

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 2017

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

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue (Total: 108,584,873), expenses (Total: 109,440,055), and net assets (Total: 26,598,367).

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, preparer name (CATHERINE BENDALL), firm name (WITHUMSMITH+BROWN, PC), and firm address.

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.

Form 990 (2016)

**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:

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  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 \$ 104,140,742. including grants of \$ 90,941,326. ) (Revenue \$ 2,085,923. )

THE COMMUNITY FOODBANK OF NEW JERSEY, A MEMBER OF FEEDING AMERICA,  
IS THE LARGEST ANTI-HUNGER AND ANTI-POVERY ORGANIZATION IN THE  
STATE (SEE SCHEDULE O FOR PROGRAM DETAILS).

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

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

**4d** Other program services (Describe in Schedule O.)

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

**4e** Total program service expenses ▶ 104,140,742.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> 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> . . . . .		X
<b>4 Section 501(c)(3) organizations.</b> 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> . . . . .		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .		X
<b>6</b> 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> . . . . .		X
<b>7</b> 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> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .		X
<b>9</b> 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> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .	X	
<b>11</b> 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.		
<b>a</b> 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> . . . . .	X	
<b>b</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> . . . . .	X	
<b>c</b> 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> . . . . .		X
<b>d</b> 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> . . . . .		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .		X
<b>f</b> 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> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .	X	
<b>b</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> . . . . .		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
<b>b</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> . . . . .		X
<b>15</b> 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> . . . . .		X
<b>16</b> 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> . . . . .		X
<b>17</b> 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</i> (see instructions). . . . .	X	
<b>18</b> 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> . . . . .	X	
<b>19</b> 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> . . . . .		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> 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> . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

**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

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . . <b>1a</b>   19		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . . <b>1b</b>   0.		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . <b>1c</b>	X	
<b>2 a</b>	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. . . . . <b>2a</b>   249		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . . <b>2b</b>	X	
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . <b>3a</b>	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. . . . . <b>3b</b>		
<b>4 a</b>	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)? . . . . . <b>4a</b>		X
<b>b</b>	If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?. . . . . <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <b>5b</b>		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?. . . . . <b>5c</b>		
<b>6 a</b>	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? . . . . . <b>6a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?. . . . . <b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . . <b>7a</b>	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . <b>7b</b>	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . <b>7c</b>		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . . <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <b>7e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <b>7f</b>		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . <b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?. . . . . <b>9a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?. . . . . <b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . . <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . . <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>13a</b>		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 . . . . . <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand . . . . . <b>13c</b>		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <b>14a</b>		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . <b>14b</b>		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: JEFF MOTT, 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205, 908-355-3663

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD BRODY DIRECTOR (THRU 6/17)	2.00 1.00	X					0.	0.	0.	
(2) JOSH WEINREICH CHAIRMAN	2.00 1.00	X		X			0.	0.	0.	
(3) ALAN C. LEVITAN VICE CHAIRMAN	2.00 0.	X		X			0.	0.	0.	
(4) MICHAEL RIMLAND TREASURER	2.00 0.	X		X			0.	0.	0.	
(5) ROBERT H. DOHERTY DIRECTOR	2.00 0.	X					0.	0.	0.	
(6) ANTONY J. FEROLIE DIRECTOR	2.00 0.	X					0.	0.	0.	
(7) RONALD B. GILES DIRECTOR	2.00 0.	X					0.	0.	0.	
(8) BRIAN W. KRONICK, ESQ. DIRECTOR	2.00 1.00	X					0.	0.	0.	
(9) WENDY M. LAZARUS DIRECTOR	2.00 0.	X					0.	0.	0.	
(10) KAREN MELETA DIRECTOR	2.00 0.	X					0.	0.	0.	
(11) MICHAEL A. OSTROFF DIRECTOR	2.00 0.	X					0.	0.	0.	
(12) JUDITH A. SPIRES DIRECTOR	2.00 0.	X					0.	0.	0.	
(13) SEK HAR RAMASWAMY DIRECTOR	2.00 0.	X					0.	0.	0.	
(14) JOSEPH F. DEMPSEY, JR. SECRETARY	2.00 0.	X		X			0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) ALMA DEMETROPOLIS ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
( 16) ANDREW FEDERBUSCH ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
( 17) JOSH WESTON ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
( 18) TOM UHLMAN ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
( 19) JILL GATEMAN ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
( 20) STEPHEN F. JURELLER ----- DIRECTOR	2.00 ----- 0.	X					0.	0.	0.	
( 21) ROBERT BARRY ----- CFO	40.00 ----- 1.00			X			157,617.	0.	24,209.	
( 22) CATHERINE MCCANN ----- FORMER VP OF OPERATIONS	40.00 ----- 0.			X			157,937.	0.	17,557.	
( 23) PHYLLIS DUNLOP ----- FORMER VP DEVELOPMENT	40.00 ----- 0.			X			139,239.	0.	18,620.	
( 24) KAMILI WILLIAMS ----- FORMER VP AGENCY RELATIONS	40.00 ----- 0.			X			126,889.	0.	22,643.	
( 25) LISA L. KNOTHE ----- FORMER VP OF HUMAN RESOURCES	40.00 ----- 0.			X			107,004.	0.	20,069.	
<b>1b Sub-total</b> . . . . .							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							1,574,205.	0.	271,162.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							1,574,205.	0.	271,162.	

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
AMERGENT 9 CERNTENNIAL DRIVE PEABODY, MA 01960	FUNDRAISER	1,100,197.

**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 **▶ 1**



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) DEBRA VIZZI PRESIDENT & CEO	40.00 1.00			X				328,443.	0.	15,581.
( 27) RICHARD UNIACKE VP SOUTHERN BRANCH	40.00 0.			X				127,258.	0.	7,080.
( 28) KATHLEEN DICHIARA FORMER CEO	40.00 1.00			X				81,344.	0.	108,015.
( 29) KAREN LEIES VP OF DEVELOPMENT	40.00 0.			X				160,723.	0.	18,976.
( 30) TONYA WALLEY VP OF LOGISTICS	40.00 0.			X				70,769.	0.	6,798.
( 31) JOHNATHAN FISHMAN IT MANAGER	40.00 0.					X		116,982.	0.	11,614.
<b>1b Sub-total</b> . . . . . ▶										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . . ▶										
<b>d Total (add lines 1b and 1c)</b> . . . . . ▶										

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	375,524.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	1,000,000.					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	7,205,968.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	95,609,215.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		82,644,093.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			104,190,707.				
	<b>Program Service Revenue</b>	<b>Business Code</b>						
<b>2a</b> PURCHASED FOOD REVENUES			624210	2,085,923.	2,085,923.			
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> _____								
<b>e</b> _____								
<b>f</b> All other program service revenue . . . . .								
<b>g Total.</b> Add lines 2a-2f . . . . .			2,085,923.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 1 . . . . .			137,393.			137,393.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0.				
	<b>5</b> Royalties . . . . .			0.				
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal					
			109,428.					
		<b>b</b> Less: rental expenses . . . . .		158,491.				
		<b>c</b> Rental income or (loss) . . . . .		-49,063.				
	<b>d</b> Net rental income or (loss) . . . . .			-49,063.		-49,063.		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		3,264,302.	3,339,775.					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		1,616,638.				
		<b>c</b> Gain or (loss) . . . . .	15,580.	1,723,137.				
	<b>d</b> Net gain or (loss) . . . . .			1,738,717.				
	<b>8a</b> Gross income from fundraising events (not including \$ 375,524. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	ATCH 2					
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	34,146.				
<b>c</b> Net income or (loss) from fundraising events. ATTACH 3 . . . . .				0.				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>			0.				
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>		0.				
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>			0.				
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>		0.				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0.				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> MISCELLANEOUS INCOME		900099	481,196.	481,196.				
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . .			481,196.					
<b>12 Total revenue.</b> See instructions. . . . .			108,584,873.	2,567,119.	-49,063.	137,393.		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	90,941,326.	90,941,326.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,713,566.	497,393.	787,201.	428,972.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	7,409,185.	6,296,525.	872,874.	239,786.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	322,279.	250,451.	52,328.	19,500.
<b>9</b> Other employee benefits . . . . .	2,165,729.	1,679,225.	360,560.	125,944.
<b>10</b> Payroll taxes . . . . .	615,841.	461,881.	110,851.	43,109.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	47,144.		47,144.	
<b>c</b> Accounting . . . . .	68,200.	55,615.	12,585.	
<b>d</b> Lobbying . . . . .	0.			
<b>e</b> Professional fundraising services. See Part IV, line 17.	660,841.			660,841.
<b>f</b> Investment management fees . . . . .	31,900.		31,900.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	339,018.	296,785.	42,233.	
<b>12</b> Advertising and promotion . . . . .	173,128.	173,128.		
<b>13</b> Office expenses . . . . .	1,516,501.	560,580.	202,334.	753,587.
<b>14</b> Information technology . . . . .	214,317.	192,885.	21,432.	
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	1,002,521.	883,896.	69,505.	49,120.
<b>17</b> Travel . . . . .	822,220.	779,747.	30,849.	11,624.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	40,823.	10,206.	30,617.	
<b>20</b> Interest . . . . .	0.			
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	1,268,727.	978,939.	198,420.	91,368.
<b>23</b> Insurance . . . . .	86,789.	82,160.	4,629.	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	109,440,055.	104,140,742.	2,875,462.	2,423,851.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	841,367.	<b>1</b>	533,205.
	<b>2</b> Savings and temporary cash investments	69,201.	<b>2</b>	453,291.
	<b>3</b> Pledges and grants receivable, net	448,915.	<b>3</b>	60,000.
	<b>4</b> Accounts receivable, net	894,244.	<b>4</b>	845,063.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use	7,347,506.	<b>8</b>	5,902,723.
	<b>9</b> Prepaid expenses and deferred charges	76,500.	<b>9</b>	55,625.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 23,925,037.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 11,665,477.	14,620,460.	<b>10c</b> 12,259,560.
	<b>11</b> Investments - publicly traded securities	<b>ATCH 5</b> 4,540,305.	<b>11</b>	6,938,099.
	<b>12</b> Investments - other securities. See Part IV, line 11	1,862,035.	<b>12</b>	2,297,066.
	<b>13</b> Investments - program-related. See Part IV, line 11	0.	<b>13</b>	0.
	<b>14</b> Intangible assets	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11	0.	<b>15</b>	0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	30,700,533.	<b>16</b>	29,344,632.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	1,787,863.	<b>17</b>	1,708,149.
	<b>18</b> Grants payable	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue	<b>ATCH 6</b> 1,272,766.	<b>19</b>	520,940.
	<b>20</b> Tax-exempt bond liabilities	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	<b>ATCH 7</b> 632,378.	<b>23</b>	517,176.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25	3,693,007.	<b>26</b>	2,746,265.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	25,418,266.	<b>27</b>	25,420,545.
	<b>28</b> Temporarily restricted net assets	1,574,260.	<b>28</b>	1,162,822.
	<b>29</b> Permanently restricted net assets	15,000.	<b>29</b>	15,000.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	27,007,526.	<b>33</b>	26,598,367.
	<b>34</b> Total liabilities and net assets/fund balances	30,700,533.	<b>34</b>	29,344,632.

**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	108,584,873.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	109,440,055.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-855,182.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	27,007,526.
<b>5</b> Net unrealized gains (losses) on investments . . . . .	<b>5</b>	446,023.
<b>6</b> Donated services and use of facilities . . . . .	<b>6</b>	0.
<b>7</b> Investment expenses . . . . .	<b>7</b>	0.
<b>8</b> Prior period adjustments . . . . .	<b>8</b>	0.
<b>9</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	0.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	26,598,367.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form **990** (2016)

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2016**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

**Open to Public Inspection**

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2016

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	97,882,766.	96,005,378.	91,696,623.	92,823,313.	104,190,707.	482,598,787.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	97,882,766.	96,005,378.	91,696,623.	92,823,313.	104,190,707.	482,598,787.
<b>5</b> 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). . . . .						35,334,697.
<b>6 Public support.</b> Subtract line 5 from line 4.						447,264,090.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 . . . . .	97,882,766.	96,005,378.	91,696,623.	92,823,313.	104,190,707.	482,598,787.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	284,797.	237,319.	302,480.	208,307.	137,393.	1,170,296.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	254,426.	382,006.	271,230.	536,123.	481,196.	1,924,981.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						485,694,064.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	13,537,315.
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	92.09 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.37 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2016.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test - 2015.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b> 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>	<b>1</b>		
<b>2</b> 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>	<b>2</b>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>		
<b>b</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>	<b>3b</b>		
<b>c</b> 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>	<b>3c</b>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>		
<b>b</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>	<b>4b</b>		
<b>c</b> 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>	<b>4c</b>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<b>5a</b>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>		
<b>6</b> 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>	<b>6</b>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>		
<b>9a</b> 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>9a</b>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	<b>9b</b>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	<b>9c</b>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>	<b>10a</b>		
<b>b</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>	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3.	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>	

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by .035.	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

Section C - Distributable Amount		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1.	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	

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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7:                   \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013. . . . .			
<b>c</b> Excess from 2014. . . . .			
<b>d</b> Excess from 2015. . . . .			
<b>e</b> Excess from 2016. . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
CATERING INCOME	28,758.	23,444.	34,352.	29,837.	40,370.	156,761.
MISCELLANEOUS INCOME	225,668.	358,562.	236,878.	506,286.	440,826.	1,768,220.
<b>TOTALS</b>	<u>254,426.</u>	<u>382,006.</u>	<u>271,230.</u>	<u>536,123.</u>	<u>481,196.</u>	<u>1,924,981.</u>

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

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

OMB No. 1545-0047

**2016**

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

PUBLIC DISCLOSURE COPY

<b>Name of organization</b> COMMUNITY FOOD BANK OF NEW JERSEY, INC.	<b>Employer identification number</b> 22-2423882
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**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	_____	\$ 26,726,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 8,030,624.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 5,892,192.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 5,261,357.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 2,192,996.	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.)

