEWELL AVENUE MIZPAH, NJ 08342	22-2249219	501(C)(3)		82,351.	FMV	FOOD	GENERAL SUPPORT

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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

22-2423882

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MOM'S FOOD PANTRY 7 WEST MAIN ST. BERGENFIELD, NJ 07621	81-2673134	501(C)(3)		76,191.	FMV	FOOD	GENERAL SUPPORT
(2) MORAVIAN CHURCH 245 BOSTON AVE EGG HARBOR CITY, NJ 08215	24-0826166	501(C)(3)		73,544.	FMV	FOOD	GENERAL SUPPORT
(3) MORNING STAR COMM. DEVE. CORP. 1009 CHANDLER AVE LINDEN, NJ 07036	22-3849347	501(C)(3)		64,182.	FMV	FOOD	GENERAL SUPPORT
(4) MORRIS COUNTY FAMILY SUCCESS CENTER 37 NORTH ESSEX STREET DOVER, NJ 07801	99-9999999	501(C)(3)		109,714.	FMV	FOOD	GENERAL SUPPORT
(5) MOUNT OLIVE PANTRY (UNDER PARTNERS IN COMPA 369 SANDSHORE RD BUDD LAKE, NJ 07828	45-5522625	501(C)(3)		193,834.	FMV	FOOD	GENERAL SUPPORT
(6) MOUNT PISGAH AME FOOD PANTRY 354 FORREST ST. JERSEY CITY, NJ 07304	84-4213257	501(C)(3)		15,941.	FMV	FOOD	GENERAL SUPPORT
(7) MOUNT ZION BAPTIST CHURCH 61 RICHARDS AVENUE DOVER, NJ 07801	22-2285212	501(C)(3)		91,232.	FMV	FOOD	GENERAL SUPPORT
(8) MOUNTAINEER FOOD BANK 484 ENTERPRISE DRIVE GASSAWAY, WV 26624	55-0611100	501(C)(3)		140,448.	FMV	FOOD	GENERAL SUPPORT
(9) MT. CALVARY FOOD BANK 223-25 FIRST STREET ELIZABETH, NJ 07206	88-4293302	501(C)(3)		66,628.	FMV	FOOD	GENERAL SUPPORT
(10) MT. OLIVE BAPTIST CHURCH 260 CENTRAL AVE HACKENSACK, NJ 07601	22-2578482	501(C)(3)		40,156.	FMV	FOOD	GENERAL SUPPORT
(11) MT. OLIVE CHURCH OF GOD 24 CLEVELAND ST. ORANGE, NJ 07050	22-2321231	501(C)(3)		77,703.	FMV	FOOD	GENERAL SUPPORT
(12) MT. SINAI GOSPEL CHURCH 27-53 PRESCOTT STREET JERSEY CITY, NJ 07304	22-3079084	501(C)(3)		327,656.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MT. TEMAN CHURCH 160 MADISON AVE ELIZABETH, NJ 07201	53-0204696	501(C)(3)		31,066.	FMV	FOOD	GENERAL SUPPORT
(2) MT. ZION BAPTIST CHURCH 208 BROADWAY NEWARK, NJ 07104	13-5563018	501(C)(3)		119,807.	FMV	FOOD	GENERAL SUPPORT
(3) MT. ZION BAPTIST CHURCH 353 S. NEW ROAD PLEASANTVILLE, NJ 08232	22-3309525	501(C)(3)		95,351.	FMV	FOOD	GENERAL SUPPORT
(4) MT. ZION U.F.W. BAPTIST CHURCH 47 BEAVER AVE EDISON, NJ 08820	13-3961739	501(C)(3)		103,641.	FMV	FOOD	GENERAL SUPPORT
(5) NATIONAL COUNCIL OF JEWISH WOMEN, ESSEX COU 70 SOUTH ORANGE AVE STE 120, LIVINGSTON, NJ	13-1641076	501(C)(3)		14,810.	FMV	FOOD	GENERAL SUPPORT
(6) NAZARETH BAPTIST CHURCH 5800 PALISADE AVE, WEST NEW YORK, NJ 07093	16-0966671	501(C)(3)		450,586.	FMV	FOOD	GENERAL SUPPORT
(7) NCC ORANGE SENIOR RESIDENCE 132 WILLIAM STREET ORANGE, NJ 07050	22-3657446	501(C)(3)		85,633.	FMV	FOOD	GENERAL SUPPORT
(8) NEIGHBORLY NEEDS, INC 6820 WASHINGTON AVE, EGG HARBOR TWP., NJ 08	20-8920963	501(C)(3)		68,932.	FMV	FOOD	GENERAL SUPPORT
(9) NEW BEGINNINGS CHURCH OF NAZARENE 80 JEFFERSON BLVD EDISON, NJ 08817	43-6890529	501(C)(3)		322,257.	FMV	FOOD	GENERAL SUPPORT
(10) NEW BORN HOLY CHURCH 250 BERGEN STREET NEWARK, NJ 07106	23-7375624	501(C)(3)		37,602.	FMV	FOOD	GENERAL SUPPORT
(11) NEW BRUNSWICK APARTMENTS 33 COMMERCIAL AVE, NEW BRUNSWICK, NJ 08901	27-1396485	501(C)(3)		29,564.	FMV	FOOD	GENERAL SUPPORT
(12) NEW BRUNSWICK ENGLISH SDS CHURCH 339 LIVINGSTON AVE, NEW BRUNSWICK, NJ 08901	52-0643036	501(C)(3)		184,174.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NEW BRUNSWICK DISTRICT SCHOOLS 199 COMMERCIAL AVE, NEW BRUNSWICK, NJ 08901	99-9999999	501(C)(3)		6,459.	FMV	FOOD	GENERAL SUPPORT
(2) NEW COMMUNITIES CORP.-SENIOR 220 BRUCE ST NEWARK, NJ 07103	22-1911104	501(C)(3)		104,031.	FMV	FOOD	GENERAL SUPPORT
(3) NEW COMMUNITY CORP. ASSOCIATION 180 SOUTH ORANGE AVE NEWARK, NJ 07103	22-1911104	501(C)(3)		75,012.	FMV	FOOD	GENERAL SUPPORT
(4) NEW COMMUNITY CORP-COMMON SENIOR 140 SOUTH ORANGE AVE NEWARK, NJ 07103	22-1911104	501(C)(3)		26,491.	FMV	FOOD	GENERAL SUPPORT
(5) NEW COVENANT CHURCH OF GOD 225 E. 7TH ST PLAINFIELD, NJ 07060	62-0484177	501(C)(3)		199,593.	FMV	FOOD	GENERAL SUPPORT
(6) NEW DESTINY COMM. DEVELOPMENT 129 EAST 1ST AVE ROSELLE, NJ 07203	20-1016554	501(C)(3)		51,664.	FMV	FOOD	GENERAL SUPPORT
(7) NEW EPHEBUS BAPTIST CHURCH 175 BROOKWOOD ST EAST ORANGE, NJ 07018	22-3043796	501(C)(3)		33,470.	FMV	FOOD	GENERAL SUPPORT
(8) NEW HOPE BAPTIST CHURCH PANTRY 144 NORMAN ST EAST ORANGE, NJ 07017	36-2192827	501(C)(3)		139,692.	FMV	FOOD	GENERAL SUPPORT
(9) NEW HOPE COMM. FOOD PANTRY 321 NORTH 11TH ST., PROSPECT PARK, NJ 07508	20-2893390	501(C)(3)		56,108.	FMV	FOOD	GENERAL SUPPORT
(10) NEW LIFE FOOD PANTRY 56 MAIN STREET HELMETTA, NJ 08828	81-2488345	501(C)(3)		248,930.	FMV	FOOD	GENERAL SUPPORT
(11) NEW LIFE PANTRY 611 RARITAN ROAD CRANFORD, NJ 07016	36-2154972	501(C)(3)		482,917.	FMV	FOOD	GENERAL SUPPORT
(12) NEW YORK AVENUE APARTMENTS 233 N. NEW YORK AVE., ATL. CITY, NJ 08401	99-9999999	501(C)(3)		51,006.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NEWARK BETH ISABEL MEDICAL CENTER 208 LYONS AVE., NEWARK, NJ 07112	22-3452311	501(C)(3)		122,049.	FMV	FOOD	GENERAL SUPPORT
(2) NEWARK BIBLE FELLOWSHIP 30 RANDOLPH PLACE NEWARK, NJ 07108	23-1472482	501(C)(3)		176,669.	FMV	FOOD	GENERAL SUPPORT
(3) NEWARK EMERGENCY SERVICES 982 BROAD ST NEWARK, NJ 07102	22-2191674	501(C)(3)		136,581.	FMV	FOOD	GENERAL SUPPORT
(4) NEWARK HOUSING AUTHORITY 130 DAYTON STREET NEWARK, NJ 07114	99-9999999	501(C)(3)		447,669.	FMV	FOOD	GENERAL SUPPORT
(5) NEWARK HOUSING AUTHORITY 100 LUDLOW STREET NEWARK, NJ 07114	26-0857248	501(C)(3)		319,891.	FMV	FOOD	GENERAL SUPPORT
(6) NEWARK HOUSING AUTHORITY-BAXTER TERRACE ELD 25 SUMMIT STREET NEWARK, NJ 07018	16-1634859	501(C)(3)		92,538.	FMV	FOOD	GENERAL SUPPORT
(7) NEWARK SLT 1 DISTRICT SCHOOLS 107 IVY HILL NEWARK, NJ 07106	22-6002140	501(C)(3)		9,491.	FMV	FOOD	GENERAL SUPPORT
(8) NEWARK SPANISH 7TH DAY ADVENTI 58 2ND AVENUE NEWARK, NJ 07104	52-0643036	501(C)(3)		77,708.	FMV	FOOD	GENERAL SUPPORT
(9) NJ REENTRY 324 TRINITY PLACE ELIZABETH, NJ 07201	47-2139071	501(C)(3)		228,131.	FMV	FOOD	GENERAL SUPPORT
(10) NO. JERSEY COMM RESEARCH INIT. 393 CENTRAL AVE STE 301 NEWARK, NJ 07103	52-1592616	501(C)(3)		205,361.	FMV	FOOD	GENERAL SUPPORT
(11) NORTH BRUNSWICK FOOD BANK 15 LINWOOD PLACE NORTH BRUNSWICK, NJ 08902	22-3522458	501(C)(3)		125,472.	FMV	FOOD	GENERAL SUPPORT
(12) NORTH HUDSON ISLAMIC EDUCATION CENTER 4613 COTTAGE PLACE UNION CITY, NJ 07087	22-3200130	501(C)(3)		15,907.	FMV	FOOD	GENERAL SUPPORT