PUBLIC DISCLOSURE COPY

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

Employer identification number

22-2423882

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	10,235,287 POUNDS OF FOOD	\$ 22,133,808.	06/30/2017
2	3,598,542 POUNDS OF FOOD	\$ 7,781,847.	06/30/2017
3	2,724,713 POUNDS OF FOOD	\$ 5,892,192.	06/30/2017
5	1,014,102 POUNDS OF FOOD	\$ 2,192,996.	06/30/2017
		\$	
		\$	



Name of organization COMMUNITY FOOD BANK OF NEW JERSEY, INC.	Employer identification number 22-2423882
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**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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Information about Schedule D (Form 990) 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

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

Schedule D (Form 990) 2016

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**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?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	15,000.	15,000.	15,000.	15,000.	15,000.
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	15,000.	15,000.	15,000.	15,000.	15,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Temporarily restricted endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,328,100.		1,328,100.
b Buildings		14,640,822.	5,019,829.	9,620,993.
c Leasehold improvements				
d Equipment		7,414,192.	6,595,050.	819,142.
e Other		541,923.	50,598.	491,325.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				12,259,560.

**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) COMMUNITY FDTN OF NJ HOLDING	257,816.	FMV
(B) CORPORATE BONDS	2,039,250.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,297,066.	

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		109,157,487.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	446,023.	
<b>b</b>	Donated services and use of facilities . . . . .		
<b>c</b>	Recoveries of prior year grants . . . . .		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	158,491.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		604,514.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		108,552,973.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	31,900.	
<b>b</b>	Other (Describe in Part XIII.) . . . . .		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		31,900.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		108,584,873.

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		109,566,646.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .		
<b>b</b>	Prior year adjustments . . . . .		
<b>c</b>	Other losses . . . . .		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	158,491.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		158,491.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		109,408,155.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	31,900.	
<b>b</b>	Other (Describe in Part XIII.) . . . . .		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		31,900.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		109,440,055.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIII Supplemental Information** (continued)

SCHEDULE D, PART V, LINE 4

INCOME FROM THE ENDOWMENT FUNDS CAN BE USED TO DEFRAY OPERATING EXPENSES OF THE ORGANIZATION.

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, 2017 AND 2016. THE FOOD BANK HAS NO INCOME TAX RELATED PENALTIES OR INTEREST FOR THE PERIODS REPORTED IN THESE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI & XII, LINE 2D

ON RENTAL EXPENSES ARE INCLUDED ON THE STATEMENT OF FUNCTIONAL EXPENSES IN THE AUDITED FINANCIAL STATEMENTS BUT NETTED AGAINST RENTAL INCOME ON THE 990.



**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 WOMENS LUNCHEON <small>(event type)</small>	(b) Event #2 CHEFS TABLESID <small>(event type)</small>	(c) Other events 1. <small>(total number)</small>	(d) Total events (add col. (a) through col. (c))
		Revenue	<b>1</b> Gross receipts . . . . .	179,468.	131,502.
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2), . . . . .	179,468.	131,502.	98,700.	409,670.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .		7,000.		7,000.
	<b>7</b> Food and beverages . . . . .	12,700.			12,700.
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	14,547.	4,853.	5,046.	24,446.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				44,146.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				365,524.

**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	<b>1</b> Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> 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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 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).

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990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
AMERGENT  9 CENTENNIAL DRIVE PEABODY MA 01960	MAILINGS		X		1,100,197.	

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

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

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> ELIZABETHPORT PRESB. CHURCH 200 SECOND ST ELIZABETH, NJ 07206	99-9999999	501(C)(3)		323,195.	FMV		FOOD DISTRIBUTION
<b>(2)</b> GOODWILL RESCUE MISSION, INC. 79 UNIVERSITY AVE NEWARK, NJ 07107	22-1487207	501(C)(3)		181,329.	FMV		FOOD DISTRIBUTION
<b>(3)</b> SALVATION ARMY-NEWARK CENT 45 CENTRAL AVE NEWARK, NJ 07102	13-5562351	501(C)(3)		47,031.	FMV		FOOD DISTRIBUTION
<b>(4)</b> SALVATION ARMY - WESTSIDE 699 SPRINGFIELD AVE NEWARK, NJ 07103	13-5562351	501(C)(3)		40,695.	FMV		FOOD DISTRIBUTION
<b>(5)</b> ST. CECILIA OFFICE OF CONCERN 55 W. DEMAREST AVE ENGLEWOOD, NJ 07631	99-9999999	501(C)(3)		244,181.	FMV		FOOD DISTRIBUTION
<b>(6)</b> FIRST HOPEWELL BAPTIST CHURCH 525 ORANGE ST NEWARK, NJ 07107	22-2313428	501(C)(3)		103,074.	FMV		FOOD DISTRIBUTION
<b>(7)</b> CUMAC/ECHO 223 ELLISON ST. PATERSON, NJ 07509	36-2167731	501(C)(3)		346,220.	FMV		FOOD DISTRIBUTION
<b>(8)</b> ST. MARY'S PARISH FOOD PANTRY 254 2ND STREET & ERIE JERSEY CITY, NJ 07302	99-9999999	501(C)(3)		60,782.	FMV		FOOD DISTRIBUTION
<b>(9)</b> EVA'S KITCHEN 393 MAIN ST PATERSON, NJ 07505	22-2424542	501(C)(3)		160,073.	FMV		FOOD DISTRIBUTION
<b>(10)</b> OHEB SHALOM CONG 170 SCOTLAND RD SOUTH ORANGE, NJ 07079	13-1659707	501(C)(3)		20,285.	FMV		FOOD DISTRIBUTION
<b>(11)</b> SALVATION ARMY-EAST ORANGE 430 MAIN ST. EAST ORANGE, NJ 07018	13-5562351	501(C)(3)		54,542.	FMV		FOOD DISTRIBUTION
<b>(12)</b> HUMAN NEEDS FOOD PANTRY 9 LABEL STREET MONTCLAIR, NJ 07042	99-9999999	501(C)(3)		395,927.	FMV		FOOD DISTRIBUTION

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

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Department of the Treasury  
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

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

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> INTEGRITY INC. SECAUCUS 595 COUNTY RD B6 SECAUCUS, NJ 07094	221894796"	501(C)(3)		7,923.	FMV		FOOD DISTRIBUTION
<b>(2)</b> SALVATION ARMY - DOVER 76 N. BERGEN ST DOVER, NJ 07801	22-1489911	501(C)(3)		22,333.	FMV		FOOD DISTRIBUTION
<b>(3)</b> SALVATION ARMY - JERSEY CITY 562 BERGEN AVE JERSEY CITY, NJ 07304	13-5562351	501(C)(3)		51,192.	FMV		FOOD DISTRIBUTION
<b>(4)</b> ST. PAUL'S COMMUNITY CORP. 451 VAN HOUTEN ST PATERSON, NJ 07501	22-3075855	501(C)(3)		208,638.	FMV		FOOD DISTRIBUTION
<b>(5)</b> SALVATION ARMY - PASSAIC 550 MAIN AVE PASSAIC, NJ 07055	13-5562351	501(C)(3)		114,324.	FMV		FOOD DISTRIBUTION
<b>(6)</b> SALVATION ARMY - NEW BRNWK 287 HANDY ST. NEW BRUNSWICK, NJ 08901	13-5562351	501(C)(3)		65,576.	FMV		FOOD DISTRIBUTION
<b>(7)</b> ST. JAMES SOCIAL SERVICE CORP. 588 MARTIN LUTHER KING BLVD	22-2462242	501(C)(3)		265,495.	FMV		FOOD DISTRIBUTION
<b>(8)</b> CHURCH OF EPIPHANY OUTREACH 105 MAIN ST ORANGE, NJ 07050	210634592"	501(C)(3)		82,417.	FMV		FOOD DISTRIBUTION
<b>(9)</b> ST. JOHN THE APOSTLE CHURCH 1805 PENBROOK TER LINDEN, NJ 07036	99-9999999	501(C)(3)		43,457.	FMV		FOOD DISTRIBUTION
<b>(10)</b> HOBOKEN COALITION SHELTER 300 BLOOMFIELD ST HOBOKEN, NJ 07030	22-3174286	501(C)(3)		135,667.	FMV		FOOD DISTRIBUTION
<b>(11)</b> FRANCISCAN CHARITIES 103 16TH AVE NEWARK, NJ 07103	20-1557589	501(C)(3)		184,371.	FMV		FOOD DISTRIBUTION
<b>(12)</b> THE SHARING PLACE, INC. 440 HOBOKEN AVENUE JERSEY CITY, NJ 07306	99-9999999	501(C)(3)		129,009.	FMV		FOOD DISTRIBUTION

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> HISPANIC MULTIPURPOSE CENTER 911 EAST 23RD ST PATERSON, NJ 07513	22-2130436	501(C)(3)		11,141.	FMV		FOOD DISTRIBUTION
<b>(2)</b> OUR LADY OF SORROWS/MARY HOUSE 93 CLERK ST JERSEY CITY, NJ 07305	22-1698783	501(C)(3)		54,110.	FMV		FOOD DISTRIBUTION
<b>(3)</b> FOODBANK NETWORK OF SOMERSET BLDG 9E EASY ST., BRIDGEWATER	22-2405550	501(C)(3)		34,702.	FMV		FOOD DISTRIBUTION
<b>(4)</b> BLESSED SACRAMENT PANTRY 15 BALDWIN AVENUE NEWARK, NJ 07108	99-9999999	501(C)(3)		58,236.	FMV		FOOD DISTRIBUTION
<b>(5)</b> HEARD AME CHURCH 310 EAST 8TH AVE ROSELLE, NJ 07203	99-9999999	501(C)(3)		62,048.	FMV		FOOD DISTRIBUTION
<b>(6)</b> ST. JOSEPHS SOCIAL SERVICE CTR 118 DIVISION ST ELIZABETH, NJ 07201	52-1467470	501(C)(3)		205,632.	FMV		FOOD DISTRIBUTION
<b>(7)</b> ZION UNITED CHURCH OF CHRIST 17 ALEXANDER ST NEWARK, NJ 07106	99-9999999	501(C)(3)		87,931.	FMV		FOOD DISTRIBUTION
<b>(8)</b> CHURCH WOMEN UNITED PANTRY 1240 CLINTON AVE IRVINGTON, NJ 07111	36-2167731	501(C)(3)		63,418.	FMV		FOOD DISTRIBUTION
<b>(9)</b> MT. SINAI GOSPEL CHURCH 27-53 PRESCOTT STREET JERSEY CITY, NJ 07304	36-2192827	501(C)(3)		179,494.	FMV		FOOD DISTRIBUTION
<b>(10)</b> NEW AME ZION CHURCH 153 LAWRENCE PL PATERSON, NJ 07501	53-0204696	501(C)(3)		61,525.	FMV		FOOD DISTRIBUTION
<b>(11)</b> MT. ZION BAPTIST CHURCH 208 BROADWAY NEWARK, NJ 07104	99-9999999	501(C)(3)		71,404.	FMV		FOOD DISTRIBUTION
<b>(12)</b> DAMON HOUSE 105 JOYCE KILMER AVE	221-918234	501(C)(3)		64,467.	FMV		FOOD DISTRIBUTION

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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> SALVATION ARMY - ELIZABETH 1005 EAST JERSEY ST ELIZABETH, NJ 07201	13-5562351	501(C)(3)		126,179.	FMV		FOOD DISTRIBUTION
<b>(2)</b> TONI'S KITCHEN @ ST. LUKES CH. 73 SO. FULLERTON AVE MONTCLAIR, NJ 07042	31-1629186	501(C)(3)		36,397.	FMV		FOOD DISTRIBUTION
<b>(3)</b> EMERG. FOOD AND NUTRITION NTWK 403 UNIVERSITY AVE NEWARK, NJ 07108	99-9999999	501(C)(3)		53,790.	FMV		FOOD DISTRIBUTION
<b>(4)</b> ST. MARY'S FOOD PANTRY 256 AUGUSTA ST SOUTH AMBOY, NJ 08879	99-9999999	501(C)(3)		65,860.	FMV		FOOD DISTRIBUTION
<b>(5)</b> S.D.A. CHURCH OF THE ORANGES 308 REYNOLDS TERRACE ORANGE, NJ 07050	52-0643036	501(C)(3)		159,257.	FMV		FOOD DISTRIBUTION
<b>(6)</b> FLYNN FELLOWSHIP OF NJ 1091 E. JERSEY ST ELIZABETH, NJ 07201	22-6062869	501(C)(3)		67,357.	FMV		FOOD DISTRIBUTION
<b>(7)</b> NO. JERSEY COMM RESEARCH INIT. 393 CENTRAL AVE STE 301 NEWARK, NJ 07103	52-1592616	501(C)(3)		62,637.	FMV		FOOD DISTRIBUTION
<b>(8)</b> SALVATION ARMY - PATERSON 541-545 W. BROADWAY PATERSON, NJ 07509	13-5562351	501(C)(3)		47,933.	FMV		FOOD DISTRIBUTION
<b>(9)</b> THE APOSTLES HOUSE 18-24 GRANT ST NEWARK, NJ 07104	99-9999999	501(C)(3)		122,216.	FMV		FOOD DISTRIBUTION
<b>(10)</b> HOMELESS SOLUTIONS INC. 540 W. HANOVER AVE, STE. 100	22-2491675	501(C)(3)		8,484.	FMV		FOOD DISTRIBUTION
<b>(11)</b> WORLD FOR CHRIST CRUSDADE INC. 1005 UNION VALLEY RD WEST MILFORD, NJ 07480	99-9999999	501(C)(3)		53,177.	FMV		FOOD DISTRIBUTION
<b>(12)</b> LINCOLN PARK FOOD PANTRY 10 BOONTON TPK LINCOLN PARK, NJ 07035	13-5562351	501(C)(3)		24,950.	FMV		FOOD DISTRIBUTION

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<b>(1)</b> BETHANY BAPTIST CHURCH PANTRY 275 W. MARKET ST NEWARK, NJ 07103	22-6000112	501(C)(3)		91,686.	FMV		FOOD DISTRIBUTION
<b>(2)</b> GOOD NEWS BIBLE MISSION 32 DALES AVE JERSEY CITY, NJ 07306	52-1623231	501(C)(3)		51,904.	FMV		FOOD DISTRIBUTION
<b>(3)</b> HOUSE OF MERCY MISSION 573 SPRINGFIELD AVE NEWARK, NJ 07103	22-2637121	501(C)(3)		104,090.	FMV		FOOD DISTRIBUTION
<b>(4)</b> LINDEN INTERFAITH LINC'S 14 WEST MUNSILL AVE LINDEN, NJ 07036	22-3504240	501(C)(3)		44,426.	FMV		FOOD DISTRIBUTION
<b>(5)</b> YWCA OF EASTERN UNION COUNTY 1131 EAST JERSEY ST ELIZABETH, NJ 07201	99-9999999	501(C)(3)		22,284.	FMV		FOOD DISTRIBUTION
<b>(6)</b> CENTER FOR FOOD ACTION 192 W DEMAREST AVENUE ENGLEWOOD, NJ 07631	22-2189072	501(C)(3)		648,098.	FMV		FOOD DISTRIBUTION
<b>(7)</b> J.C. HOMELESS/ST. LUCY'S SHELTER 619 GROVE ST JERSEY CITY, NJ 07310	99-9999999	501(C)(3)		17,436.	FMV		FOOD DISTRIBUTION
<b>(8)</b> SALVATION ARMY - UNION CIT 515 43RD ST UNION CITY, NJ 07087	13-5562351	501(C)(3)		148,766.	FMV		FOOD DISTRIBUTION
<b>(9)</b> SECAUCUS FOOD PANTRY 210 MEADOWLANDS PARKWAY SECAUCUS, NJ 07094	99-9999999	501(C)(3)		42,693.	FMV		FOOD DISTRIBUTION
<b>(10)</b> OLD BERGEN CHURCH 1 HIGHLAND AVE JERSEY CITY, NJ 07306	22-1903142	501(C)(3)		29,842.	FMV		FOOD DISTRIBUTION
<b>(11)</b> NEW COMMUNITIES CORP. - SENIOR 220 BRUCE ST NEWARK, NJ 07103	22-1911104	501(C)(3)		49,725.	FMV		FOOD DISTRIBUTION
<b>(12)</b> TOUSSAINT FOOD PANTRY 528 MARTIN LUTHER KING BLVD	99-9999999	501(C)(3)		56,809.	FMV		FOOD DISTRIBUTION

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<b>(1)</b> SALVATION ARMY - PERTH AMB 433 STATE ST. PERTH AMBOY, NJ 08861	13-5562351	501(C)(3)		116,229.	FMV		FOOD DISTRIBUTION
<b>(2)</b> FRANCISKA RESIDENCE 615 GROVE ST JERSEY CITY, NJ 07310	99-9999999	501(C)(3)		9,157.	FMV		FOOD DISTRIBUTION
<b>(3)</b> FAITH FELLOWSHIP WORLD OUTREAC 2707 MAIN ST SAYREVILLE, NJ 08872	22-2437978	501(C)(3)		68,334.	FMV		FOOD DISTRIBUTION
<b>(4)</b> SOMERSET HM/DISPLACED CHILDREN 49 BRAHMA AVENUE BRIDGEWATER, NJ 08807	26-5800861	501(C)(3)		30,683.	FMV		FOOD DISTRIBUTION
<b>(5)</b> SHILOH BAPTIST CHURCH 95 MURRAY ST ELIZABETH, NJ 07201	99-9999999	501(C)(3)		10,246.	FMV		FOOD DISTRIBUTION
<b>(6)</b> EMMANUEL CHURCH OF CHRIST 54 IRVINE TURNER BLVD. NEWARK, NJ 07103	22-2888758	501(C)(3)		152,884.	FMV		FOOD DISTRIBUTION
<b>(7)</b> FIRST 7TH DAY ADVENTIST CHURCH 15 ELMWOOD AVE MONTCLAIR, NJ 07042	52-0643036	501(C)(3)		57,406.	FMV		FOOD DISTRIBUTION
<b>(8)</b> NEWARK TRANSITIONAL PROGRAM 212 PESHINE AVE NEWARK, NJ 07108	22-2730393	501(C)(3)		70,468.	FMV		FOOD DISTRIBUTION
<b>(9)</b> LITTLE ZION U.A.M.E. CHURCH 154 STEPHENS ST BELLEVILLE, NJ 07109	22-3104783	501(C)(3)		84,606.	FMV		FOOD DISTRIBUTION
<b>(10)</b> NEWARK EMERGENCY SERVICES 982 BROAD ST NEWARK, NJ 07102	22-2191674	501(C)(3)		31,905.	FMV		FOOD DISTRIBUTION
<b>(11)</b> PEACEFUL ZION BAPTIST CHURCH 213 RHODE ISLAND AVE EAST ORANGE, NJ 07018	99-9999999	501(C)(3)		50,358.	FMV		FOOD DISTRIBUTION
<b>(12)</b> ISAIAH HOUSE 85 N. 14TH STREET EAST ORANGE, NJ 07017	22-2699121	501(C)(3)		210,356.	FMV		FOOD DISTRIBUTION

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<b>(1)</b> CALVARY CHAPEL OF OLD BRIDGE 135 WHITE OAK LANE OLD BRIDGE, NJ 08857	22-2603508	501(C)(3)		226,961.	FMV		FOOD DISTRIBUTION
<b>(2)</b> HELPING HANDS AND EARS 32 PARK ST ORANGE, NJ 07050	22-2403113	501(C)(3)		27,480.	FMV		FOOD DISTRIBUTION
<b>(3)</b> FIRST UNITARIAN SOC. PLAINFIELD 724 PARK AVE PLAINFIELD, NJ 07060	22-6000534	501(C)(3)		38,843.	FMV		FOOD DISTRIBUTION
<b>(4)</b> MT. TEMAN CHURCH 160 MADISON AVE ELIZABETH, NJ 07201	53-0304696	501(C)(3)		66,576.	FMV		FOOD DISTRIBUTION
<b>(5)</b> LPC MISSION PROJECT 1506 ORCHARD TERR. LINDEN, NJ 07036	23-6393377	501(C)(3)		14,504.	FMV		FOOD DISTRIBUTION
<b>(6)</b> ELIJAH'S PROMISE 18 NEILSON STREET NEW BRUNSWICK, NJ 08901	22-3055539	501(C)(3)		122,261.	FMV		FOOD DISTRIBUTION
<b>(7)</b> MARKET STREET MISSION 9 MARKET ST MORRISTOWN, NJ 07960	22-6047486	501(C)(3)		91,613.	FMV		FOOD DISTRIBUTION
<b>(8)</b> FRANKLIN TWP. FOOD PANTRY P.O. BOX 333 SOMERSET, NJ 08875-0333	99-9999999	501(C)(3)		415,048.	FMV		FOOD DISTRIBUTION
<b>(9)</b> FR. ENGLISH EMERG. FOOD PANTRY 435 MAIN ST PATERSON, NJ 07501	99-9999999	501(C)(3)		526,913.	FMV		FOOD DISTRIBUTION
<b>(10)</b> ROSEVILLE PRESBYTERIAN CHURCH 36 ROSEVILLE AVE NEWARK, NJ 07107	99-9999999	501(C)(3)		57,392.	FMV		FOOD DISTRIBUTION
<b>(11)</b> 1ST PRESBYTERIAN CH. OF AVENEL 621 E. WOODBRIDGE AVE. AVENEL, NJ 07065	99-9999999	501(C)(3)		34,817.	FMV		FOOD DISTRIBUTION
<b>(12)</b> ST. PETER'S HAVEN 380 CLIFTON AVE CLIFTON, NJ 07011	22-2769711	501(C)(3)		65,693.	FMV		FOOD DISTRIBUTION

- 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) (2016)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

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

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> LET'S CELEBRATE 46-48 FAIRVIEW AVE JERSEY CITY, NJ 07304	22-2400132	501(C)(3)		193,719.	FMV		FOOD DISTRIBUTION
<b>(2)</b> THE LENNARD CLINIC, INC. 461 FRELINGHUYSEN AVE NEWARK, NJ 07114	22-2511850	501(C)(3)		46,540.	FMV		FOOD DISTRIBUTION
<b>(3)</b> POSITIVE HEALTH CARE INC. 333 WASHINGTON ST NEWARK, NJ 07102	22-3153632	501(C)(3)		88,079.	FMV		FOOD DISTRIBUTION
<b>(4)</b> CALVARY TEMPLE - COMPASSION IN 1111 PREAKNESS AVE WAYNE, NJ 07470	440577787"	501(C)(3)		220,695.	FMV		FOOD DISTRIBUTION
<b>(5)</b> BUTLER UNITED METHODIST CHURCH 5 BARTHOLDI AVE BUTLER, NJ 07405	36-2167731	501(C)(3)		7,474.	FMV		FOOD DISTRIBUTION
<b>(6)</b> GRACE'S KITCHEN 600 CLEVELAND AVE PLAINFIELD, NJ 07060	22-3425177	501(C)(3)		20,900.	FMV		FOOD DISTRIBUTION
<b>(7)</b> 1ST PRESBYTERIAN CHURCH 150 NO. BROADWAY SOUTH AMBOY, NJ 08879	99-9999999	501(C)(3)		48,948.	FMV		FOOD DISTRIBUTION
<b>(8)</b> PALISADES EMERGENCY RESIDENCE 108 36TH STREET UNION CITY, NJ 07087	22-2985600	501(C)(3)		344,296.	FMV		FOOD DISTRIBUTION
<b>(9)</b> MT. VERNON BAPTIST CHURCH 709 CLINTON AVE NEWARK, NJ 07108	99-9999999	501(C)(3)		35,773.	FMV		FOOD DISTRIBUTION
<b>(10)</b> HOLY MOUN. CHURCH (WE CARE) 220 EAST GRAND AVE RAHWAY, NJ 07065	22-2371359	501(C)(3)		44,385.	FMV		FOOD DISTRIBUTION
<b>(11)</b> REVIVAL TEMPLE 81-85 16TH AVE NEWARK, NJ 07103	22-2229868	501(C)(3)		70,321.	FMV		FOOD DISTRIBUTION
<b>(12)</b> NEW CHRISTIAN BAPTIST CHURCH 16-18 BRIDGE ST PATERSON, NJ 07501	22-2621724	501(C)(3)		12,545.	FMV		FOOD DISTRIBUTION