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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NORTH JERSEY VINEYARD CHURCH 310 PHILLIPS AVE SOUTH HACKENSACK, NJ 07606	22-3472957	501(C)(3)		3,553,036.	FMV	FOOD	GENERAL SUPPORT
(2) NORTH MAIN STREET SCHOOL 215 N. MAIN STREET PLEASANTVILLE, NJ 08232	99-9999999	501(C)(3)		216,863.	FMV	FOOD	GENERAL SUPPORT
(3) NORTH SIDE FOOD PANTRY 580 WYCKOFF AVE WYCKOFF, NJ 07481	13-3204416	501(C)(3)		60,873.	FMV	FOOD	GENERAL SUPPORT
(4) NORWESCAP FOODBANK 201 NORTH BROAD ST. PHILLIPSBURG, NJ 08865	22-1777156	501(C)(3)		2,810,041.	FMV	FOOD	GENERAL SUPPORT
(5) NUTLEY FAMILY SERVICES 169 CHESTNUT STREET NUTLEY, NJ 07110	22-1487279	501(C)(3)		144,995.	FMV	FOOD	GENERAL SUPPORT
(6) OASIS HAVEN FOR WOMEN & CHILDR 59 MILL STREET PATERSON, NJ 07501	22-3491573	501(C)(3)		129,998.	FMV	FOOD	GENERAL SUPPORT
(7) OCEAN TOWERS 425 OCEAN AVENUE JERSEY CITY, NJ 07305	99-9999999	501(C)(3)		79,688.	FMV	FOOD	GENERAL SUPPORT
(8) OCEANSIDE FAMILY SUCCESS CENTER 201 MELROSE AVE ATL. CITY, NJ 08401	23-7001477	501(C)(3)		15,486.	FMV	FOOD	GENERAL SUPPORT
(9) OCEANSIDE II 3201 ATLANTIC AVE., ATL. CITY, NJ 08401	23-7001477	501(C)(3)		18,918.	FMV	FOOD	GENERAL SUPPORT
(10) OHEB SHALOM CONG 170 SCOTLAND RD SOUTH ORANGE, NJ 07079	13-1659707	501(C)(3)		25,507.	FMV	FOOD	GENERAL SUPPORT
(11) OLD BERGEN CHURCH 1 HIGHLAND AVE JERSEY CITY, NJ 07306	23-6393377	501(C)(3)		48,911.	FMV	FOOD	GENERAL SUPPORT
(12) OUR LADY OF FATIMA BREAD OF LI 348 SMITH ST. PERTH AMBOY, NJ 08861	53-0196617	501(C)(3)		74,579.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OUR LADY OF PEACH CHURCH 111 SOUTH ST. NEW PROVIDENCE, NJ 07974	53-0196617	501(C)(3)		68,924.	FMV	FOOD	GENERAL SUPPORT
(2) OUR LADY OF SORROWS 217 PROSPECT ST SOUTH ORANGE, NJ 07079	53-0196617	501(C)(3)		62,922.	FMV	FOOD	GENERAL SUPPORT
(3) OUR LADY OF SORROWS/MARY HOUSE 93 CLERK ST JERSEY CITY, NJ 07305	53-0196617	501(C)(3)		47,589.	FMV	FOOD	GENERAL SUPPORT
(4) OUR LADY OF THE ANGELS FOOD PANTRY 400 STEEL RD. CAPE MAY COURTHOUSE, NJ 08210	53-0196617	501(C)(3)		144,488.	FMV	FOOD	GENERAL SUPPORT
(5) PALISADES EMERGENCY RESIDENCE 108 36TH STREET UNION CITY, NJ 07087	22-2985600	501(C)(3)		124,160.	FMV	FOOD	GENERAL SUPPORT
(6) PANAMERICA ADVENTISTA 765 S. 6TH STREET VINELAND, NJ 08360	06-1398645	501(C)(3)		201,920.	FMV	FOOD	GENERAL SUPPORT
(7) PANTRY RUN-RUTGERS UNIVERSITY-NEWARK 350 MARTIN LUTHER KING JR. BLVD., NEWARK, N	22-6001086	501(C)(3)		105,270.	FMV	FOOD	GENERAL SUPPORT
(8) PARK AVE/BNAI ISREAL-JEWISH FAMILY SERVICES 110 MAIN AVE PASSAIC, NJ 07055	20-5928151	501(C)(3)		141,559.	FMV	FOOD	GENERAL SUPPORT
(9) PARK UNITED METHODIST CHURCH 12 PARK STREET BLOOMFIELD, NJ 07003	36-2899329	501(C)(3)		298,579.	FMV	FOOD	GENERAL SUPPORT
(10) PASSAIC COUNTY COMMUNITY COLLEGE 1 COLLEGE BLVD PATERSON, NJ 07505	22-2137361	501(C)(3)		13,948.	FMV	FOOD	GENERAL SUPPORT
(11) PATERSON CHURCH OF GOD 351 10TH AVENUE PATERSON, NJ 07514	62-0484177	501(C)(3)		222,066.	FMV	FOOD	GENERAL SUPPORT
(12) PEACEFUL ZION BAPTIST CHURCH 213 RHODE ISLAND AVE EAST ORANGE, NJ 07018	22-3148004	501(C)(3)		22,825.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PENTECOST FOOD PANTRY 170 CENTRAL AVENUE ORANGE, NJ 07050	13-3518705	501(C)(3)		97,911.	FMV	FOOD	GENERAL SUPPORT
(2) PETER ANTONELLIS TOWERS 287 S. HARRISON ST., EAST ORANGE, NJ 07018	22-2171873	501(C)(3)		23,419.	FMV	FOOD	GENERAL SUPPORT
(3) PETER'S PANTRY 183 RECTOR ST. PERTH AMBOY, NJ 08861	21-0634592	501(C)(3)		91,653.	FMV	FOOD	GENERAL SUPPORT
(4) PHILABUNDANCE 3616 S GALLOWAY ST., PHILADELPHIA, PA 19148	23-2290505	501(C)(3)		48,954.	FMV	FOOD	GENERAL SUPPORT
(5) PLAINFIELD BOARD OF ED 730 CENTRAL STREET PLAINFIELD, NJ 07062	99-9999999	501(C)(3)		16,290.	FMV	FOOD	GENERAL SUPPORT
(6) PLAINFIELD HEALTH CENTER 1700 MYRTLE AVE PLAINFIELD, NJ 07063	22-1927742	501(C)(3)		152,821.	FMV	FOOD	GENERAL SUPPORT
(7) PLAINFIELD TOWER WEST 601 WEST 7TH STREET PLAINFIELD, NJ 07060	99-9999999	501(C)(3)		92,587.	FMV	FOOD	GENERAL SUPPORT
(8) PLAZA APARTMENTS 91 SIP AVENUE JERSEY CITY, NJ 07306	99-9999999	501(C)(3)		47,399.	FMV	FOOD	GENERAL SUPPORT
(9) PLEASANT GROVE BAPTIST CHURCH 198 CHADWICK AVENUE NEWARK, NJ 07108	75-3227222	501(C)(3)		153,759.	FMV	FOOD	GENERAL SUPPORT
(10) PLEASANTVILLE HIGH SCHOOL 701 MILL ROAD PLEASANTVILLE, NJ 08232	99-9999999	501(C)(3)		24,300.	FMV	FOOD	GENERAL SUPPORT
(11) PLEASANTVILLE TOWERS 156 NO. MAIN STREET PLEASANTVILLE, NJ 08232	84-1648333	501(C)(3)		42,310.	FMV	FOOD	GENERAL SUPPORT
(12) POPULAR FOUNDATION FOR COMMUNITY DEVELOPMEN 469-471 SOUTH 17TH STREET NEWARK, NJ 07103	81-3337042	501(C)(3)		254,406.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) POWER FOR LIVING CHRISTIAN CULTURE CENTER 813 BROADWAY BAYONNE, NJ 07002	22-2933841	501(C)(3)		45,211.	FMV	FOOD	GENERAL SUPPORT
(2) PRAISE TABERNACLE 2235 OCEAN HEIGHTS AVENUE EHT, NJ 08234	22-2333902	501(C)(3)		73,662.	FMV	FOOD	GENERAL SUPPORT
(3) PRAISE TEMPLE ECONOMIC DEV CRP 805-813 SOUTH ORANGE AVE NEWARK, NJ 07106	62-1870586	501(C)(3)		627,697.	FMV	FOOD	GENERAL SUPPORT
(4) PREMIER COMMUNITY DEVELOPMENT CORP. 543 WEST 3RD STREET PLAINFIELD, NJ 07060	20-8296546	501(C)(3)		110,424.	FMV	FOOD	GENERAL SUPPORT
(5) PRIMERA IGLESIA PENTECOSTAL 75 CEDAR ST PATERSON, NJ 07501	22-3211464	501(C)(3)		29,091.	FMV	FOOD	GENERAL SUPPORT
(6) PROGRAM FOR PARENTS 570 BROAD ST., 8TH FL., NEWARK, NJ 07102	22-2504469	501(C)(3)		17,935.	FMV	FOOD	GENERAL SUPPORT
(7) PROJEKT HOPE 104 UNION ST, CARTERET, NJ 07008	22-3605548	501(C)(3)		634,611.	FMV	FOOD	GENERAL SUPPORT
(8) PUERTO RICAN ASSOCIATION FOR HUMAN DEVELOPM 98 FIRST ST. PERTH AMBOY, NJ 08861	22-2026610	501(C)(3)		76,647.	FMV	FOOD	GENERAL SUPPORT
(9) P'VILLE CTR HISPANIC OUTREACH 316 MARTIN LUTHER KING JR. BLVD., PLEASANTV	31-1813333	501(C)(3)		162,134.	FMV	FOOD	GENERAL SUPPORT
(10) RADIANT CHURCH 121 CENTENNIAL AVE PISCATAWAY, NJ 08854	44-0577787	501(C)(3)		239,868.	FMV	FOOD	GENERAL SUPPORT
(11) RADIANT COMMUNITY CHURCH 446 MARKET ST PERTH AMBOY, NJ 08861	84-2038872	501(C)(3)		46,137.	FMV	FOOD	GENERAL SUPPORT
(12) RAHWAY COMMUNITY ACTION ORG. 796 EAST HAZELWOOD AVE RAHWAY, NJ 07065	22-1932458	501(C)(3)		157,754.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) RAHWAY FOOD FOR FRIENDS 1221 NEW BRUNSWICK AVE. RAHWAY, NJ 07065	46-1061259	501(C)(3)		195,170.	FMV	FOOD	GENERAL SUPPORT
(2) RAHWAY HOUSING AUTHORITY 224-250 WEST GRAND AVE RAHWAY, NJ 07065	99-9999999	501(C)(3)		86,088.	FMV	FOOD	GENERAL SUPPORT
(3) RARITAN FOOD PANTRY 28 THOMPSON STREET RARITAN, NJ 08869	86-2415222	501(C)(3)		15,400.	FMV	FOOD	GENERAL SUPPORT
(4) RARITAN VALLEY COMMUNITY COLLEGE FOOD PANTR 118 LAMINGTON RD BRANCHBURG, NJ 08876	22-1815636	501(C)(3)		5,427.	FMV	FOOD	GENERAL SUPPORT
(5) RED HAWK PANTRY (MONTCLAIR STATE UNIVERSITY) 1 NORMAL AVENUE MONTCLAIR, NJ 07043	22-6017209	501(C)(3)		10,449.	FMV	FOOD	GENERAL SUPPORT
(6) REDEEMED CHRISTIAN CHURCH OF GOD ORANGE 180 MAIN STREET ORANGE, NJ 07050	74-2852841	501(C)(3)		336,928.	FMV	FOOD	GENERAL SUPPORT
(7) REDEEMED CHRISTIAN CHURCH OF GOD-PERTH AMBO 489 AMBOY AVE PERTH AMBOY, NJ 08861	20-1942509	501(C)(3)		305,420.	FMV	FOOD	GENERAL SUPPORT
(8) REDEEMING LOVE FELLOWSHIP CHURCH 506 SOUTH POMONA RD. EGG HARBOR CITY, NJ 08	06-1646817	501(C)(3)		74,918.	FMV	FOOD	GENERAL SUPPORT
(9) REDEEMED CHRISTIANS CHURCH OF GOD 119 STUYVESANT AVE. NEWARK, NJ 07106	22-3679337	501(C)(3)		295,973.	FMV	FOOD	GENERAL SUPPORT
(10) REVEAL TO HEAL 2115 MILLBURN AVE MAPLEWOOD, NJ 07040	84-3201780	501(C)(3)		103,214.	FMV	FOOD	GENERAL SUPPORT
(11) REVIVAL TEMPLE 81-85 16TH AVE NEWARK, NJ 07103	22-2503532	501(C)(3)		91,061.	FMV	FOOD	GENERAL SUPPORT
(12) RIDGEWOOD YMCA 112 OAK STREET RIDGEWOOD, NJ 07450	22-1508752	501(C)(3)		75,928.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ROADRUNNER FOOD BANK INC. 5840 OFFICE BLVD NE. ALBUQUERQUE, NM 87109	85-0278525	501(C)(3)		64,906.	FMV	FOOD	GENERAL SUPPORT
(2) ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL 100 KIRKPATRICK ST. NEW BRUNSWICK, NJ 08901	22-2378007	501(C)(3)		64,906.	FMV	FOOD	GENERAL SUPPORT
(3) ROSEVILLE PRESBYTERIAN CHURCH 36 ROSEVILLE AVE NEWARK, NJ 07107	80-0473061	501(C)(3)		31,413.	FMV	FOOD	GENERAL SUPPORT
(4) RUTGERS BIOMEDICAL AND HEALTH SERVICES FOOD 65 BERGEN STREET NEWARK, NJ 07107	22-6001086	501(C)(3)		286,239.	FMV	FOOD	GENERAL SUPPORT
(5) RUTGERS OFF CAMPUS LIVING & COMMUNITY PARTN 126 COLLEGE AVE NEW BRUNSWICK, NJ 08901	22-6001086	501(C)(3)		50,326.	FMV	FOOD	GENERAL SUPPORT
(6) S.D.A. CHURCH OF THE ORANGES 308 REYNOLDS TER ORANGE, NJ 07050	52-0643036	501(C)(3)		1,001,938.	FMV	FOOD	GENERAL SUPPORT
(7) S.H.E.E.L.D.(SHILOH DEVE. CORP 515-517 WEST FOURTH ST PLAINFIELD, NJ 07060	31-1672462	501(C)(3)		137,871.	FMV	FOOD	GENERAL SUPPORT
(8) SAINT JOSEPHS EPISCOPAL CHURCH 38 WEST END PLACE ELIZABETH, NJ 07202	21-0634592	501(C)(3)		184,187.	FMV	FOOD	GENERAL SUPPORT
(9) SAINT PETER'S HEALTHCARE SYSTEM 123 HOW LANE NEW BRUNSWICK, NJ 08901	22-1487330	501(C)(3)		36,176.	FMV	FOOD	GENERAL SUPPORT
(10) SAINT VINCENT SOCIETY OF NORTH PLAINFIELD 401 GREENBROOK RD NORTH PLAINFIELD, NJ 0706	61-1611913	501(C)(3)		49,982.	FMV	FOOD	GENERAL SUPPORT
(11) SALEM SEVENTH-DAY ADVENTIST 10 S. ORATON PARKWAY EAST ORANGE, NJ 07018	52-0643036	501(C)(3)		96,551.	FMV	FOOD	GENERAL SUPPORT
(12) SALVATION ARMY 443 CHESTNUT STREET KEARNY, NJ 07032	13-5562351	501(C)(3)		58,379.	FMV	FOOD	GENERAL SUPPORT