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> EBENEZER BAPTIST CHURCH 153 WILLIAM ST ORANGE, NJ 07050	22-3562301	501(C)(3)		307,038.	FMV		FOOD DISTRIBUTION
<b>(2)</b> PARK AVE. PANTRY/BNAI ISREAL 565 BROADWAY PASSAIC, NJ 07055	22-2281774	501(C)(3)		56,464.	FMV		FOOD DISTRIBUTION
<b>(3)</b> SALVATION ARMY - PLAINFIELD 615 WATCHUNG AVE PLAINFIELD, NJ 07060	13-5562351	501(C)(3)		56,914.	FMV		FOOD DISTRIBUTION
<b>(4)</b> F.O.C.U.S. 441-443 BROAD ST NEWARK, NJ 07102	22-1839206	501(C)(3)		57,948.	FMV		FOOD DISTRIBUTION
<b>(5)</b> RAHWAY FOOD FOR FRIENDS 1221 NEW BRUNSWICK AVE. RAHWAY, NJ 07065	46-1061259	501(C)(3)		140,567.	FMV		FOOD DISTRIBUTION
<b>(6)</b> UKRAINIAN EVANGELICAL OF GOD 2208 STANLEY TER UNION, NJ 07083	99-9999999	501(C)(3)		72,820.	FMV		FOOD DISTRIBUTION
<b>(7)</b> THE FIRST REFORMED CHURCH F.P. 236 WASHINGTON ST BOONTON, NJ 07005	99-9999999	501(C)(3)		49,070.	FMV		FOOD DISTRIBUTION
<b>(8)</b> PATERSON AVE UMC PANTRY (NEW BIRTH FOOD PAN 316 TOTOWA AVE. PATERSON, NJ 07502	36-2167731	501(C)(3)		13,392.	FMV		FOOD DISTRIBUTION
<b>(9)</b> CHURCH OF A LIVING GOD 434 E. 4TH ST. PLAINFIELD, NJ 07062	52-1608118	501(C)(3)		62,597.	FMV		FOOD DISTRIBUTION
<b>(10)</b> CHRISTIAN FELLOWSHIP CENTER 343-359 VAN HOUTEN STREET	22-2956237	501(C)(3)		57,611.	FMV		FOOD DISTRIBUTION
<b>(11)</b> COMMUNITY BAPTIST CHURCH 535-549 BROADWAY (MLK) PATERSON, NJ 07514	13-5563018	501(C)(3)		144,671.	FMV		FOOD DISTRIBUTION
<b>(12)</b> NEW EPHEBUS BAPTIST CHURCH 175 BROOKWOOD ST EAST ORANGE, NJ 07018	22-3043796	501(C)(3)		47,917.	FMV		FOOD DISTRIBUTION

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Employer identification number

22-2423882

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

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<b>(1)</b> NEW HOPE BAPTIST CHURCH PANTRY 144 NORMAN ST EAST ORANGE, NJ 07017	36-2192827	501(C)(3)		67,313.	FMV		FOOD DISTRIBUTION
<b>(2)</b> STRAIGHT AND NARROW 396 STRAIGHT ST P.O. BOX 2738, NJ 07501	226-012277	501(C)(3)		23,434.	FMV		FOOD DISTRIBUTION
<b>(3)</b> FIRST BAPTIST CHURCH-HILLSIDE 166 HILLSIDE AVE HILLSIDE, NJ 07205	13-5563018	501(C)(3)		150,047.	FMV		FOOD DISTRIBUTION
<b>(4)</b> WANAQUE FEED THE HUNGRY 579 RINGWOOD AVE WANAQUE, NJ 07465	36-2167731	501(C)(3)		20,557.	FMV		FOOD DISTRIBUTION
<b>(5)</b> THE SOCIETY ST. VINCENT DEPAUL 230 NEW BRUNSWICK AVE.	99-9999999	501(C)(3)		333,038.	FMV		FOOD DISTRIBUTION
<b>(6)</b> EMANUEL BAPTIST CHURCH 230 CHANCELLOR AVENUE NEWARK, NJ 07112	22-2623422	501(C)(3)		67,509.	FMV		FOOD DISTRIBUTION
<b>(7)</b> COMMUNITY CHURCH OF GOD 417 W. 6TH ST PLAINFIELD, NJ 07060	35-6064030	501(C)(3)		67,819.	FMV		FOOD DISTRIBUTION
<b>(8)</b> SOC. OF ST. VINCENT DEPAUL 29 ABEEL STREET NEW BRUNSWICK, NJ 08901	99-9999999	501(C)(3)		185,182.	FMV		FOOD DISTRIBUTION
<b>(9)</b> INTERFAITH FOOD PANTRY OF THE ORANGES 105 MAIN ST. ORANGE, NJ 07050	21-0634592	501(C)(3)		50,642.	FMV		FOOD DISTRIBUTION
<b>(10)</b> NORTH BRUNSWICK FOOD BANK 710 HERMAN RD NORTH BRUNSWICK, NJ 08902	22-3522458	501(C)(3)		52,600.	FMV		FOOD DISTRIBUTION
<b>(11)</b> OASIS HAVEN FOR WOMEN & CHILDR 59 MILL STREET PATERSON, NJ 07501	22-3491573	501(C)(3)		41,353.	FMV		FOOD DISTRIBUTION
<b>(12)</b> NORTH SIDE FOOD PANTRY 90 JEFFERSON S., PATERSON 07522	99-9999999	501(C)(3)		80,758.	FMV		FOOD DISTRIBUTION

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

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Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

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Name of the organization

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Employer identification number

22-2423882

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

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> METROPOLITAN COMMUNITY SERVICE 1003 MONROE AVENUE PLAINFIELD, NJ 07063	52-0643036	501(C)(3)		10,030.	FMV		FOOD DISTRIBUTION
<b>(2)</b> COMMUNITY CHURCH OF FAITH 26 IRVINE TURNER BLVD HILLSIDE, NJ 07205	52-1785793	501(C)(3)		21,866.	FMV		FOOD DISTRIBUTION
<b>(3)</b> HOPEWELL BAPTIST CHURCH 17 MUHAMMAD ALI AVE NEWARK, NJ 07104	36-2192827	501(C)(3)		47,366.	FMV		FOOD DISTRIBUTION
<b>(4)</b> AIDS RESOURCE FOUNDATION FOR C 75-77 ACADEMY STREET NEWARK, NJ 07102	22-2696986	501(C)(3)		43,250.	FMV		FOOD DISTRIBUTION
<b>(5)</b> ST. JOSEPH'S CHURCH 454 GERMANTOWN RD WEST MILFORD, NJ 07480	99-9999999	501(C)(3)		34,833.	FMV		FOOD DISTRIBUTION
<b>(6)</b> TRINITY EPISCOPAL CHURCH 650 RAHWAY AVE WOODBRIDGE, NJ 07095	210634592"	501(C)(3)		40,471.	FMV		FOOD DISTRIBUTION
<b>(7)</b> VICTORY AT SUNRISE BAPTIST CHU 376 CLINTON PL NEWARK, NJ 07112	36-2192827	501(C)(3)		91,426.	FMV		FOOD DISTRIBUTION
<b>(8)</b> SOCIAL SERVICE ASSOC OF RIDGEWOOD 6 STATION PLAZA RIDGEWOOD, NJ 07456	22-1487345	501(C)(3)		5,734.	FMV		FOOD DISTRIBUTION
<b>(9)</b> FRANKLIN - ST. JOHN'S COMMUNIT 142 MAPLE AVE NEWARK, NJ 07112	22-3622528	501(C)(3)		82,562.	FMV		FOOD DISTRIBUTION
<b>(10)</b> SALVATION ARMY - BOUNDBROO 108 HAMILTON ST BOUND BROOK, NJ 08805	13-5562351	501(C)(3)		11,340.	FMV		FOOD DISTRIBUTION
<b>(11)</b> IRVINGTON NEIGHBORHOOD IMPROVE 346 SIXTEENTH AVENUE IRVINGTON, NJ 07111	99-9999999	501(C)(3)		79,822.	FMV		FOOD DISTRIBUTION
<b>(12)</b> JOAN T. AND ROBIN L. CROWLEY MEMORIAL FOOD 220 S. HARRISON ST., EAST ORANGE	45-2715926	501(C)(3)		47,318.	FMV		FOOD DISTRIBUTION

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**Grants and Other Assistance to Organizations,  
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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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<b>(1)</b> FISH, INC 456 NEW MARKET RD PISCATAWAY, NJ 08854	22-1923766	501(C)(3)		27,306.	FMV		FOOD DISTRIBUTION
<b>(2)</b> BROADWAY HOUSE 298 BROADWAY NEWARK, NJ 07104	22-2903536	501(C)(3)		13,638.	FMV		FOOD DISTRIBUTION
<b>(3)</b> RUTGERS COOPERATIVE EXTENSION 18 CLARK STREET PATERSON, NJ 07505	99-9999999	501(C)(3)		12,700.	FMV		FOOD DISTRIBUTION
<b>(4)</b> RUTGERS COOP RESEARCH EXT. 65 BERGEN STREET RM 157 NEWARK, NJ 07107	226-001086	501(C)(3)		10,096.	FMV		FOOD DISTRIBUTION
<b>(5)</b> CENTER FOR FOOD ACTION NORTHWE 90 RIDGE ROAD MAHWAH, NJ 07430	22-2189072	501(C)(3)		116,648.	FMV		FOOD DISTRIBUTION
<b>(6)</b> GREATER ABYSSINIAN BAPTIST CHU 88 LYONS AVE NEWARK, NJ 07112	99-9999999	501(C)(3)		32,255.	FMV		FOOD DISTRIBUTION
<b>(7)</b> HOUSE OF PRAYER FOOD PANTRY 138 HICKORY STREET ORANGE, NJ 07050	22-3599608	501(C)(3)		144,508.	FMV		FOOD DISTRIBUTION
<b>(8)</b> COVENANT HOUSE - NJ 330 WASHINGTON ST NEWARK, NJ 07102	13-3537710	501(C)(3)		75,549.	FMV		FOOD DISTRIBUTION
<b>(9)</b> VINCENT UNITED METHODIST CHURC 100 VINCENT PL NUTLEY, NJ 07110	99-9999999	501(C)(3)		23,161.	FMV		FOOD DISTRIBUTION
<b>(10)</b> LOVE OF JESUS FOOD PANTRY 385 BROADWAY PATERSON, NJ 07501	22-2294015	501(C)(3)		61,117.	FMV		FOOD DISTRIBUTION
<b>(11)</b> INTERFAITH FOOD PANTRY 2 EXECUTIVE DRIVE MORRIS PLAINS, NJ 07950	22-3618468	501(C)(3)		455,852.	FMV		FOOD DISTRIBUTION
<b>(12)</b> JAMES O. BRYANT FOOD PANTRY 6 ETHEL RD. PISCATAWAY, NJ 08854	22-3595278	501(C)(3)		40,879.	FMV		FOOD DISTRIBUTION

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<b>(1)</b> BRIAN P. STACK ASSOC 1202 SUMMIT AVENUE UNION CITY, NJ 07087	22-3675033	501(C)(3)		105,923.	FMV		FOOD DISTRIBUTION
<b>(2)</b> CHRISTIAN PENTECOSTAL CHURCH 11 ASPEN PLACE, 3G PASSAIC, NJ 07055	22-3127350	501(C)(3)		92,268.	FMV		FOOD DISTRIBUTION
<b>(3)</b> MINISTERIO DE RESTAURACION 163-165 THIRD STREET ELIZABETH, NJ 07208	22-3521623	501(C)(3)		371,619.	FMV		FOOD DISTRIBUTION
<b>(4)</b> ST. MARY'S CHURCH FOOD PANTRY 22 LAKESIDE AVE. POMPTON LAKES, NJ 07442	99-9999999	501(C)(3)		31,340.	FMV		FOOD DISTRIBUTION
<b>(5)</b> CLEARVIEW BAPTIST CHURCH 314-320 HOBSON ST NEWARK, NJ 07112	22-2610331	501(C)(3)		39,580.	FMV		FOOD DISTRIBUTION
<b>(6)</b> ST. CECILIA'S SOCIAL MINISTRY 45 WILUS WAY ISELIN, NJ 08830	99-9999999	501(C)(3)		23,427.	FMV		FOOD DISTRIBUTION
<b>(7)</b> ST. JOSEPH'S FOOD PANTRY 55 HIGH ST CARTERET, NJ 07008	99-9999999	501(C)(3)		25,059.	FMV		FOOD DISTRIBUTION
<b>(8)</b> SOLID ROCK BAPTIST CHURCH 644 CHANCELLOR AVENUE IRVINGTON, NJ 07111	22-2305385	501(C)(3)		126,028.	FMV		FOOD DISTRIBUTION
<b>(9)</b> NEW HOPE COMM. FOOD PANTRY 331 NORTH 11TH STREET	20-2893390	501(C)(3)		32,011.	FMV		FOOD DISTRIBUTION
<b>(10)</b> FAITH TABERNACLE CHURCH 1301 W. FRONT STREET PLAINFIELD, NJ 07063	22-3408777	501(C)(3)		95,122.	FMV		FOOD DISTRIBUTION
<b>(11)</b> HIS WORD MINISTRIES 593 RINGWOOD AVENUE WANAQUE, NJ 07465	22-3382220	501(C)(3)		34,509.	FMV		FOOD DISTRIBUTION
<b>(12)</b> HOLY TRINITY RC CHURCH 336 FIRST ST. WESTFIELD, NJ 07090	99-9999999	501(C)(3)		46,621.	FMV		FOOD DISTRIBUTION