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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SALVATION ARMY - WESTSIDE 699 SPRINGFIELD AVE. NEWARK, NJ 07103	13-5562351	501(C)(3)		24,555.	FMV	FOOD	GENERAL SUPPORT
(2) SALVATION ARMY-AC 22 S. TEXAS AVENUE ATLANTIC CITY, NJ 08401	13-5562351	501(C)(3)		335,823.	FMV	FOOD	GENERAL SUPPORT
(3) SALVATION ARMY-BRIDGETON 29 W. COMMERCE STREET BRIDGETON, NJ 08302	13-5562351	501(C)(3)		474,123.	FMV	FOOD	GENERAL SUPPORT
(4) SALVATION ARMY-BUENA 604 CENTRAL AVENUE MINOTOLA, NJ 08341	13-5562351	501(C)(3)		56,195.	FMV	FOOD	GENERAL SUPPORT
(5) SALVATION ARMY-DOVER 76 N. BERGEN ST. DOVER, NJ 07801	13-5562351	501(C)(3)		49,920.	FMV	FOOD	GENERAL SUPPORT
(6) SALVATION ARMY-EAST ORANGE 430 MAIN ST EAST ORANGE, NJ 07018	13-5562351	501(C)(3)		79,329.	FMV	FOOD	GENERAL SUPPORT
(7) SALVATION ARMY-ELIZABETH 1005 EAST JERSEY ST ELIZABETH, NJ 07201	13-5562351	501(C)(3)		85,163.	FMV	FOOD	GENERAL SUPPORT
(8) SALVATION ARMY-JERSEY CITY 562 BERGEN AVE JERSEY CITY, NJ 07304	13-5562351	501(C)(3)		39,505.	FMV	FOOD	GENERAL SUPPORT
(9) SALVATION ARMY-NEW BRNWK 287 HANDY ST. NEW BRUNSWICK, NJ 08901	13-5562351	501(C)(3)		551,137.	FMV	FOOD	GENERAL SUPPORT
(10) SALVATION ARMY-PASSAIC 550 MAIN AVE PASSAIC, NJ 07055	13-5562351	501(C)(3)		250,652.	FMV	FOOD	GENERAL SUPPORT
(11) SALVATION ARMY-PATERSON 541-545 W. BROADWAY PATERSON, NJ 07522	13-5562351	501(C)(3)		48,705.	FMV	FOOD	GENERAL SUPPORT
(12) SALVATION ARMY-PERTH AMB 433 STATE ST PERTH AMBOY, NJ 08861	13-5562351	501(C)(3)		92,932.	FMV	FOOD	GENERAL SUPPORT

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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SALVATION ARMY-PLAINFIELD 615 WATCHUNG AVE PLAINFIELD, NJ 07060	13-5562351	501(C)(3)		206,449.	FMV	FOOD	GENERAL SUPPORT
(2) SALVATION ARMY-UNION CIT 515 43RD ST UNION CITY, NJ 07087	13-5562351	501(C)(3)		296,744.	FMV	FOOD	GENERAL SUPPORT
(3) SALVATION ARMY-VINELAND 733 E. CHESTNUT AVENUE VINELAND, NJ 08360	13-5562351	501(C)(3)		1,594,647.	FMV	FOOD	GENERAL SUPPORT
(4) SDA-PLEASANTVILLE 102 LINDEN AVE PLEASANTVILLE, NJ 08232	52-0643036	501(C)(3)		97,063.	FMV	FOOD	GENERAL SUPPORT
(5) SEASHORE COMMUNITY CHURCH 446 SEASHORE ROAD ERMA, NJ 08204	44-0552034	501(C)(3)		52,023.	FMV	FOOD	GENERAL SUPPORT
(6) SECAUCUS FOOD PANTRY 79 METRO WAY SECAUCUS, NJ 07094	80-0797133	501(C)(3)		586,882.	FMV	FOOD	GENERAL SUPPORT
(7) SECOND HARVEST FOOD BANK OF NE TENNESSEE 1020 JERICHO DR. KINGSPORT, TN 37663-3966	62-1049447	501(C)(3)		63,840.	FMV	FOOD	GENERAL SUPPORT
(8) SECOND HARVEST FOOD BANK OF SOUTHERN WISCON 2802 DAIRY DR. MADISON, WI 53718-6751	39-1490691	501(C)(3)		67,593.	FMV	FOOD	GENERAL SUPPORT
(9) SENIORS OF NEWTONVILLE 661 JACKSON ROAD WILLIAMSTOWN, NJ 08094	56-2474754	501(C)(3)		12,769.	FMV	FOOD	GENERAL SUPPORT
(10) SEVENTH DAY ADVENTIST CHURCH 75-79 HOOVER AVENUE PASSAIC, NJ 07055	52-0643036	501(C)(3)		204,905.	FMV	FOOD	GENERAL SUPPORT
(11) SEVENTH DAY ADVENTIST CHURCH 220 WALKER ST. CLIFFSIDE PARK, NJ 07010	52-0643036	501(C)(3)		1,094,996.	FMV	FOOD	GENERAL SUPPORT
(12) SHARING EXCESS INC. 5109 WARREN STREET PHILADELPHIA, PA 19131	86-2161466	501(C)(3)		288,272.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SHILOH A.M.E. ZION CHURCH 129 WILLIAMS ST. ENGLEWOOD, NJ 07631	81-5077013	501(C)(3)		6,033.	FMV	FOOD	GENERAL SUPPORT
(2) SHILOH TEMPLE CHURCH OF GOD IN CHRIST JESUS 547 SOUTH 19TH STREET NEWARK, NJ 07108	47-2349706	501(C)(3)		114,135.	FMV	FOOD	GENERAL SUPPORT
(3) SHIRLEY A. HARRIS FOOD PANTRY 1107 BRIDGETON-MILL PIKE, BRIDGETON, NJ 083	38-4049491	501(C)(3)		46,490.	FMV	FOOD	GENERAL SUPPORT
(4) SHIRLEY LEOTA FOREMAN ARMSTRONG SCHOLARSHIP 310 E. 8TH AVE ROSELLE, NJ 07203	87-3591098	501(C)(3)		27,648.	FMV	FOOD	GENERAL SUPPORT
(5) SILOAM HOPE CARES 460 SPRING STREET ELIZABETH, NJ 07201	32-0273631	501(C)(3)		143,174.	FMV	FOOD	GENERAL SUPPORT
(6) SISTERS & BROTHERS OUTREACH 1318 EAST ST. GEORGES AVE LINDEN, NJ 07036	22-3438043	501(C)(3)		516,547.	FMV	FOOD	GENERAL SUPPORT
(7) SISTHA'S & BROTHA'S UNITED IN SPIRIT 273 OCEAN AVE JERSEY CITY, NJ 07305	85-0924362	501(C)(3)		352,903.	FMV	FOOD	GENERAL SUPPORT
(8) SJ AIDS ALLIANCE-ATLANTIC CI 19 GORDON'S ALLEY ATLANTIC CITY, NJ 08401	22-2686586	501(C)(3)		19,115.	FMV	FOOD	GENERAL SUPPORT
(9) SJ AIDS ALLIANCE-VINELAND 1173 E. LANDIS AVE VINELAND, NJ 08360	22-2686586	501(C)(3)		5,723.	FMV	FOOD	GENERAL SUPPORT
(10) SOC. OF ST. VINCENT DEPAUL 29 ABEEL STREET NEW BRUNSWICK, NJ 08901	01-0793075	501(C)(3)		39,524.	FMV	FOOD	GENERAL SUPPORT
(11) SOCIAL SERVICE ASSOC OF RIDGEWOOD 6 STATION PLAZA RIDGEWOOD, NJ 07450	22-1487345	501(C)(3)		100,756.	FMV	FOOD	GENERAL SUPPORT
(12) SOLID ROCK BAPTIST CHURCH 644 CHANCELLOR AVENUE IRVINGTON, NJ 07111	22-2305385	501(C)(3)		691,241.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SOMERS POINT SCHOOL DISTRICT 121 WEST NEW YORK AVE., LINDEN, NJ 07036	99-9999999	501(C)(3)		25,851.	FMV	FOOD	GENERAL SUPPORT
(2) SON CLUB 550 WESLEY AVENUE OCEAN CITY, NJ 08226	21-0738420	501(C)(3)		14,959.	FMV	FOOD	GENERAL SUPPORT
(3) SOUTH JERSEY MEDICAL CENTER 1201 BACARACH BLVD, ATL. CITY, NJ 08401	22-2159336	501(C)(3)		20,439.	FMV	FOOD	GENERAL SUPPORT
(4) SOUTH MAIN STREET SCHOOL 701 SO. MAIN STREET PLEASANTVILLE, NJ 08232	99-9999999	501(C)(3)		58,657.	FMV	FOOD	GENERAL SUPPORT
(5) SOUTHERN REGIONAL FOOD DISTRIBUTION CENTER 6140 MAYS LANDING ROAD VINELAND, NJ 08360	51-0188108	501(C)(3)		782,416.	FMV	FOOD	GENERAL SUPPORT
(6) SPANISH COMMUNITY CENTER 303 SUMNER STREET LANDISVILLE, NJ 08326	23-7124299	501(C)(3)		30,384.	FMV	FOOD	GENERAL SUPPORT
(7) SPANISH PENTECOSTAL EVANGELICAL CHURCH 15 GROVE STREET PASSAIC, NJ 07055	44-0577787	501(C)(3)		43,366.	FMV	FOOD	GENERAL SUPPORT
(8) SRC FIVE LOAVES FOOD PANTRY ST 100 COLLEGE AVENUE NEW BRUNSWICK, NJ 08901	13-3204416	501(C)(3)		48,322.	FMV	FOOD	GENERAL SUPPORT
(9) ST JOHNS UNITED METHODIST PANTRY 680 FORDVILLE ROAD BRIDGETON, NJ 08302	31-1813333	501(C)(3)		418,043.	FMV	FOOD	GENERAL SUPPORT
(10) ST. ANDREWS 936 BALTIC AVENUE ATLANTIC CITY, NJ 08401	27-3736567	501(C)(3)		31,193.	FMV	FOOD	GENERAL SUPPORT
(11) ST. ANDREWS EPISCOPAL CHURCH 31 PEARL STREET BRIDGETON, NJ 08302	21-0634592	501(C)(3)		144,614.	FMV	FOOD	GENERAL SUPPORT
(12) ST. BARNABAS CARES FOOD PANTRY 13 WEST BATES AVENUE VILLAS, NJ 08251	21-0634592	501(C)(3)		66,696.	FMV	FOOD	GENERAL SUPPORT

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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ST. BARNABAS-JERSEY CITY MEDICAL CENTER 1825 JFK BLVD JERSEY CITY, NJ 07305	22-2783298	501(C)(3)		35,756.	FMV	FOOD	GENERAL SUPPORT
(2) ST. CECILIA FOOD PANTRY 45 WILUS WAY ISELIN, NJ 08830	53-0196617	501(C)(3)		79,762.	FMV	FOOD	GENERAL SUPPORT
(3) ST. CECILIA OFFICE OF CONCERN 55 W. DEMAREST AVE ENGLEWOOD, NJ 07631	53-0196617	501(C)(3)		879,997.	FMV	FOOD	GENERAL SUPPORT
(4) ST. ELIZABETH UNIVERSITY 2 CONVENT ROAD MORRISTOWN, NJ 07960	53-0196617	501(C)(3)		16,954.	FMV	FOOD	GENERAL SUPPORT
(5) ST. FRANCIS DE SALES 125 UNION STREET LODI, NJ 07644	53-0196617	501(C)(3)		28,413.	FMV	FOOD	GENERAL SUPPORT
(6) ST. JAMES HEALTH 228 LAFAYETTE STREET NEWARK, NJ 07105	46-5221991	501(C)(3)		40,244.	FMV	FOOD	GENERAL SUPPORT
(7) ST. JAMES SOCIAL SERVICE CORP. 604 MLK BLVD, NEWARK, NJ 07102	22-2462242	501(C)(3)		615,141.	FMV	FOOD	GENERAL SUPPORT
(8) ST. JOHN BAPTIST CHURCH 137 FAIRMONT AVENUE NEWARK, NJ 07103	13-5563018	501(C)(3)		278,067.	FMV	FOOD	GENERAL SUPPORT
(9) ST. JOHN'S LUTHERAN CHRUCH FOOD PANTRY 155 NORTH STREET JERSEY CITY, NJ 07307	41-1568278	501(C)(3)		142,508.	FMV	FOOD	GENERAL SUPPORT
(10) ST. JOSEPH INFIRMARY 655 BELMONT AVENUE HALEDON, NJ 07508	53-0196617	501(C)(3)		33,957.	FMV	FOOD	GENERAL SUPPORT
(11) ST. JOSEPH'S CHURCH 454 GERMANTOWN RD WEST MILFORD, NJ 07480	53-0196617	501(C)(3)		69,069.	FMV	FOOD	GENERAL SUPPORT
(12) ST. JOSEPH'S FOOD PANTRY 55 HIGH ST CARTERET, NJ 07008	53-0196617	501(C)(3)		109,059.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ST. JOSEPHS SOCIAL SERVICE CTR 118 DIVISION ST ELIZABETH, NJ 07201	52-1467470	501(C)(3)		1,168,689.	FMV	FOOD	GENERAL SUPPORT
(2) ST. LUKE'S CDC CHRISTHOUSE 269 FAIR STREET PATERSON, NJ 07501	22-3626408	501(C)(3)		181,415.	FMV	FOOD	GENERAL SUPPORT
(3) ST. MARY MAGDALEN CHURCH 621 DOCK STREET MILLVILLE, NJ 08332	53-0196617	501(C)(3)		52,441.	FMV	FOOD	GENERAL SUPPORT
(4) ST. MARY'S CHURCH FOOD PANTRY 17 POMPTON AVE POMPTON LAKES, NJ 07442	53-0196617	501(C)(3)		249,417.	FMV	FOOD	GENERAL SUPPORT
(5) ST. MARY'S EPISCOPAL CHURCH 118 W. BAYVIEW AVE PLEASANTVILLE, NJ 08232	21-0634592	501(C)(3)		72,527.	FMV	FOOD	GENERAL SUPPORT
(6) ST. MARY'S FOOD PANTRY 256 AUGUSTA ST SOUTH AMBOY, NJ 08879	53-0196617	501(C)(3)		10,022.	FMV	FOOD	GENERAL SUPPORT
(7) ST. MARY'S PARISH FOOD PANTRY 254 2ND STREET & ERIE JERSEY CITY, NJ 07302	53-0196617	501(C)(3)		44,727.	FMV	FOOD	GENERAL SUPPORT
(8) ST. MATTHEW'S LUTHERAN CHURCH 85 WAYNE STREET JERSEY CITY, NJ 07302	41-1568278	501(C)(3)		1,308,696.	FMV	FOOD	GENERAL SUPPORT
(9) ST. MAXIMILIAN KOLBE PANTRY 304 CLAY STREET WOODBINE, NJ 08270	22-2547030	501(C)(3)		38,945.	FMV	FOOD	GENERAL SUPPORT
(10) ST. PAUL BAPTIST CHURCH 119 ELM STREET MONTCLAIR, NJ 07042	31-1796404	501(C)(3)		964,182.	FMV	FOOD	GENERAL SUPPORT
(11) ST. PAUL TABERNACLE 530-532 CLINTON AVENUE NEWARK, NJ 07108	22-2621134	501(C)(3)		312,616.	FMV	FOOD	GENERAL SUPPORT
(12) ST. PAUL'S COMMUNITY CORP. 456 VAN HOUTEN ST PATERSON, NJ 07501	22-3075855	501(C)(3)		233,980.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ST. PAUL'S LUTHERAN CHURCH 445 OLD POST ROAD. EDISON, NJ 08817	41-1568278	501(C)(3)		43,522.	FMV	FOOD	GENERAL SUPPORT
(2) ST. PETERS COMMUNITY DEV. CORP 455 MAIN STREET SPOTSWOOD, NJ 08884	20-2884675	501(C)(3)		115,388.	FMV	FOOD	GENERAL SUPPORT
(3) ST. PETER'S HAVEN 380 CLIFTON AVE CLIFTON, NJ 07011	22-2769711	501(C)(3)		930,733.	FMV	FOOD	GENERAL SUPPORT
(4) ST. VINCENT DE PAUL/CUMBERLAND 46 CENTRAL AVENUE BRIDGETON, NJ 08302	83-2296800	501(C)(3)		29,056.	FMV	FOOD	GENERAL SUPPORT
(5) ST. VINCENT DEPAUL MAYS LANDING 5021 HARDING HWY MAYS LANDING, NJ 08330	83-2296800	501(C)(3)		41,754.	FMV	FOOD	GENERAL SUPPORT
(6) STARFISH FOOD PANTRY 631 EAST FRONT STREET PLAINFIELD, NJ 07060	22-2145178	501(C)(3)		14,265.	FMV	FOOD	GENERAL SUPPORT
(7) STOCKTON UNIVERSITY 101 VERA KING FARRIS DR. GALLOWAY, NJ 08205	99-9999999	501(C)(3)		25,040.	FMV	FOOD	GENERAL SUPPORT
(8) STRENGTHEN OUR SISTER 563 RINGWOOD AVE WANAQUE, NJ 07465	22-2858735	501(C)(3)		9,152.	FMV	FOOD	GENERAL SUPPORT
(9) SUMMIT AREA YMCA 67 MAPLE STREET SUMMIT, NJ 07901	22-1487392	501(C)(3)		162,685.	FMV	FOOD	GENERAL SUPPORT
(10) SUYDAM STREET REFORMED CHURCH 74 DRIFT STREET NEW BRUNSWICK, NJ 08901	13-3204416	501(C)(3)		49,246.	FMV	FOOD	GENERAL SUPPORT
(11) TABLE OF HOPE 65 SPRING STREET MORRISTOWN, NJ 07960	53-0204696	501(C)(3)		2,010,060.	FMV	FOOD	GENERAL SUPPORT
(12) TEANECK HELPING HANDS FOOD PANTRY 191 THE PLAZA TEANECK, NJ 07666	82-4189499	501(C)(3)		206,944.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE APOSTLES HOUSE 18-24 GRANT ST NEWARK, NJ 07104	22-2482774	501(C)(3)		136,795.	FMV	FOOD	GENERAL SUPPORT
(2) THE BRANCHES OUTREACH 1304 RT. 47 S. UNIT AJ RIO GRAND, NJ 08242	26-2710178	501(C)(3)		82,067.	FMV	FOOD	GENERAL SUPPORT
(3) THE BUILDING BLOCKS OF NJ 600 PALISADES AVENUE UNION CITY, NJ 07087	27-3646101	501(C)(3)		209,142.	FMV	FOOD	GENERAL SUPPORT
(4) THE CITYLINE CHURCH 1510 KENNEDY BLVD JERSEY CITY, NJ 07305	22-3252131	501(C)(3)		264,591.	FMV	FOOD	GENERAL SUPPORT
(5) THE DUMONT FOOD PANTRY 39 DUMONT AVENUE DUMONT, NJ 07628	81-3342382	501(C)(3)		76,809.	FMV	FOOD	GENERAL SUPPORT
(6) THE FIRST SEVENTH DAY ADV. CHURCH 343 11TH AVENUE PATERSON, NJ 07514	22-2108934	501(C)(3)		581,608.	FMV	FOOD	GENERAL SUPPORT
(7) THE FOOD BANK FOR WESTCHESTER 200 CLEARBROOK ROAD ELMSFORD, NY 10523	13-3507988	501(C)(3)		57,154.	FMV	FOOD	GENERAL SUPPORT
(8) THE FOOD BRIGADE INC 185 W. MADISON AVE DUMONT, NJ 07628	85-3278219	501(C)(3)		1,008,754.	FMV	FOOD	GENERAL SUPPORT
(9) THE FOODBANK OF NEW YORK CITY FOOD FOR SURVIVAL BRONX, NY 10474	13-3179546	501(C)(3)		82,724.	FMV	FOOD	GENERAL SUPPORT
(10) THE GRACE REFRIGERATOR 100 MORRIS AVE SUMMIT, NJ 07901	85-1144186	501(C)(3)		760,581.	FMV	FOOD	GENERAL SUPPORT
(11) THE HANDS OF HOPE 2136 WOODBRIDGE AVENUE EDISON, NJ 08817	20-5818848	501(C)(3)		326,559.	FMV	FOOD	GENERAL SUPPORT
(12) THE LENNARD CLINIC, INC. 461 FRELINGHUYSEN AVE NEWARK, NJ 07114	22-2511850	501(C)(3)		72,226.	FMV	FOOD	GENERAL SUPPORT