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> FIRST BAPTIST CRANFORD/ELIZABETH 402 UNION AVENUE ELIZABETH, NJ 07208	13-5563018	501(C)(3)		63,911.	FMV		FOOD DISTRIBUTION
<b>(2)</b> ALDERSGATE UMC CRISIS ROOM 562 RYDERS LANE EAST BRUNSWICK, NJ 08816	36-2167731	501(C)(3)		49,334.	FMV		FOOD DISTRIBUTION
<b>(3)</b> MOUNT ZION BAPTIST CHURCH 61 RICHARDS AVENUE DOVER, NJ 07801	22-2285212	501(C)(3)		47,861.	FMV		FOOD DISTRIBUTION
<b>(4)</b> UNITED NEIGHBORS DEVE. CORP. 487 ORANGE STREET NEWARK, NJ 07107	23-7256620	501(C)(3)		29,504.	FMV		FOOD DISTRIBUTION
<b>(5)</b> NEW BORN HOLY CHURCH 250 BERGEN STREET NEWARK, NJ 07103	23-7375624	501(C)(3)		49,366.	FMV		FOOD DISTRIBUTION
<b>(6)</b> SALVATION ARMY--KEARNY 443 CHESTNUT STREET KEARNY, NJ 07032	13-5562351	501(C)(3)		51,112.	FMV		FOOD DISTRIBUTION
<b>(7)</b> GREATER MT. MORIAH HOME FOREIG 210 CLINTON AVENUE NEWARK, NJ 07108	22-3019594	501(C)(3)		58,668.	FMV		FOOD DISTRIBUTION
<b>(8)</b> NEWARK SPANISH 7TH DAY ADVENTI 58 2ND AVENUE NEWARK, NJ 07104	52-0643036	501(C)(3)		90,345.	FMV		FOOD DISTRIBUTION
<b>(9)</b> NEW DAWN MISS. BAPT. CHURCH 284 PESHINE AVENUE NEWARK, NJ 07108	30-0281415	501(C)(3)		119,970.	FMV		FOOD DISTRIBUTION
<b>(10)</b> HOLY REDEEMER CHURCH 569 65TH STREET WEST NEW YORK, NJ 07093	99-9999999	501(C)(3)		53,309.	FMV		FOOD DISTRIBUTION
<b>(11)</b> LIVING WATER FAMILY BIBLE CENTER 104 UNION STREET CARTERET, NJ 07008	16-1634614	501(C)(3)		64,095.	FMV		FOOD DISTRIBUTION
<b>(12)</b> ST. PETERS COMMUNITY DEV. CORP 505 MAIN STREET SPOTSWOOD, NJ 08884	20-2884675	501(C)(3)		90,699.	FMV		FOOD DISTRIBUTION

- 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) (2016)



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

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

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> FIRST CORINTHIANS BAPT.CHURCH 595 SOUTH 10TH STREET NEWARK, NJ 07103	22-2135863	501(C)(3)		105,763.	FMV		FOOD DISTRIBUTION
<b>(2)</b> IRVINGTON SDA COMM. SERV. 120-134 PROSPECT AVE. IRVINGTON, NJ 07111	31-1627317	501(C)(3)		51,647.	FMV		FOOD DISTRIBUTION
<b>(3)</b> BETHANY LUTHERAN CHURCH 2015 KENNEDY BLVD. JERSEY CITY, NJ 07305	99-9999999	501(C)(3)		73,968.	FMV		FOOD DISTRIBUTION
<b>(4)</b> CHURCH OF THE ETERNAL GOD 190 HIGHLAND AVENUE NEWARK, NJ 07104	99-9999999	501(C)(3)		60,754.	FMV		FOOD DISTRIBUTION
<b>(5)</b> HEAVEN'S HELPERS 393 PEARL ST. WOODBRIDGE, NJ 07060	06-1798430	501(C)(3)		48,046.	FMV		FOOD DISTRIBUTION
<b>(6)</b> TABERNACLE CHURCH 675 S. 20TH STREET NEWARK, NJ 07103	26-0714972	501(C)(3)		71,447.	FMV		FOOD DISTRIBUTION
<b>(7)</b> MORNING STAR COMM. DEVE. CORP. 1009 CHANDLER AVE LINDEN, NJ 07036	22-3833499	501(C)(3)		96,162.	FMV		FOOD DISTRIBUTION
<b>(8)</b> LA ESPERANZA 7TH DAY ADVENTIST 57 HANCOCK AVE. JERSEY CITY, NJ 07307	52-0643036	501(C)(3)		171,223.	FMV		FOOD DISTRIBUTION
<b>(9)</b> S.H.E.E.L.D.(SHILOH DEVE. CORP 515-517 WEST FOURTH STREET	31-1672462	501(C)(3)		99,226.	FMV		FOOD DISTRIBUTION
<b>(10)</b> MT. ZION U.F.W. BAPTIST CHURCH 47 BEAVER AVENUE EDISON, NJ 08820	13-3961739	501(C)(3)		26,639.	FMV		FOOD DISTRIBUTION
<b>(11)</b> NEW DESTINY COMM. DEVELOPMENT 129 CHESTNUT ST.-LOWER LEVEL	20-1016554	501(C)(3)		26,983.	FMV		FOOD DISTRIBUTION
<b>(12)</b> ABUNDANT LIFE CHRISTIAN CTR. 2245 ROUTE 130, STE. 101 DAYTON, NJ 08810	23-2172664	501(C)(3)		41,139.	FMV		FOOD DISTRIBUTION

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Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> THE MERCY HOUSE 282 MCCLELLAN STREET PERTH AMBOY, NJ 08861	223329432	501(C)(3)		75,494.	FMV		FOOD DISTRIBUTION
<b>(2)</b> ZION HILL BAPTIST CHURCH 450 HIGHLAND AVENUE PISCATAWAY, NJ 08854	22-3349097	501(C)(3)		79,636.	FMV		FOOD DISTRIBUTION
<b>(3)</b> HILLTOP HAVEN FAMILY SHELTER (PATERSON TASK 36-38 CIRCLE AVENUE PATERSON, NJ 07522	22-1766323	501(C)(3)		53,997.	FMV		FOOD DISTRIBUTION
<b>(4)</b> MT. OLIVE BAPTIST CHURCH 400 ARLINGTON AVENUE JERSEY CITY, NJ 07304	22-3555968	501(C)(3)		25,366.	FMV		FOOD DISTRIBUTION
<b>(5)</b> TRINITY U.A.M.E. 226 WARREN STREET NEWARK, NJ 07103	51-0389791	501(C)(3)		47,278.	FMV		FOOD DISTRIBUTION
<b>(6)</b> DAMASCUS CHRISTIAN CHURCH 114-120 LOGAN AVENUE JERSEY CITY, NJ 07306	22-2877636	501(C)(3)		63,037.	FMV		FOOD DISTRIBUTION
<b>(7)</b> CHRIST CHURCH FOOD PANTRY 5 PATERSON STREET NEW BRUNSWICK, NJ 08901	21-0634592	501(C)(3)		47,021.	FMV		FOOD DISTRIBUTION
<b>(8)</b> WILLING HEART CTR-METROPOLITAN 555 MARTIN LUTHER KING BLVD.	22-1937486	501(C)(3)		180,646.	FMV		FOOD DISTRIBUTION
<b>(9)</b> SUYDAM STREET REFORMED CHURCH 74 DRIFT STREET NEW BRUNSWICK, NJ 08901	22-3689305	501(C)(3)		65,401.	FMV		FOOD DISTRIBUTION
<b>(10)</b> FIRST PRESBYTERIAN CHURCH 600 RAHWAY AVENUE WOODBRIDGE, NJ 07095	23-6393377	501(C)(3)		37,962.	FMV		FOOD DISTRIBUTION
<b>(11)</b> CENTER OF GRACE 175 FAIR STREET PATERSON, NJ 07501	52-2414770	501(C)(3)		75,575.	FMV		FOOD DISTRIBUTION
<b>(12)</b> MT. OLIVE CHURCH OF GOD 24 CLEVELAND ST. ORANGE, NJ 07050	22-2321231	501(C)(3)		96,239.	FMV		FOOD DISTRIBUTION

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

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

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> MOUNT PISGAH AME FOOD PANTRY 354 FORREST ST. JERSEY CITY, NJ 07304	20-2109849	501(C)(3)		47,731.	FMV		FOOD DISTRIBUTION
<b>(2)</b> JESUS IS LORD 201-223- SPRING STREET ELIZABETH, NJ 07201	22-2100287	501(C)(3)		77,632.	FMV		FOOD DISTRIBUTION
<b>(3)</b> WOMEN AWARE, INC. 286 LIVINGSTON AVENUE	22-2374378	501(C)(3)		10,599.	FMV		FOOD DISTRIBUTION
<b>(4)</b> EBENEZER BAPTIST CHURCH 126 LEE AVENUE NEW BRUNSWICK, NJ 08901	22-3628388	501(C)(3)		44,553.	FMV		FOOD DISTRIBUTION
<b>(5)</b> ST. JOHN THE BAPTIST ORTHODOX CHURCH 145 BROAD ST. PERTH AMBOY, NJ 08861	36-2192827	501(C)(3)		18,618.	FMV		FOOD DISTRIBUTION
<b>(6)</b> JEHOVAH JIREH PRAISE & WORSHIP 505 SO 15TH ST. NEWARK, NJ 07103	04-3630960	501(C)(3)		5,556.	FMV		FOOD DISTRIBUTION
<b>(7)</b> HIGHWAYS 184 HOBART AVENUE BAYONNE, NJ 07002	99-9999999	501(C)(3)		46,911.	FMV		FOOD DISTRIBUTION
<b>(8)</b> PENTECOST FOOD PANTRY 576 CENTRAL AVENUE, SUITE 301	13-3518705	501(C)(3)		66,979.	FMV		FOOD DISTRIBUTION
<b>(9)</b> INNER CITY EMERG(JOI'S ANGELS) 114 S. ARLINGTON AVE, EAST ORANGE, NJ 07018	51-0389791	501(C)(3)		290,843.	FMV		FOOD DISTRIBUTION
<b>(10)</b> ST. PAUL TABERNACLE 530-532 CLINTON AVENUE NEWARK, NJ 07108	22-2621134	501(C)(3)		81,865.	FMV		FOOD DISTRIBUTION
<b>(11)</b> M.C.F.O.O.D.S 28 KENNEDY BOULEVARD	99-9999999	501(C)(3)		83,030.	FMV		FOOD DISTRIBUTION
<b>(12)</b> CANAAN BAPTIST CHURCH 131 POMONA AVENUE NEWARK, NJ 07112	80-0167768	501(C)(3)		122,491.	FMV		FOOD DISTRIBUTION

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

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

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Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2016**

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Department of the Treasury  
Internal Revenue Service

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Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

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

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> ZAREPHATH CHRISTIAN CHURCH 595 WESTON CANAL ROAD (MODULAR B)	99-9999999	501(C)(3)		100,215.	FMV		FOOD DISTRIBUTION
<b>(2)</b> THE FIRST SEVENTH DAY ADV. CHURCH 343 11TH AVE. PATERSON, NJ 07514	52-0643036	501(C)(3)		78,275.	FMV		FOOD DISTRIBUTION
<b>(3)</b> GRANDPARENTS RELATIVES CARE 304-306 HAMILTON AVE PATERSON, NJ 07501	20-2180471	501(C)(3)		89,375.	FMV		FOOD DISTRIBUTION
<b>(4)</b> SADAQA (FOOD) INC. 245 BROADWAY PATERSON, NJ 07501	22-3663036	501(C)(3)		11,255.	FMV		FOOD DISTRIBUTION
<b>(5)</b> TRUE WITNESS OF JESUS CHRST FP 234 GODWIN AVE. PATERSON, NJ 07544	22-2348389	501(C)(3)		52,771.	FMV		FOOD DISTRIBUTION
<b>(6)</b> CANAAN ECONOMIC COMM. DEV. 552 E. 22ND STREET PATERSON, NJ 07522	52-2205369	501(C)(3)		44,005.	FMV		FOOD DISTRIBUTION
<b>(7)</b> CHURCH OF THE IMMACULATE HEART 1571 S. MARTINE AVENUE	99-9999999	501(C)(3)		25,766.	FMV		FOOD DISTRIBUTION
<b>(8)</b> CIRCLE OF LIFE 55 REEVES PL. NEWARK, NJ 07108	20-5169061	501(C)(3)		50,804.	FMV		FOOD DISTRIBUTION
<b>(9)</b> CASA DE ORACION PUERTA DEL CIE 393 BROADWAY BAYONNE, NJ 07002	45-4249941	501(C)(3)		79,207.	FMV		FOOD DISTRIBUTION
<b>(10)</b> HIGHLAND PARK COMMUNITY 220 S. 6TH AVE. HIGHLAND PARK, NJ 08904	226-001981	501(C)(3)		35,039.	FMV		FOOD DISTRIBUTION
<b>(11)</b> BROTHERS UNITED IN CHRIST 60 SUMMER ST. PASSAIC, NJ 07055	52-1802794	501(C)(3)		35,132.	FMV		FOOD DISTRIBUTION
<b>(12)</b> MARANATHA SDA CHURCH 890 SOUTH ORANGE AVENUE NEWARK, NJ 07106	52-0643036	501(C)(3)		94,726.	FMV		FOOD DISTRIBUTION

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Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

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

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Name of the organization

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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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<b>(1)</b> THE HOPE CENTER 43 CHARLES ST JERSEY CITY, NJ 07304	22-3737867	501(C)(3)		64,031.	FMV		FOOD DISTRIBUTION
<b>(2)</b> GOSPEL TABERNACLE 5029 KENNEDY BLVD. NORTH BERGEN, NJ 07047	22-2685236	501(C)(3)		130,062.	FMV		FOOD DISTRIBUTION
<b>(3)</b> IMANI BAPTIST CHURCH 113-117 ELMWOOD AVE. EAST ORANGE, NJ 07017	22-3204744	501(C)(3)		56,999.	FMV		FOOD DISTRIBUTION
<b>(4)</b> OUR LADY OF FATIMA BREAD OF LI 380 SMITH ST. PERTH AMBOY, NJ 08861	53-0196617	501(C)(3)		37,540.	FMV		FOOD DISTRIBUTION
<b>(5)</b> EMANUEL EVANG LUTHERAN CHURCH 1-3 KIRKPATRICK STREET	99-9999999	501(C)(3)		72,697.	FMV		FOOD DISTRIBUTION
<b>(6)</b> HOPE HOUSE A DIV OF CATHOLIC 19-21 BELMONT AVENUE DOVER, NJ 07801	22-3618468	501(C)(3)		72,765.	FMV		FOOD DISTRIBUTION
<b>(7)</b> WOOD CLIFF CHRISTIAN HARVEST 7605 PALISADE AVENUE N. BERGEN, NJ 07047	99-9999999	501(C)(3)		73,441.	FMV		FOOD DISTRIBUTION
<b>(8)</b> PRAISE TEMPLE ECONOMIC DEV CRP 805-813 SOUTH ORANGE AVENUE	22-3675838	501(C)(3)		52,154.	FMV		FOOD DISTRIBUTION
<b>(9)</b> HOLY TRINITY-WEST ORANGE FOOD PANTRY 315 MAIN STREET WEST ORANGE, NJ 07052	13-5562208	501(C)(3)		42,815.	FMV		FOOD DISTRIBUTION
<b>(10)</b> GREJA EVANGELICA VIDA NOVA 150 BROADWAY NEWARK, NJ 07104	22-3238015	501(C)(3)		43,485.	FMV		FOOD DISTRIBUTION
<b>(11)</b> RAHWAY HOUSING AUTHORITY 224-250 WEST GRAND AVE RAHWAY, NJ 07065	99-9999999	501(C)(3)		5,746.	FMV		FOOD DISTRIBUTION
<b>(12)</b> CONCORD TOWERS 210 N. GROVE ST. EAST ORANGE, NJ 07018	99-9999999	501(C)(3)		8,079.	FMV		FOOD DISTRIBUTION

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Schedule I (Form 990) (2016)

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(Form 990)**

**Grants and Other Assistance to Organizations,  
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<b>(1)</b> LINDEN HOUSING AUTHORITY 1 1601 DILL AVE/ANN FERGUSON BLG	99-9999999	501(C)(3)		9,895.	FMV		FOOD DISTRIBUTION
<b>(2)</b> OAKWOOD TOWERS 400 OAKWOOD AVE ORANGE, NJ 07050	99-9999999	501(C)(3)		7,022.	FMV		FOOD DISTRIBUTION
<b>(3)</b> WASHINGTON MANOR 340 THOMAS BLVD ORANGE, NJ 07050	99-9999999	501(C)(3)		7,022.	FMV		FOOD DISTRIBUTION
<b>(4)</b> BETHEL FRENCH SDA CHURCH 188 UNION AVENUE IRVINGTON, NJ 07111	52-0643036	501(C)(3)		45,475.	FMV		FOOD DISTRIBUTION
<b>(5)</b> CALVARY TOUCH OF GOD CHURCH 636-638 BERGEN STREET NEWARK, NJ 07108	22-3597115	501(C)(3)		100,778.	FMV		FOOD DISTRIBUTION
<b>(6)</b> LOVE OF JESUS MINISTRIES 448 HIGHLAND AVENUE ORANGE, NJ 07050	22-2294015	501(C)(3)		244,138.	FMV		FOOD DISTRIBUTION
<b>(7)</b> NCC-DOUGLAS HOMES 15 HILL STREET NEWARK, NJ 07102	99-9999999	501(C)(3)		5,506.	FMV		FOOD DISTRIBUTION
<b>(8)</b> NCC MANOR 545 ORANGE STREET NEWARK, NJ 07107	99-9999999	501(C)(3)		6,384.	FMV		FOOD DISTRIBUTION
<b>(9)</b> COMMUNITY CHURCH FIXER OF HEARTS 1210 COZZENS LANE NORTH BRUNSWICK, NJ 08902	22-3426956	501(C)(3)		43,625.	FMV		FOOD DISTRIBUTION
<b>(10)</b> IGLESIA DE DIOS NUEVA VIDA 95 4TH STREET PASSAIC, NJ 07055	65-1258960	501(C)(3)		27,175.	FMV		FOOD DISTRIBUTION
<b>(11)</b> FAVOR MINISTRIES 1508 ROOSEVELT AVENUE W. CARTERET, NJ 07008	26-0580158	501(C)(3)		40,179.	FMV		FOOD DISTRIBUTION
<b>(12)</b> HOUSING AUTHORITY OF ELIZABETH 632 SALEM AVE-O'DONNELL DEMPSEY	99-9999999	501(C)(3)		6,004.	FMV		FOOD DISTRIBUTION

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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

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

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> HOUSING AUTH CITY OF ELIZABETH 69 DIVISION ST-FORD LEONARD TW	99-9999999	501(C)(3)		7,440.	FMV		FOOD DISTRIBUTION
<b>(2)</b> NEW COVENANT CHURCH OF GOD 225 E. 7TH ST PLAINFIELD, NJ 07060	99-9999999	501(C)(3)		65,036.	FMV		FOOD DISTRIBUTION
<b>(3)</b> BUDDIES OF NEW JERSEY INC. 149 HUDSON ST HACKENSACK, NJ 07601	22-2767627	501(C)(3)		39,844.	FMV		FOOD DISTRIBUTION
<b>(4)</b> MANNA FROM HEAVEN FOOD PANTRY 324 MONROE AVE PLAINFIELD, NJ 07063	13-5563018	501(C)(3)		68,368.	FMV		FOOD DISTRIBUTION
<b>(5)</b> BUDDHIST TZU CHI FOUNDATION 150 COMMERCE ROAD CEDAR GROVE, NJ 07009	94-2952782	501(C)(3)		174,718.	FMV		FOOD DISTRIBUTION
<b>(6)</b> GLORIOUS BLESSED ASSURANCE CHU 100 OCEAN AVENUE JERSEY CITY, NJ 07305	14-1861103	501(C)(3)		79,697.	FMV		FOOD DISTRIBUTION
<b>(7)</b> SRC FIVE LOAVES FOOD PANTRY ST 100 COLLEGE AVENUE NEW BRUNSWICK, NJ 08901	99-9999999	501(C)(3)		55,581.	FMV		FOOD DISTRIBUTION
<b>(8)</b> CALVARY BAPTIST CHURCH 66 SO. GROVE STREET EAST ORANGE, NJ 07018	13-5563018	501(C)(3)		227,903.	FMV		FOOD DISTRIBUTION
<b>(9)</b> CURRIE WOODS TENANT TASK FORCE 65-67 RUBY BROWN TERRACE	91-2065925	501(C)(3)		45,757.	FMV		FOOD DISTRIBUTION
<b>(10)</b> IGLESIA CRISTIANA EVANGELIO CO 49 S. DAY ST ORANGE, NJ 07050	03-0410632	501(C)(3)		255,302.	FMV		FOOD DISTRIBUTION
<b>(11)</b> PETER ANTONELLIS TOWERS 287 S. HARRISON STREET	99-9999999	501(C)(3)		5,525.	FMV		FOOD DISTRIBUTION
<b>(12)</b> JERSEY CITY ESPISCOPAL CDC 68 STORM AVENUE JERSEY CITY, NJ 07306	31-1551853	501(C)(3)		71,549.	FMV		FOOD DISTRIBUTION

- 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 ▶

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**SCHEDULE I  
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Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

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

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CRESSKILL GOODWILL CORP. 65 B. MADISON AVENUE CRESSKILL, NJ 07626	37-1616035	501(C)(3)		14,593.	FMV		FOOD DISTRIBUTION
<b>(2)</b> SEVENTH DAY ADVENTIST CHURCH 75-79 HOOVER AVENUE PASSAIC, NJ 07055	52-0643036	501(C)(3)		37,809.	FMV		FOOD DISTRIBUTION
<b>(3)</b> ST. JOHN BAPTIST CHURCH 137 FAIRMONT AVENUE NEWARK, NJ 07103	99-9999999	501(C)(3)		14,584.	FMV		FOOD DISTRIBUTION
<b>(4)</b> MEALS WITH A MISSION 63 HARRISON AVE GARFIELD, NJ 07026	99-9999999	501(C)(3)		10,792.	FMV		FOOD DISTRIBUTION
<b>(5)</b> SALEM SEVENTH-DAY ADVENTIST 10 S. ORATON PARKWAY EAST ORANGE, NJ 07018	99-9999999	501(C)(3)		32,049.	FMV		FOOD DISTRIBUTION
<b>(6)</b> CHRIST GLORY FOOD PANTRY 1108 GROVE STREET IRVINGTON, NJ 07111	26-0553895	501(C)(3)		122,830.	FMV		FOOD DISTRIBUTION
<b>(7)</b> NAZARETH BAPTIST CHURCH 5800 PALISADES AVENUE	62-0535346	501(C)(3)		152,607.	FMV		FOOD DISTRIBUTION
<b>(8)</b> PETER'S PANTRY 183 RECTOR ST. PERTH AMBOY, NJ 08861	21-0634592	501(C)(3)		50,006.	FMV		FOOD DISTRIBUTION
<b>(9)</b> EL CENTRO HISPANOAMERICANO 525 E. FRONT STREET PLAINFIELD, NJ 07060	22-2487067	501(C)(3)		61,936.	FMV		FOOD DISTRIBUTION
<b>(10)</b> IGLESIA PENTECOSTAL EL TABERNA 3408 BERGENLINE AVE FLR 2	54-2073010	501(C)(3)		167,433.	FMV		FOOD DISTRIBUTION
<b>(11)</b> G.H.R.C./COMMUNITY OUTREACH SV 199 6TH AVE PATERSON, NJ 07501	26-0853750	501(C)(3)		134,786.	FMV		FOOD DISTRIBUTION
<b>(12)</b> MISSION HOUSE OF GRACE, INC 293 PACIFIC AVE JERSEY CITY, NJ 07304	80-0574901	501(C)(3)		128,270.	FMV		FOOD DISTRIBUTION

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2016)



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

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Department of the Treasury  
Internal Revenue Service

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Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