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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE MERCY HOUSE 282 MCCLELLAN STREET PERTH AMBOY, NJ 08861	22-3329432	501(C)(3)		396,987.	FMV	FOOD	GENERAL SUPPORT
(2) THE NWK HOUSING AUTH-STEPHEN C 815 NORTH 6TH STREET NEWARK, NJ 07107	16-1635480	501(C)(3)		121,364.	FMV	FOOD	GENERAL SUPPORT
(3) THE ROCK COMMUNITY CENTER 88-90 VERONA AVE NEWARK, NJ 07104	26-0713086	501(C)(3)		108,499.	FMV	FOOD	GENERAL SUPPORT
(4) THE SHARING PLACE, INC. 440-448 HOBOKEN AVE JERSEY CITY, NJ 07306	41-1568278	501(C)(3)		92,501.	FMV	FOOD	GENERAL SUPPORT
(5) THE SOAR CHURCH 513 DEHIRSCH AVENUE WOODBINE, NJ 08270	22-2295177	501(C)(3)		67,965.	FMV	FOOD	GENERAL SUPPORT
(6) THE SOCIETY ST. VINCENT DEPAUL 230 NEW BRUNSWICK AVE PERTH AMBOY, NJ 08861	53-0196617	501(C)(3)		350,728.	FMV	FOOD	GENERAL SUPPORT
(7) THERE'S VICTORY IN JESUS 1 LINCOLN AVE NEWARK, NJ 07104	88-1110424	501(C)(3)		72,097.	FMV	FOOD	GENERAL SUPPORT
(8) TONI'S KITCHEN @ ST. LUKES CH. 73 SO. FULLERTON AVE MONTCLAIR, NJ 07042	31-1629166	501(C)(3)		732,621.	FMV	FOOD	GENERAL SUPPORT
(9) TOUSSAINT FOOD PANTRY 528 MLK BLVD, NEWARK, NJ 07102	53-0196617	501(C)(3)		216,927.	FMV	FOOD	GENERAL SUPPORT
(10) TREEHOUSE CARES 83 ROSEVILLE AVE NEWARK, NJ 07107	82-0895709	501(C)(3)		950,531.	FMV	FOOD	GENERAL SUPPORT
(11) TREES OF THE FOREST 605 BUCKSUDER ROAD, BRIDGETON, NJ 08302	37-1582422	501(C)(3)		15,865.	FMV	FOOD	GENERAL SUPPORT
(12) TRINITY ASSEMBLY OF GOD (FEED THE NEED) 160 PASSAIC AVENUE PASSAIC, NJ 07055	44-0577787	501(C)(3)		143,349.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TRINITY EPISCOPAL CHURCH 650 RAHWAY AVE WOODBRIDGE, NJ 07095	21-0634592	501(C)(3)		114,348.	FMV	FOOD	GENERAL SUPPORT
(2) TRINITY TEMPLE COMMUNITY DEVELOPMENT CENTER 115 GREENWOOD AVE MONTCLAIR, NJ 07042	31-1737157	501(C)(3)		182,005.	FMV	FOOD	GENERAL SUPPORT
(3) TRINITY U.A.M.E. 226 WARREN STREET NEWARK, NJ 07103	51-0389791	501(C)(3)		36,682.	FMV	FOOD	GENERAL SUPPORT
(4) TRUE WITNESS OF JESUS CHRST FP 234 GODWIN AVE PATERSON, NJ 07501	22-2348389	501(C)(3)		43,923.	FMV	FOOD	GENERAL SUPPORT
(5) TUCKAHOE UMC 112. RT 49 TUCKAHOE, NJ 08250	31-1813333	501(C)(3)		82,335.	FMV	FOOD	GENERAL SUPPORT
(6) TURNING POINT, INC 680 BROADWAY - SUITE 104 PATERSON, NJ 07514	22-2046926	501(C)(3)		39,244.	FMV	FOOD	GENERAL SUPPORT
(7) UKRAINIAN EVANGELICAL OF GOD 2208 STANLEY TERRACE UNION, NJ 07083	22-1770826	501(C)(3)		105,415.	FMV	FOOD	GENERAL SUPPORT
(8) UNIDOS POR JESUS 758 HAMILTON ST SOMERSET, NJ 08873	38-4138529	501(C)(3)		431,756.	FMV	FOOD	GENERAL SUPPORT
(9) UNION BAPTIST TEMPLE 335 N. PENNSYLVANIA AV, ATL. CITY, NJ 08401	21-0730898	501(C)(3)		60,953.	FMV	FOOD	GENERAL SUPPORT
(10) UNION COUNTY COLLEGE-CRANFORD 1033 SPRINGFIELD AVENUE CRANFORD, NJ 07016	22-2218627	501(C)(3)		20,696.	FMV	FOOD	GENERAL SUPPORT
(11) UNITED COMMUNITY CORPORATION 409 SOUTH 18TH ST. NEWARK, NJ 07103	22-1761128	501(C)(3)		949,205.	FMV	FOOD	GENERAL SUPPORT
(12) UNITED NEIGHBORS DEVE. CORP. 491 ORANGE STREET NEWARK, NJ 07107	23-7256620	501(C)(3)		99,069.	FMV	FOOD	GENERAL SUPPORT