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

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> HOUSE OF LOVE SOUP KITCHEN 589-595 CENTRAL AVE NEWARK, NJ 07107	26-4820894	501(C)(3)		43,136.	FMV		FOOD DISTRIBUTION
<b>(2)</b> COUNCIL EVANGELICAL APOSTOLIC 67 PRINCE STREET ELIZABETH, NJ 07208	52-1761401	501(C)(3)		40,659.	FMV		FOOD DISTRIBUTION
<b>(3)</b> HAITIAN PENTECOSTAL CHURCH & HOME OF HOPE W 431 MAPLE AVE LINDEN, NJ 07036	22-3142926	501(C)(3)		80,400.	FMV		FOOD DISTRIBUTION
<b>(4)</b> DELIVERANCE HOLISTIC CARE PROG 488 SOUTH ORANGE AVE NEWARK, NJ 07103	81-0552809	501(C)(3)		119,408.	FMV		FOOD DISTRIBUTION
<b>(5)</b> HOGAR CREA OF PERTH AMBOY 687 CORTLAND STREET PERTH AMBOY, NJ 08861	22-3188864	501(C)(3)		94,509.	FMV		FOOD DISTRIBUTION
<b>(6)</b> PLEASANT GROVE BAPTIST CHURCH 198 CHADWICK AVENUE NEWARK, NJ 07108	75-3227222	501(C)(3)		205,241.	FMV		FOOD DISTRIBUTION
<b>(7)</b> J CHRISTIAN-BOLLWAG( E PORT) 205 FIRST STREET ELIZABETH, NJ 07206	99-9999999	501(C)(3)		9,994.	FMV		FOOD DISTRIBUTION
<b>(8)</b> BETHLEHEM FRENCH SDA CHURCH 30 N. CLINTON ST. EAST ORANGE, NJ 07017	99-9999999	501(C)(3)		47,439.	FMV		FOOD DISTRIBUTION
<b>(9)</b> HOMBRES Y MUJERES DE VALOR PAR 63 MT. PLEASANT AVENUE NEWARK, NJ 07104	45-2737333	501(C)(3)		243,808.	FMV		FOOD DISTRIBUTION
<b>(10)</b> MANNA FROM HEAVEN-ST. MATTHEWS 336 OAKWOOD AVE ORANGE, NJ 07052	99-9999999	501(C)(3)		48,803.	FMV		FOOD DISTRIBUTION
<b>(11)</b> FATHER ENGLISH - PEDIATRIC PANTRY 435 MAIN STREET PATERSON, NJ 07503	99-9999999	501(C)(3)		37,520.	FMV		FOOD DISTRIBUTION
<b>(12)</b> NEW REID TEMPLE CHURCH OF GOD IN CHRIST 154 N. ORATON PARKWAY EAST ORANGE, NJ 07017	22-3334165	501(C)(3)		50,808.	FMV		FOOD DISTRIBUTION

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2016)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

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Department of the Treasury  
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Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

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

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY SDA CHURCH 245 TENAFLY ROAD ENGLEWOOD, NJ 07631	99-9999999	501(C)(3)		40,667.	FMV		FOOD DISTRIBUTION
(2) PRIMERA IGLESIA METODISTA LIBRE DE PASSAIC 575 MAIN AVENUE PASSAIC, NJ 07055	99-9999999	501(C)(3)		46,753.	FMV		FOOD DISTRIBUTION
(3) PUERTO RICAN ASSOCIATION FOR HUMAN DEVELOPM 98 FIRST STREET PERTH AMBOY, NJ 08861	22-2026610	501(C)(3)		46,929.	FMV		FOOD DISTRIBUTION
(4) BETH ISREAL HOSPITAL-PEDIATRIC 166 LYONS AVENUE NEWARK, NJ 07102	99-9999999	501(C)(3)		34,663.	FMV		FOOD DISTRIBUTION
(5) MT. TEMAN AME -PEDIATRIC 160 MADISON AVENUE ELIZABETH, NJ 07201	99-9999999	501(C)(3)		43,777.	FMV		FOOD DISTRIBUTION
(6) MERCER STREET FRIENDS 824 SILVIA STREET EWING, NJ 08628	99-9999999	501(C)(3)		79,420.	FMV		FOOD DISTRIBUTION
(7) THE COMMUNITY FOOD BANK 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	99-9999999	501(C)(3)		87,126.	FMV		FOOD DISTRIBUTION
(8) TRINITY ASSEMBLY OF GOD (FEED THE NEED) 160 PASSAIC AVENUE PASSAIC, NJ 07055	44-0577787	501(C)(3)		99,183.	FMV		FOOD DISTRIBUTION
(9) TABLE OF HOPE 59 SPRING STREET MORRISTOWN, NJ 07960	99-9999999	501(C)(3)		36,776.	FMV		FOOD DISTRIBUTION
(10) FAITH REFORMED CHURCH FOOD PANTRY 95 WASHINGTON STREET LODI, NJ 07644	99-9999999	501(C)(3)		47,350.	FMV		FOOD DISTRIBUTION
(11) HEAVEN'S GATE CHRISTIAN FELLOWSHIP 194 BURGESS PLACE PASSAIC, NJ 07055	27-3209535	501(C)(3)		44,004.	FMV		FOOD DISTRIBUTION
(12) MILLPOND TOWERS 45 BASSETT HWY DOVER, NJ 07801	99-9999999	501(C)(3)		6,802.	FMV		FOOD DISTRIBUTION

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> UNITED COMMUNITY CORPORATION 332-334 S. 8TH ST. NEWARK, NJ 07103	22-1761128	501(C)(3)		7,842.	FMV		FOOD DISTRIBUTION
<b>(2)</b> ST. MATTHEW'S LUTHERAN CHURCH 85 WAYNE STREET JERSEY CITY, NJ 07302	21-2723312	501(C)(3)		156,201.	FMV		FOOD DISTRIBUTION
<b>(3)</b> ST. LUKE'S CDC CHRISTHOUSE 269 FAIR STREET PATERSON, NJ 07501	22-3626408	501(C)(3)		73,444.	FMV		FOOD DISTRIBUTION
<b>(4)</b> FEEDING HANDS PANTRY 100 GRANT STREET SOMERVILLE, NJ 08876	45-4159276	501(C)(3)		76,480.	FMV		FOOD DISTRIBUTION
<b>(5)</b> NEWARK HOUSING AUTHORITY 500 BROAD STREET NEWARK, NJ 07114	26-0857248	501(C)(3)		7,022.	FMV		FOOD DISTRIBUTION
<b>(6)</b> THESSALONIANS COMMUNITY OUTREACH CENTER 409-413 OCEAN AVENUE JERSEY CITY, NJ 07305	22-2095254	501(C)(3)		96,626.	FMV		FOOD DISTRIBUTION
<b>(7)</b> THE CITYLINE CHURCH 1510 KENNEDY BLVD JERSEY CITY, NJ 07305	22-3252131	501(C)(3)		63,079.	FMV		FOOD DISTRIBUTION
<b>(8)</b> 7TH DAY ADVENTIST CHURCH OF SOUTH PATERSON 255 21ST AVENUE PATERSON, NJ 07501	52-0643036	501(C)(3)		41,165.	FMV		FOOD DISTRIBUTION
<b>(9)</b> SPANISH PENTECOSTAL EVANGELICAL CHURCH 15 GROVE STREET PASSAIC, NJ 07055	44-0577787	501(C)(3)		33,716.	FMV		FOOD DISTRIBUTION
<b>(10)</b> EBEN-EZER FOOD PANTRY 1152 S. ORANGE AVE NEWARK, NJ 07106	84-1175729	501(C)(3)		158,038.	FMV		FOOD DISTRIBUTION
<b>(11)</b> LIBERTY BAPTIST CHURCH JERSEY CITY ELIZABETH, NJ 07206	22-6071916	501(C)(3)		16,915.	FMV		FOOD DISTRIBUTION
<b>(12)</b> BETHEL FAMILY & YOUTH RESOURCE CTR INC. 65 PIERCE STREET NEWARK, NJ 07103	20-1129120	501(C)(3)		9,416.	FMV		FOOD DISTRIBUTION

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

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Employer identification number

22-2423882

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

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BIANCA FLOWERS INC. 530 WEST 4TH STREET (BOYS AND GIRLS CLUB)	48-3334835	501(C)(3)		50,996.	FMV		FOOD DISTRIBUTION
(2) DEEPER LIFE BIBLE CHURCH 23 SOUTH 20TH STREET IRVINGTON, NJ 07111	02-0636780	501(C)(3)		57,024.	FMV		FOOD DISTRIBUTION
(3) SAINT JOSEPHS EPISCOPAL CHURCH 38 WEST END PLACE ELIZABETH, NJ 07202	21-0634592	501(C)(3)		5,919.	FMV		FOOD DISTRIBUTION
(4) FAITH AND VICTORY COMMUNITY SERVICE, INC. 118-120 LORD AVENUE BAYONNE, NJ 07002	46-4120938	501(C)(3)		76,268.	FMV		FOOD DISTRIBUTION
(5) HENDRICK'S HOUSE 542 NORTH WEST BLVD. VINELAND, NJ 08360	22-3161537	501(C)(3)		22,773.	FMV		FOOD DISTRIBUTION
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 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

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Schedule I (Form 990) (2016)

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

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

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

SCHEDULE I, PART I, LINE 2

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

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

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

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

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

SCHEDULE J (Form 990)

Compensation Information

OMB No. 1545-0047

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

2016

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule J (Form 990) 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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT BARRY CFO	(i)	157,617.	0.	0.	2,297.	21,912.	181,826.	
	(ii)	0.	0.	0.	0.	0.	0.	
2 CATHERINE MCCANN FORMER VP OF OPERATIONS	(i)	157,937.	0.	0.	3,728.	13,829.	175,494.	
	(ii)	0.	0.	0.	0.	0.	0.	
3 PHYLLIS DUNLOP FORMER VP DEVELOPMENT	(i)	139,239.	0.	0.	0.	18,620.	157,859.	
	(ii)	0.	0.	0.	0.	0.	0.	
4 DEBRA VIZZI PRESIDENT & CEO	(i)	328,443.	0.	0.	2,250.	13,331.	344,024.	
	(ii)	0.	0.	0.	0.	0.	0.	
5 KATHLEEN DICHIARA FORMER CEO	(i)	81,344.	0.	0.	873.	13,771.	95,988.	
	(ii)	0.	0.	0.	0.	0.	0.	93,371.
6 KAREN LEIES VP OF DEVELOPMENT	(i)	160,723.	0.	0.	577.	18,399.	179,699.	
	(ii)	0.	0.	0.	0.	0.	0.	
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**Part III Supplemental Information**

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

LINE 4A

SEVERAL EMPLOYEES RECEIVED A SEVERANCE PACKAGE AS PART OF THEIR  
TERMINATION. ALL SEVERANCE PAY HAS BEEN ACCRUED AND RECORDED.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

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		82,644,093.	FAIR VALUE
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		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) (2016)

JSA

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

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SCHEDULE M, PART I, COLUMN (B)

THE ORGANIZATION USES POUNDS TO TRACK AND MEASURE THE DONATED FOOD WITHIN THE INVENTORY SYSTEM. THE TOTAL AMOUNT OF FOOD INVENTORY DONATED DURING THE YEAR ENDED JUNE 30, 2017 WAS 30,792,510 POUNDS OF DONATED PRODUCT AND 9,235,670 POUNDS OF USDA COMMODITIES.

**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.

**2016**

▶ Attach to Form 990 or 990-EZ.

**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](http://www.irs.gov/form990).

Name of the organization

Employer identification number

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

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 POTENTIAL CONFLICT OF INTEREST DISCLOSURE FORM IS UPDATED  
AT LEAST ANNUALLY. THE INFORMATION IS 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 THE  
COMMITTEE FORMED BY THE BOARD WILL MAKE RECOMMENDATIONS REGARDING  
COMPENSATION OF THE BOARD. THE COMMITTEE MAY BE MADE UP ONLY OF DIRECTORS  
WHO HAVE NO CONFLICT OF INTEREST. THE COMMITTEE'S RECOMMENDATIONS ARE  
BASED ON REASONABLY-AVAILABLE INFORMATION REGARDING COMPENSATION PAID BY  
AT LEAST THREE COMPARABLE ORGANIZATIONS IN THE SAME OR SIMILAR  
COMMUNITIES FOR SIMILAR POSITIONS INVOLVING SIMILAR SERVICES BASED ON THE  
REVIEW OF SALARY INFORMATION AVAILABLE ON THE FORM 990 FOR THESE  
ORGANIZATIONS. THE BOARD REVIEWS THE COMMITTEE'S RECOMMENDATIONS IN LIGHT  
OF THE COMMITTEE'S STATED REASONS AND ANY OTHER INFORMATION REASONABLY  
AVAILABLE REGARDING COMPARABLE POSITIONS AND COMPENSATION. THE BOARD'S  
DECISIONS AND REASONS FOR ITS DECISIONS ARE DOCUMENTED IN THE MINUTES OF  
THE BOARD.