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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNITED PASSAIC ORGANIZATION 163 AUTUMN ST PASSAIC, NJ 07055	22-2353163	501(C)(3)		55,828.	FMV	FOOD	GENERAL SUPPORT
(2) UNITY SQUARE COMMUNITY CENTER 81 REMSEN AVE NEW BRUNSWICK, NJ 08901	22-2423496	501(C)(3)		125,375.	FMV	FOOD	GENERAL SUPPORT
(3) URBAN LEAGUE OF ESSEX COUNTY 513 CENTRAL AVE. NEWARK, NJ 07107	22-1554540	501(C)(3)		49,877.	FMV	FOOD	GENERAL SUPPORT
(4) VARICK MEMORIAL FOOD PANTRY 120 ATLANTIC ST. HACKENSACK, NJ 07601	45-1093319	501(C)(3)		34,183.	FMV	FOOD	GENERAL SUPPORT
(5) VERMONT FOOD BANK 33 PARKER RD. BARRE, VT 05641	22-3021942	501(C)(3)		153,113.	FMV	FOOD	GENERAL SUPPORT
(6) VICTORIAN TOWERS 608 WASHINGTON STREET CAPE MAY, NJ 08204	99-9999999	501(C)(3)		9,146.	FMV	FOOD	GENERAL SUPPORT
(7) VILLAGE AT ST. PETER'S 21 W. BLACKHORSE PK, PLEASANTVILLE, NJ 0823	53-0196617	501(C)(3)		59,270.	FMV	FOOD	GENERAL SUPPORT
(8) VINCENT UNITED METHODIST CHURCH 100 VINCENT PL NUTLEY, NJ 07110	31-1813333	501(C)(3)		19,042.	FMV	FOOD	GENERAL SUPPORT
(9) VINELAND CHURCH OF GOD 557 N MILL RD VINELAND, NJ 08360	22-3591618	501(C)(3)		131,001.	FMV	FOOD	GENERAL SUPPORT
(10) VINELAND MINISTERIUM 700 E. LANDIS AVE. VINELAND, NJ 08360	31-1490231	501(C)(3)		77,779.	FMV	FOOD	GENERAL SUPPORT
(11) VINELAND PUBLIC SCHOOL 688 N. MILL RD. VINELAND, NJ 08360	22-3746758	501(C)(3)		48,503.	FMV	FOOD	GENERAL SUPPORT
(12) VISTA VILLAGE 70 S. BURNETT ST. EAST ORANGE, NJ 07018	99-9999999	501(C)(3)		74,853.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WANAQUE FEED THE HUNGRY 579 RINGWOOD AVE. WANAQUE, NJ 07465	84-3553165	501(C)(3)		43,931.	FMV	FOOD	GENERAL SUPPORT
(2) WAY CORP 22 LAKE PLACE PLEASANTVILLE, NJ 08232	81-3575829	501(C)(3)		40,887.	FMV	FOOD	GENERAL SUPPORT
(3) WESLEY UMC 225 WASHINGTON AVE BELLEVILLE, NJ 07109	31-1813333	501(C)(3)		86,194.	FMV	FOOD	GENERAL SUPPORT
(4) WEST MILFORD COMMUNITY PANTRY 1452 UNION VALLEY AVE, WEST MILFORD, NJ 074	23-6393377	501(C)(3)		15,854.	FMV	FOOD	GENERAL SUPPORT
(5) WESTMINISTER CHRISTIAN CTR 2015 MORNINGSIDE AVE. ATL. CITY, NJ 08401	20-1938784	501(C)(3)		157,777.	FMV	FOOD	GENERAL SUPPORT
(6) WHARTON UNITED COMMUNITY CHURCH FOOD PANTRY 20 CHURCH STREET WHARTON, NJ 07885	23-6393377	501(C)(3)		39,006.	FMV	FOOD	GENERAL SUPPORT
(7) WILLIAM PATERSON UNIVERSITY 300 POMPTON ROAD, ROOM 335 WAYNE, NJ 07470	23-7117036	501(C)(3)		43,248.	FMV	FOOD	GENERAL SUPPORT
(8) WILLING HEART CTR-METROPOLITAN 555 DR. MLK BLVD NEWARK, NJ 07103	22-1937486	501(C)(3)		607,441.	FMV	FOOD	GENERAL SUPPORT
(9) WOMEN AWARE, INC. 250 LIVINGSTON AVE. NEW BRUNSWICK, NJ 08901	22-2374378	501(C)(3)		16,661.	FMV	FOOD	GENERAL SUPPORT
(10) WOOD CLIFF CHRISTIAN HARVEST 7605 PALISADE AVENUE N. BERGEN, NJ 07047	13-5562225	501(C)(3)		137,212.	FMV	FOOD	GENERAL SUPPORT
(11) WOODBINE COMMUNITY CENTER 812 LONGFELLOW STREET WOODBINE, NJ 08270	99-9999999	501(C)(3)		7,201.	FMV	FOOD	GENERAL SUPPORT
(12) WOODRUFF MIDDLE SCHOOL 1385 HIGHWAY 77 BRIDGETON, NJ 08302	99-9999999	501(C)(3)		26,347.	FMV	FOOD	GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WT C.A.R.E.S LIVING FAITH FOOD 26 WEST 16 STREET BAYONNE, NJ 07002	82-1883986	501(C)(3)		434,908.	FMV	FOOD	GENERAL SUPPORT
(2) YMCA OF PATERSON 128 WARD STREET PATERSON, NJ 07505	22-1487389	501(C)(3)		34,249.	FMV	FOOD	GENERAL SUPPORT
(3) YMWCA-NEWARK 600 BROAD STREET NEWARK, NJ 07102	22-1552820	501(C)(3)		38,611.	FMV	FOOD	GENERAL SUPPORT
(4) YORK STREET PROJECT 89 YORK STREET JERSEY CITY, NJ 07302	22-3117171	501(C)(3)		22,679.	FMV	FOOD	GENERAL SUPPORT
(5) YWCA OF EASTERN UNION COUNTY 158 W 6TH AVE ROSELLE, NJ 07203	22-1487399	501(C)(3)		10,900.	FMV	FOOD	GENERAL SUPPORT
(6) ZION CARES COMMUNITY DEVELOPMENT CORP. 521 BRAMHALL AVENUE JERSEY CITY, NJ 07304	86-1542721	501(C)(3)		266,717.	FMV	FOOD	GENERAL SUPPORT
(7) ZION HILL BAPTIST CHURCH 450 HIGHLAND AVENUE PISCATAWAY, NJ 08854	22-3349097	501(C)(3)		79,098.	FMV	FOOD	GENERAL SUPPORT
(8) EAST ORANGE COMM. DEV. CORP. 381 CLEVELAND ST. ORANGE, NJ 07050	22-1836211	501(C)(3)		6,015.	FMV	FOOD	GENERAL SUPPORT
(9) A MEANINGFUL PURPOSE, INC 9700 AMHERST AVE MARGATE, NJ 08402	84-3830363	501(C)(3)	18,800.				GENERAL SUPPORT
(10) ABES ACRES FARM LLC PO BOX 973 HIGHSTOWN, NJ 08520	82-5239523	501(C)(3)	12,975.				GENERAL SUPPORT
(11) AGAPE FAMILY WORSHIP CENTER PO BOX 1623 RAHWAY, NJ 07065	22-3056048	501(C)(3)	19,612.				GENERAL SUPPORT
(12) ALSTEDE FARMS LLC PO BOX 278 CHESTER, NJ 07930	22-3411737	501(C)(3)	12,500.				GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICA'S GROW-A-ROW 150 PITTSTOWN ROAD PITTSTOWN, NJ 08867	26-2569598	501(C)(3)	200,000.				GENERAL SUPPORT
(2) BETHEL COMMANDMENT 402 S. GEORGE STREET WHITESBORO, NJ 08252	22-2091948	501(C)(3)	53,000.				GENERAL SUPPORT
(3) BESSIE GREEN COMMUNITY INC 510 BROAD STREET NEWARK, NJ 07102	22-2269884	501(C)(3)	20,000.				GENERAL SUPPORT
(4) BOYS & GIRLS CLUB OF ATLANTIC CITY, INC 215 N SOVEREIGN AVE., ATL. CITY, NJ 08401	23-7253748	501(C)(3)	38,948.				GENERAL SUPPORT
(5) BOYS & GIRLS CLUB OF CLIFTON, INC 822 CLIFTON AVENUE CLIFTON, NJ 07013	22-1589377	501(C)(3)	47,160.				GENERAL SUPPORT
(6) BOYS & GIRLS CLUB OF LOWER BERGEN COUNTY, I 50 BROOKSIDE AVENUE #1 LODI, NJ 07644	22-1632037	501(C)(3)	48,533.				GENERAL SUPPORT
(7) BOYS & GIRLS CLUB OF NEWARK, INC 1 AVON AVENUE NEWARK, NJ 07108	22-1515405	501(C)(3)	57,000.				GENERAL SUPPORT
(8) BOYS & GIRLS CLUBS IN NEW JERSEY, INC. 822 CLIFTON AVENUE CLIFTON, NJ 07013	22-0185288	501(C)(3)	15,000.				GENERAL SUPPORT
(9) BOYS & GIRLS CLUBS OF HUDSON COUNTY INC. 225 MORRIS BLVD JERSEY CITY, NJ 07302	22-1918943	501(C)(3)	27,491.				GENERAL SUPPORT
(10) BUILDING NEW LIVES INC 1837 NE BLVD VINELAND, NJ 08360	36-4801030	501(C)(3)	60,708.				GENERAL SUPPORT
(11) C.R.O.P.S. PO BOX 256 LINWOOD, NJ 08221	81-3384665	501(C)(3)	13,200.				GENERAL SUPPORT
(12) CATHEDRAL COMMUNITY DEVELOPMENT CORPORATION 205 SMITH STREET PERTH AMBOY, NJ 08861	22-3329432	501(C)(3)	108,109.				GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CENTER FOR FOOD ACTION 192 W DEMARESS ST AVE ENGLEWOOD, NJ 07631	22-2189072	501(C)(3)	25,000.				GENERAL SUPPORT
(2) CHRIST GOSPEL AGAPE COMMUNITY LIFE CENTER, 2209 ROUTE 9 SOUTH WHITESBORO, NJ 08252	26-1996843	501(C)(3)	5,972.				GENERAL SUPPORT
(3) CITY GREEN, INC 171 GROVE ST. CLIFTON, NJ 07013	20-1065250	501(C)(3)	25,000.				GENERAL SUPPORT
(4) COMITE DE APOYO A LOS TRABAJADORES AGRICOLA 4 DELSEA DR. S, P.O. BOX 510, GLASSBORO, NJ	22-2588350	501(C)(3)	16,000.				GENERAL SUPPORT
(5) COMMUNITY PRESBYTERIAN CHURCH OF BRIGANTINE 1501 WEST BRIGANTINE AVE, BRIGANTINE, NJ 08	21-0733950	501(C)(3)	20,000.				GENERAL SUPPORT
(6) COMMUNITY SUPPORTED GARDEN AT GENESIS FARM 41 B SILVER LAKE RD BLAIRSTOWN, NJ 07825	52-1570706	501(C)(3)	8,650.				GENERAL SUPPORT
(7) COUNCIL EVANGELICAL APOSTOLIC 67 PRINCE ST ELIZABETH, NJ 07208	52-1761401	501(C)(3)	8,386.				GENERAL SUPPORT
(8) CULTURAL SOCIETY OF BERGEN COUNTY, INC 7 WEST MAIN STREET BERGENFIELD, NJ 07621	81-2673134	501(C)(3)	9,096.				GENERAL SUPPORT
(9) CUMAC/ECHO INC. 223 ELLISON STREET PATERSON, NJ 07505	22-2657737	501(C)(3)	10,000.				GENERAL SUPPORT
(10) EARTH CENTER CONSERVANCY 42 RIVA AVENUE NORTH BRUNSWICK, NJ 08902	45-2565686	501(C)(3)	12,254.				GENERAL SUPPORT
(11) ELIZABETHPORT PRESBYTERIAN CENTER, INC 184 FIRST STREET ELIZABETH, NJ 07206	22-1807800	501(C)(3)	10,226.				GENERAL SUPPORT
(12) FAIRGROWN FARM LLC 84 AUNT MOLLY ROAD HOPEWELL, NJ 08525	82-3299235	501(C)(3)	25,000.				GENERAL SUPPORT

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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FAMILIES FOR FAMILIES 431 LINCOLN AVE WYCKOFF, NJ 07481	82-3175535	501(C)(3)	97,960.				GENERAL SUPPORT
(2) FEEDING MIDDLESEX COUNTY PO BOX 781 EDISON, NJ 08818	82-2487235	501(C)(3)	27,000.				GENERAL SUPPORT
(3) FIRST PREBYTERIAN CHURCH OF METUCHAN 270 WOODBRIDGE AVENUE METUCHEN, NJ 08840	23-6393377	501(C)(3)	99,900.				GENERAL SUPPORT
(4) FIRST PRESBYTERIAN CHURCH 150 NORTH BROADWAY SOUTH AMBOY, NJ 08879	23-6393377	501(C)(3)	60,103.				GENERAL SUPPORT
(5) FISH INC - DUNELLEN AREA 456 NEW MARKET RD PISCATAWAY, NJ 08854	22-1923766	501(C)(3)	20,000.				GENERAL SUPPORT
(6) FLUFFY FARMS LLC 220 S VIENNA AVE EGG HARBOR CITY, NJ 08215	86-3292558	501(C)(3)	16,113.				GENERAL SUPPORT
(7) FOODSHED ALLIANCE P.O. BOX 53 HOPEWELL, NJ 07844	27-2834150	501(C)(3)	25,000.				GENERAL SUPPORT
(8) FRANKLIN FOOD BANK 224 CHURCHILL AVENUE SOMERSET, NJ 08873	22-2406472	501(C)(3)	95,000.				GENERAL SUPPORT
(9) FULFILL 3300 ROUTE 66 NEPTUNE, NJ 07753	22-2622522	501(C)(3)	25,910.				GENERAL SUPPORT
(10) GOOD SAMARITAN GROUP 1325 KENNEDY BLVD BAYONNE, NJ 07002	86-2375726	501(C)(3)	8,262.				GENERAL SUPPORT
(11) GRACE GIVING AND RECEIVING ASSISTANCE FOR O 13 DE BARY PLACE SUMMIT, NJ 07901	85-1144186	501(C)(3)	98,295.				GENERAL SUPPORT
(12) GREATER REFUGE CHURCH 600 GRANT AVE PLAINFIELD, NJ 07060	22-3807983	501(C)(3)	98,375.				GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GROW IT GREEN MORRISTOWN INC. PO BOX 230 MORRISTOWN, NJ 07963	26-4560703	501(C)(3)	6,600.				GENERAL SUPPORT
(2) HANSEN HOUSE LLC 572 S ODESSA AVE EGG HARBOR CITY, NJ 08215	31-1667973	501(C)(3)	19,935.				GENERAL SUPPORT
(3) HOLY REDEEMER HOME CARE - NJ SHORE 1801 ROUTE 9 NORTH SWAINTON, NJ 08210	22-2424253	501(C)(3)	20,000.				GENERAL SUPPORT
(4) HUNGRY WORK LLC 269 LAMBERTVILLE HQ ROAD STOCKTON, NJ 08559	83-3309054	501(C)(3)	24,374.				GENERAL SUPPORT
(5) HUN-VAL FARM LLC 430 COUNTY RD 579 RINGOES, NJ 08551	15-3823931	501(C)(3)	15,500.				GENERAL SUPPORT
(6) IRONBOUND COMMUNITY CORPORATION 317 ELM ST NEWARK, NJ 07105	22-1916086	501(C)(3)	25,000.				GENERAL SUPPORT
(7) JERUSALEM MISSIONARY BAPTIST CHURCH 106-8 ATLANTIC STREET JERSEY CITY, NJ 07304	22-2517710	501(C)(3)	7,168.				GENERAL SUPPORT
(8) JEWISH FAMILY SERVICE AND CHILDREN'S CENTER 110 MAIN STREET AVENUE PASSAIC, NJ 07055	20-5928151	501(C)(3)	6,250.				GENERAL SUPPORT
(9) JEWISH FAMILY SERVICE OF ATLANTIC COUNTY, I 607 N. JEROME AVENUE MARGATE, NJ 08402	22-2119902	501(C)(3)	20,000.				GENERAL SUPPORT
(10) JEWISH FAMILY SERVICE OF CENTRAL NEW JERSEY 655 WESTFIELD AVENUE ELIZABETH, NJ 07208	22-1487364	501(C)(3)	20,000.				GENERAL SUPPORT
(11) JOHN E. ROGERS, INC. PO BOX 175 GREAT MEADOWS, NJ 07838	22-1687320	501(C)(3)	12,304.				GENERAL SUPPORT
(12) KITTATINNY MOUNTAIN FARM LLC 60 MUDTOWN RD WANTAGE, NJ 07461	27-4579250	501(C)(3)	8,380.				GENERAL SUPPORT

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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LET'S CELEBRATE INC. 46 FAIRVIEW AVENUE JERSEY CITY, NJ 07304	22-2400132	501(C)(3)	12,384.				GENERAL SUPPORT
(2) LIMA FAMILY FARMS 826 AMWELL ROAD HILLSBOROUGH, NJ 08844	43-2059206	501(C)(3)	25,000.				GENERAL SUPPORT
(3) MAHWAH ENVIRONMENTAL VOLUNTEERS ORGANIZATIO 1024 ASH DRIVE MAHWAH, NJ 00743	80-0713891	501(C)(3)	10,500.				GENERAL SUPPORT
(4) MEND HUNGER RELIEF NETWORK 50 S. CENTER ST, UNIT 2 ORANGE, NJ 07050	27-1105051	501(C)(3)	104,095.				GENERAL SUPPORT
(5) MERCER STREET FRIENDS FOOD BANK 50S. CENTER STREET UNIT6 ORANGE, NJ 07050	21-0733990	501(C)(3)	399,494.				GENERAL SUPPORT
(6) MONTCLAIR COMMUNITY FARMS 4-H ASSOCIATION 108 ORANGE RD MONTCLAIR, NJ 07043	46-2059542	501(C)(3)	18,785.				GENERAL SUPPORT
(7) MOUNT PISGAH AME PANTRY 354 FOREST STREET JERSEY CITY, NJ 07304	84-4213257	501(C)(3)	5,660.				GENERAL SUPPORT
(8) MUNSEE THREE SISTERS MEDICINAL FARM, LLC 21 HEMLOCK AVE NEWTON, NJ 07860	99-1684132	501(C)(3)	12,050.				GENERAL SUPPORT
(9) NEIGHBORHOOD HEALTH SERVICES CORPORATION 1700-58 MYRTLE AVENUE PLAINFIELD, NJ 07063	22-1927742	501(C)(3)	18,274.				GENERAL SUPPORT
(10) NEWARK BIBLE FELLOWSHIP CHURCH 30 RANDOLPH PLACE EAST ORANGE, NJ 07018	47-2340163	501(C)(3)	106,202.				GENERAL SUPPORT
(11) NEWARK SCIENCE AND SUSTAINABILITY INC P.O. BOX 1038 NEWARK, NJ 07101	46-3231385	501(C)(3)	12,000.				GENERAL SUPPORT
(12) NORTH JERSEY AIDS ALLIANCE 393 CENTRAL AVENUE NEWARK, NJ 07103	52-1592616	501(C)(3)	37,676.				GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NORTHSIDE FOOD PANTRY 580 WYCKOFF AVE WYCKOFF, NJ 07481	13-3204416	501(C)(3)	17,539.				GENERAL SUPPORT
(2) NORWESCAP, INC. 350 MARSHALL STREET PHILLIPSBURG, NJ 08865	22-1777156	501(C)(3)	152,917.				GENERAL SUPPORT
(3) OLD VILLAGE FARM LLC 115 OLD RIVER ROAD MILFORD, NJ 08848	46-5151874	501(C)(3)	18,560.				GENERAL SUPPORT
(4) PHILLIPS FARMS, L.L.C. 45 PHILLIPS ROAD MILFORD, NJ 08848	22-3359611	501(C)(3)	15,820.				GENERAL SUPPORT
(5) RUTGERS UNIVERSITY FOUNDATION 335 GEORGE STREET NEW BRUNSWICK, NJ 08901	23-7318742	501(C)(3)	8,393.				GENERAL SUPPORT
(6) SAINT PETER'S UNIVERSITY HOSPITAL 254 EASTON AVENUE NEW BRUNSWICK, NJ 08901	22-1487330	501(C)(3)	20,675.				GENERAL SUPPORT
(7) SEEK-NO-FURTHER FRUIT FARM 290 RT. 206 NEWTON, NJ 07860	154-64-5519	501(C)(3)	9,899.				GENERAL SUPPORT
(8) SOLID ROCK BAPTIST CHURCH FOOD PANTRY 644 CHANCELLOR AVENUE IRVINGTON, NJ 07111	22-2305385	501(C)(3)	103,892.				GENERAL SUPPORT
(9) ST JOHN UNITED METHODIST CHURCH 680 FORDVILLE ROAD BRIDGETON, NJ 08302	31-1813333	501(C)(3)	20,000.				GENERAL SUPPORT
(10) ST JOSEPHS CHURCH (ROMAN CATHOLIC DIOCESE O 777 VALLEY ROAD CLIFTON, NJ 07013	22-1493174	501(C)(3)	8,092.				GENERAL SUPPORT
(11) ST. CECELIA FOOD PANTRY 45 WILUS WAY ISELIN, NJ 08830	22-1546177	501(C)(3)	88,864.				GENERAL SUPPORT
(12) ST. PAUL'S EVANGELICAN LUTHERAN CHURCH OF 445 OLD POST ROAD EDISON, NJ 08817	22-1779942	501(C)(3)	9,096.				GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) STEAM 4 URBN YOUTH INC 8 LOMBARDY STREET, #176 NEWARK, NJ 07102	85-0552059	501(C)(3)	10,000.				GENERAL SUPPORT
(2) STONE CIRCLE FARM 44 SOUTH ROUTE 47, CAPE MAY COURTHOUSE, NJ	82-4212242	501(C)(3)	17,175.				GENERAL SUPPORT
(3) STONY HILL GARDENS LLC 8 STATE ROUTE 24 CHESTER, NJ 07930	22-3624852	501(C)(3)	15,000.				GENERAL SUPPORT
(4) SUYDAM STREET REFORMED CHURCH 74 DRIFT STREET NEW BRUNSWICK, NJ 08901	22-2365172	501(C)(3)	15,275.				GENERAL SUPPORT
(5) TEMPLE VISION CORPORATION 1 MLK PO BOX 265, BRIDGETON, NJ 08302	22-3637844	501(C)(3)	20,000.				GENERAL SUPPORT
(6) THE ALLEN VILLAGE CDC 56 19TH AVENUE NEWARK, NJ 07103	46-4868512	501(C)(3)	17,935.				GENERAL SUPPORT
(7) THE FOOD BRIGADE 236 COLFLAX AVE CLIFTON, NJ 07013	85-3278219	501(C)(3)	85,983.				GENERAL SUPPORT
(8) THE FRIENDS OF JEAN WEBSTER, INC. P.O. BOX 5146 ATLANTIC CITY, NJ 08404	22-3363270	501(C)(3)	25,000.				GENERAL SUPPORT
(9) THE LANDISVILLE PRODUCE CO-OP PO BOX 303 LANDSVILLE, NJ 08326	21-0496121	501(C)(3)	25,000.				GENERAL SUPPORT
(10) THE SALVATION ARMY 440 WEST NYACK RD WEST NYACK, NY 10994	13-5562351	501(C)(3)	38,274.				GENERAL SUPPORT
(11) THE SALVATION ARMY NEW JERSEY DIVISION 4 GARY ROAD UNION, NJ 07083	13-5562351	501(C)(3)	20,000.				GENERAL SUPPORT
(12) TRI-COUNTY COOPERATIVE AUCTION MARKET ASSOC 619 MERCER STREET HIGHSTOWN, NJ 08520	21-0581249	501(C)(3)	6,929.				GENERAL SUPPORT

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 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) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) URBAN AGRICULTURE COOPERATIVE 58 CRAWFORD ST. #1 NEWARK, NJ 07102	82-1079237	501(C)(3)	21,726.				GENERAL SUPPORT
(2) VISIONS AND PATHWAYS 49 BRAHMA AVENUE BRIDGEWATER, NJ 08807	23-7061564	501(C)(3)	107,516.				GENERAL SUPPORT
(3) WALKINGBIRD FARM 250 SOUTH MANNHEIM AVE	47-4602315	501(C)(3)	7,231.				GENERAL SUPPORT
(4) WALLACE TEMPLE COMMUNITY ACTIVITY RESOURCE 392 AVENUE C BAYONNE, NJ 07002	82-1883986	501(C)(3)	10,334.				GENERAL SUPPORT
(5) WEST SIDE HIGH SCHOOL ALUMNI ASSOCIATION 115 OAKLEY STREET ROSELLE, NJ 07203	27-3408789	501(C)(3)	25,224.				GENERAL SUPPORT
(6) WESTSIDE HIGH SCHOOL 403 S.ORANGE AVE NEWARK, NJ 07103	27-3408789	501(C)(3)	7,755.				GENERAL SUPPORT
(7) WILDFLOWER HOMESTEAD LLC 321 PENNINGTON HARBOURTON RD, PENNINGTON, N	83-4229902	501(C)(3)	24,925.				GENERAL SUPPORT
(8) WILLING HEART COMMUNITY CARE CENTER 555 MARTIN LUTHER KING BLVD.	22-1937486	501(C)(3)	45,433.				GENERAL SUPPORT
(9) WTCARES 392 AVENUE C BAYONNE, NJ 07002	82-1883986	501(C)(3)	12,376.				GENERAL SUPPORT
(10)							
(11)							
(12)							

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) (Rev. 12-2024)

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 FOOD ASSISTANCE	80,743		6,811,232.	INDUSTRY VALUATION	FOOD
2 GIFT CARDS	5,662		283,100.	FAIR VALUE	GIFT CARDS
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 COMPLIANCE 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

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.

WITH FOOD STORAGE REQUIREMENTS AND TO SEE THAT THE FOOD IS BEING USED APPROPRIATELY. ADDITIONALLY, ALL DISTRIBUTIONS ARE VERIFIED MONTHLY TO ENSURE THAT THE PURCHASES AND DISTRIBUTIONS ARE 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.

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 III - GRANTS TO INDIVIDUALS

DISTRIBUTIONS OF ALMOST 4,700,000 POUNDS OF FOOD AND COMMODITIES WERE MADE TO 80,743 INDIVIDUALS THROUGH THE VARIOUS PROGRAMS AND MOBILE OUTREACH PANTRIES OPERATED BY THE COMMUNITY FOOBANK OF NEW JERSEY DURING THE YEAR ENDED JUNE 30, 2025. IN ADDITION, GIFT CARDS WERE DISTRIBUTED TO 5,662 INDIVIDUALS TO ALLOW FOR DIRECT FOOD PURCHASES.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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? **4a** **4b**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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? **5a** **5b**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

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? **6a** **6b**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

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 **7**

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 **8** **9**

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

	Yes	No
1a		
1b		
2		
3		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) (Rev. 12-2024)

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 and/or 1099-NEC 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				
KAREN LEIES 1 CHIEF OF EXTERNAL AFFAIRS	(i)	251,148.	20,000.	NONE	4,515.	8,307.	283,970.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID GOLDSTEIN 2 VICE PRESIDENT OF OPERATIONS	(i)	225,438.	7,500.	NONE	7,930.	8,494.	249,362.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JEANNIE FOURNIER 3 VP OF PROGRAMS & SERVICES	(i)	187,658.	16,250.	NONE	7,370.	27,321.	238,599.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TERRENCE WILLIAMS 4 VP OF HUMAN RESOURCES	(i)	208,779.	15,000.	NONE	9,334.	18,905.	252,018.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JENNIFER NELSON 5 VP, NETWORK RELATIONS	(i)	140,950.	12,500.	NONE	9,437.	1,270.	164,157.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NADINE ROSENBAUM-LEHRE 6 SENIOR DIR, DIR RESPONSE MKT	(i)	152,842.	3,200.	NONE	6,705.	25,132.	187,879.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RENEE HELFENSTEIN 7 ASST. VP OF EVENTS, MKTNG & CO	(i)	164,968.	4,800.	NONE	7,177.	10,901.	187,846.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DEBRA SCHEINHOLTZ 8 DIRECTOR OF CORPORATE RELATION	(i)	153,783.	4,800.	NONE	4,520.	481.	163,584.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ELIZABETH MCCARTHY 9 CHIEF EXECUTIVE OFFICER	(i)	394,928.	12,500.	NONE	12,281.	21,523.	441,232.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANDREA PETER 10 ASST. VP, HUMAN RESOURCES	(i)	167,325.	4,800.	NONE	7,152.	494.	179,771.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
GERALD FRANCIS MALONEY 11 CFAO	(i)	212,608.	17,500.	NONE	8,612.	25,787.	264,507.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
OTTO ROBERTS 12 CONTROLLER	(i)	151,374.	5,150.	NONE	6,854.	10,766.	174,144.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROBERT POWELL 13 SR.DR INFORMATION TECHNOLOGY	(i)	164,393.	3,200.	NONE	7,691.	32,491.	207,775.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ADELE HELEN LATOURETTE 14 ASST. VP OF POLICY & ADVOCACY	(i)	160,611.	3,200.	NONE	5,194.	12,254.	181,259.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROD JANUZZI 15 SENIOR DIRECTOR OF FACILITIES	(i)	156,560.	3,000.	NONE	6,676.	10,768.	177,004.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
16	(i)							
	(ii)							

Schedule J (Form 990) (Rev. 12-2024)

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 RESUMPTION 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:

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.

1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT;
2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND
3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION THE MEMBERS OF THE BOARD OF DIRECTORS EACH ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST. THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED. THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE BOARD AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING BUT NOT LIMITED TO THE PRESIDENT AND SENIOR MANAGEMENT. THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE PRESIDENT WITH ASSISTANCE FROM

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.

OTHER STAFF IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION. OTHER OBJECTIVE FACTORS INCLUDE SALARY DATA FOR COMPARABLE POSITIONS, PERSONNEL REVIEWS AND EVALUATIONS.

SCHEDULE J, PART I, LINE 7

CFBNJ PROVIDES VARIABLE COMPENSATION AS A WAY OF RECOGNIZING INDIVIDUAL CONTRIBUTIONS TO THE ORGANIZATION'S STRATEGIC OBJECTIVES AND ACHIEVEMENT OF INDIVIDUAL GOALS AND OBJECTIVES.

**SCHEDULE L
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open To Public
Inspection**

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedule L (Form 990) (Rev. 12-2024)

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) AARON WILSON	BOARD MEMBER	800,000.	PARTNER AT BCG		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV:

AARON WILSON, BOARD MEMBER, IS A PARTNER AT BOSTON CONSULTING GROUP.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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 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	61,310,176	110,033,534.	INDUSTRY VALUATION
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 V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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) 2024

JSA

4E1298 1.000

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.

SCHEDULE M, PART I, COLUMN (B)

THE AMOUNT REPRESENTED IN PART I, LINE 19, COLUMN (B) HAS BEEN LEFT BLANK AS DONATIONS ARE MEASURED IN POUNDS NOT BY NUMBER OF ITEM AS DESCRIBED BELOW.

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, 2025 WAS APPROXIMATELY 61,300,000 POUNDS OF DONATED PRODUCT WHICH INCLUDES 17,500,000 POUNDS OF USDA COMMODITIES. THE VALUATION OF THE DONATED FOOD AND COMMODITIES IS COMPUTED USING A NATIONAL STUDY THAT IS PERFORMED ANNUALLY BY FEEDING AMERICA TO VALUE DONATED PRODUCTS AS SHOWN ON PAGE 1 OF SCHEDULE M.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

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.

OMB No. 1545-0047

2024

**Open to Public
Inspection**

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.

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE ASSUMES THE REponsibility FOR OVERSIGHT OF THE AUDIT

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2024

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

22-2423882

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 DETERMINED BASED ON THE
ESTIMATED AVERAGE FAIR VALUE OF ONE POUND OF DONATED FOOD PRODUCT USING
NATIONAL AVERAGES FOR 29 CATEGORIES OF FOOD ITEMS FROM THE ANNUAL SURVEY
PREPARED BY FEEDING AMERICA, THE NATIONAL ORGANIZATION OF FOOD BANKS.

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.

Name of the organization

Employer identification number

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

22-2423882

FORM 990, PART III - PROGRAM SERVICE

=====

LINE 4A, PROGRAM SERVICE

THE COMMUNITY FOODBANK OF NEW JERSEY, A MEMBER OF FEEDING AMERICA, IS THE LARGEST ANTI-HUNGER ORGANIZATION IN THE STATE. THIS PAST YEAR, THE COMMUNITY FOODBANK OF NEW JERSEY DISTRIBUTED APPROXIMATELY 111 MILLION POUNDS OF FOOD TO 800 PARTNER ORGANIZATIONS IN 15 OUT OF NEW JERSEY'S 21 COUNTIES, RESULTING IN MORE THAN 92 MILLION MEALS DELIVERED TO NEIGHBORS IN NEED. 33% OF ALL FOOD DISTRIBUTED WAS FRESH PRODUCE.

THE COMMUNITY FOODBANK OF NEW JERSEY'S PROGRAMS INCLUDE: CHILD AND SENIOR FEEDING, MOBILE PANTRIES, RESOURCE ACCESS ASSISTANCE, DISTRIBUTION OF ESSENTIAL ITEMS INCLUDING PADS AND DIAPERS, CHRONIC DISEASE FOCUSED SUPPORT SERVICES, WORKFORCE DEVELOPMENT TRAINING, EMERGENCY FOOD DISTRIBUTION, AND GRANTMAKING.

Name of the organization

Employer identification number

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

22-2423882

FORM 990, PART VI, LINE 17 - STATES

=====

AR, CO, CT,
FL, GA, IL, KY, ME, MD, MA, MI,
MN, NV, NH, NJ, NY, NC, OH, OR, PA,
RI, SC, TN, TX, VA, WA, WV,

Name of the organization

Employer identification number

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

22-2423882

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MOORE, A SERIES LLC 4200 PARLIAMENT PLACE, 3RD FLOOR LANHAM, MD 20706	FUNDRAISING	1,740,117.
NETWORK DOCTOR IT SOLUTIONS & SERVICES 600 SYLVAN AVENUE SUITE 212 ENGLEWOOD CLIFFS, NJ 07632	IT SUPPORT	922,410.
THE BOSTON CONSULTING GROUP, INC P0 BOX 14255 PALATINE, IL 60055-4255	CONSULTING	800,000.
LOUIS N. ROTHBERG & SON, INC. 550 CEDAR AVENUE MIDDLESEX, NJ 08846	CONSTRUCTION	583,502.
ALVARADO GROUP INC. 1 DIAMOND CAUSEWAY, SUITE 21, #213 SAVANNAH, GA 31406	MARKETING & ADV.	452,857.

Name of the organization

Employer identification number

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

22-2423882

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
PREPAID EXPENSES	735,709.	2,098,927.
TOTALS	----- 735,709. =====	----- 2,098,927. =====

Name of the organization

Employer identification number

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

22-2423882

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
EXCHANGE TRADED FUND US EQUITY	30,046,974.	28,084,505.	FMV
US EQUITIES	6,270,798.	5,269,212.	FMV
MONEY MARKET FUNDS	764,926.	703,126.	FMV
MUTUAL FUNDS	11,889,854.	13,008,535.	FMV
GOVERNMENT/CORPORATE BONDS	11,843,774.	12,508,464.	FMV
TOTALS	60,816,326.	59,573,842.	

Name of the organization

Employer identification number

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

22-2423882

FORM 990, PART X - DEFERRED REVENUE

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
DEFERRED REVENUE	6,910,462.	5,862,048.
TOTALS	----- 6,910,462. =====	----- 5,862,048. =====