PUBLIC DISCLOSURE COPY

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

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

FORM 990, PART VIII. LINE 1G

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

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 TAX RETURN WILL BE PROVIDED TO THE MEMBERS OF THE AUDIT COMMITTEE IN ADVANCE OF THE MEETING AT WHICH FORM 990 WILL BE REVIEWED AND CONSIDERED FOR RECOMMENDATION TO THE BOARD FOR APPROVAL. COPIES OF THE FORM 990 ARE PROVIDED TO ALL DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS WERE AVAILABLE TO THE PUBLIC DURING THE TAX YEAR ON THE COMPANY'S WEBSITE.

FORM 990, PART III, LINE 1

AND THE NEW HUNGER STUDY IN 2014 SHOWS THAT MORE THAN 4.7 MILLION TIMES A YEAR, SOMEONE IN NEED IS FED BY A CFBNJ PARTNER CHARITY. OUR PROGRAMS REACH HARD-WORKING MEN AND WOMEN STRUGGLING TO MAKE ENDS MEET, AS WELL AS

PUBLIC DISCLOSURE COPY

Name of the organization COMMUNITY FOOD BANK OF NEW JERSEY, INC.	Employer identification number 22-2423882
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CHILDREN, SENIORS, VETERANS AND PEOPLE WITH DISABILITIES.

FORM 990, PART III, LINE 4A

WITH SUPPORT FROM OUR DONORS, VOLUNTEERS AND HUNGER-FIGHTING ADVOCATES, THE FOODBANK DISTRIBUTES MILLIONS OF POUNDS OF FOOD EVERY YEAR AMONG MORE THAN 1,000 NONPROFIT COMMUNITY PARTNERS INCLUDING PANTRIES, SOUP KITCHENS, EMERGENCY SHELTERS, MOBILE PANTRIES, AND CHILD AND SENIOR FEEDING PROGRAMS. MORE THAN 4.7 MILLION TIMES A YEAR, SOMEONE IN NEED IS FED BY THE FOODBANK'S NETWORK OF PARTNERS. THROUGH AN ARRAY OF SERVICES INCLUDING FEEDING AND JOB-TRAINING PROGRAMS, AS WELL AS NUTRITION EDUCATION AND ASSISTANCE, THE FOODBANK IS THE POWERFUL CHANGE AGENT THAT PROVIDES THE BASIC HUMAN ESSENTIALS FOR PEOPLE TO THRIVE.

ATTACHMENT 1

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST AND DIVIDEND INCOME	137,393.			137,393.
TOTALS	<u>137,393.</u>			<u>137,393.</u>

ATTACHMENT 2

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
SPECIAL EVENTS	375,524.
TOTAL	<u>375,524.</u>

PUBLIC DISCLOSURE COPY

Name of the organization COMMUNITY FOOD BANK OF NEW JERSEY, INC.	Employer identification number 22-2423882
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ATTACHMENT 3

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>
SPECIAL EVENTS	34,146.	34,146.
TOTALS	<u>34,146.</u>	<u>34,146.</u>

ATTACHMENT 4

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	55,625.
TOTALS	<u>55,625.</u>

ATTACHMENT 5

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
US EQUITIES	3,726,396.	FMV
NON US EQUITIES	1,385,078.	FMV
MONEY MARKET FUNDS	1,075,988.	FMV
MUTUAL FUNDS	750,637.	FMV
TOTALS	<u>6,938,099.</u>	

ATTACHMENT 6

PUBLIC DISCLOSURE COPY

Name of the organization COMMUNITY FOOD BANK OF NEW JERSEY, INC.	Employer identification number 22-2423882
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ATTACHMENT 6 (CONT'D)

FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REVENUE	520,940.
TOTALS	<u>520,940.</u>

ATTACHMENT 7

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: SURGICAL OF AMERICA, LLC  
 ORIGINAL AMOUNT: 624,215.  
 INTEREST RATE: 6.5000 %  
 DATE OF NOTE: 05/19/2016  
 MATURITY DATE: 05/01/2026  
 SECURITY PROVIDED: BUILDING

BEGINNING BALANCE DUE .....	624,215.
ENDING BALANCE DUE .....	<u>517,176.</u>
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>624,215.</u>
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>517,176.</u>



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CFB FOUNDATION INC 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205 27-0458085	FOOD	NJ	501(C)(3)	7	CFBNJ	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2016

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

		Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>		X
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>		X
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>		X
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>		X
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>		X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>		X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>	CFB FOUNDATION	1Q	393,209.	FMV
<b>(2)</b>	CFB FOUNDATION	1C	1,000,000.	FMV
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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Form 990-T

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

OMB No. 1545-0687

For calendar year 2016 or other tax year beginning 07/01, 2016, and ending 06/30, 2017.

2016

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Form 990-T header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

H Describe the organization's primary unrelated business activity: RENTAL OF FACILITIES. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes [X] No. J The books are in care of JEFF MOTT Telephone number 908-355-3663.

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

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest (attach schedule), 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation claimed on Schedule A and elsewhere on return, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses (Schedule I), 27 Excess readership costs (Schedule J), 28 Other deductions (attach schedule), 29 Total deductions. Add lines 14 through 28, 30 Unrelated business taxable income before net operating loss deduction, 31 Net operating loss deduction, 32 Unrelated business taxable income before specific deduction, 33 Specific deduction, 34 Unrelated business taxable income.

**Part III Tax Computation**

Table with 4 columns: Description, Amount, Line Number, and Total. Rows include: 35 Organizations Taxable as Corporations, 36 Trusts Taxable at Trust Rates, 37 Proxy tax, 38 Alternative minimum tax, 39 Tax on Non-Compliant Facility Income, 40 Total.

**Part IV Tax and Payments**

Table with 4 columns: Description, Amount, Line Number, and Total. Rows include: 41 Foreign tax credit, 42 Subtract line 41e from line 40, 43 Other taxes, 44 Total tax, 45 Payments, 46 Total payments, 47 Estimated tax penalty, 48 Tax due, 49 Overpayment, 50 Enter the amount of line 49 you want.

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

Table with 3 columns: Question, Yes, No. Rows include: 51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account... 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?... 53 Enter the amount of tax-exempt interest received or accrued during the tax year.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: CATHERINE BENDALL, Date: 04/15/2018, Title: [blank]. May the IRS discuss this return with the preparer shown below? [X] Yes [ ] No. Firm name: WITHUMSMITH+BROWN, PC, Firm's EIN: 22-2027092, Firm's address: ONE TOWER CENTER BLVD 14TH FL, EAST BRUNSWICK, NJ 08816, Phone no. 732-828-1614.

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

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;">1</td><td style="width: 75%;">Inventory at beginning of year</td><td style="width: 5%; text-align: center;">1</td><td style="width: 15%;"></td></tr> <tr><td style="text-align: center;">2</td><td>Purchases</td><td style="text-align: center;">2</td><td></td></tr> <tr><td style="text-align: center;">3</td><td>Cost of labor</td><td style="text-align: center;">3</td><td></td></tr> <tr><td style="text-align: center;">4a</td><td>Additional section 263A costs (attach schedule)</td><td style="text-align: center;">4a</td><td></td></tr> <tr><td style="text-align: center;">b</td><td>Other costs (attach schedule)</td><td style="text-align: center;">4b</td><td></td></tr> <tr><td style="text-align: center;">5</td><td><b>Total.</b> Add lines 1 through 4b</td><td style="text-align: center;">5</td><td></td></tr> </table>	1	Inventory at beginning of year	1		2	Purchases	2		3	Cost of labor	3		4a	Additional section 263A costs (attach schedule)	4a		b	Other costs (attach schedule)	4b		5	<b>Total.</b> Add lines 1 through 4b	5		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;">6</td><td style="width: 75%;">Inventory at end of year</td><td style="width: 5%; text-align: center;">6</td><td style="width: 15%;"></td></tr> <tr><td style="text-align: center;">7</td><td><b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2.</td><td style="text-align: center;">7</td><td></td></tr> <tr><td style="text-align: center;">8</td><td>Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?</td><td style="text-align: center;">8</td><td style="text-align: center;">Yes No</td></tr> <tr><td></td><td></td><td></td><td style="text-align: center;">X</td></tr> </table>	6	Inventory at end of year	6		7	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2.	7		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	8	Yes No				X
1	Inventory at beginning of year	1																																							
2	Purchases	2																																							
3	Cost of labor	3																																							
4a	Additional section 263A costs (attach schedule)	4a																																							
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8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	8	Yes No																																						
			X																																						

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

1. Description of property

- (1) 32 EVANS TERMINAL ROAD
- (2) SOLAR ARRAY
- (3)
- (4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) <b>ATTACHMENT 1</b>
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)	54,050.	108,816.
(2)	55,378.	49,675.
(3)		
(4)		
<b>Total</b>	<b>Total 109,428.</b>	
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . ►		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ►
109,428.		158,491.

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

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



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

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

**Nonexempt Controlled Organizations**

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

**Totals** .....

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

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

**Totals** .....

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

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

**Totals** .....

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

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) . . .						

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

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

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

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

SCHEDULE C - RENT INCOME DEDUCTIONS

ATTACHMENT 1

32 EVANS TERMINAL ROAD

PERSONNEL	15,525.
INSURANCE	1,000.
REPAIRS AND MAINTENANCE	3,500.
REAL ESTATE TAXES	23,304.
INTEREST	39,962.
DEPRECIATION	25,525.
TOTAL	<u>108,816.</u>

SCHEDULE C - RENT INCOME DEDUCTIONS

ATTACHMENT 2

SOLAR ARRAY

PERSONNEL	5,175.
UTILITIES	30,000.
INSURANCE	3,500.
DEPRECIATION	11,000.
TOTAL	<u>49,675.</u>

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME

ATTACHMENT 3

1.	2.	3.		4.	5.	6.	7.	8.
DESCRIPTION OF DEBT-FINANCED PROPERTY	GROSS INCOME	DEDUCTIONS DIRECTLY CONNECTED (3A)	DEDUCTIONS DIRECTLY CONNECTED (3B)	AVERAGE ACQUISITION DEBT	AVERAGE ADJUSTED BASIS	% 4 IS OF 5	GROSS INCOME REPORTABLE (2 X 6)	ALLOCABLE DEDUCTIONS (6 * (3A + 3B))
32 EVANS TERMINAL ROAD	54,050.	25,525.	67,766.					
				TOTALS				

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
RICHARD BRODY 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	DIRECTOR (THRU 6/17)	0	0.
JOSH WEINREICH 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	CHAIRMAN	0	0.
ALAN C. LEVITAN 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	VICE CHAIRMAN	0	0.
MICHAEL RIMLAND 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	TREASURER	0	0.
MICHELE D. ANSBACHER 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	DIRECTOR	0	0.
THOMAS F. COYNE 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	DIRECTOR	0	0.
ROBERT H. DOHERTY 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	DIRECTOR	0	0.
RONALD V. EHRHARDT 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	DIRECTOR	0	0.
ANTONY J. FEROLIE 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	DIRECTOR	0	0.
RONALD B. GILES 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	DIRECTOR	0	0.

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
BRIAN W. KRONICK, ESQ. 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	DIRECTOR	0	0.
WENDY M. LAZARUS 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	DIRECTOR	0	0.
ROBERT BARRY 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	CFO	0	0.
CATHERINE MCCANN 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	FORMER VP OF OPERATIONS	0	0.
PHYLLIS DUNLOP 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	FORMER VP DEVELOPMENT	0	0.
KAREN MELETA 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	DIRECTOR	0	0.
MICHAEL A. OSTROFF 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	DIRECTOR	0	0.
JUDITH A. SPIRES 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	DIRECTOR	0	0.
KAMILI WILLIAMS 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	FORMER VP AGENCY RELATIONS	0	0.
LISA L. KNOTHE 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	FORMER VP OF HUMAN RESOURCES	0	0.

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
SEKHAR RAMASWAMY 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	DIRECTOR	0	0.
JOSEPH F. DEMPSEY, JR. 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	SECRETARY	0	0.
TONY MURPHY 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	DIRECTOR	0	0.
ALMA DEMETROPOLIS 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	DIRECTOR	0	0.
ANDREW FEDERBUSCH 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	DIRECTOR	0	0.
JOSH WESTON 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	DIRECTOR	0	0.
DEBRA VIZZI 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	PRESIDENT & CEO	0	0.
RICHARD UNIACKE 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	VP SOUTHERN BRANCH	0	0.
TOM UHLMAN 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	DIRECTOR	0	0.
JILL GATEMAN 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	DIRECTOR	0	0.



SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
STEPHEN F. JURELLER 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	DIRECTOR	0	0.
KATHLEEN DICHIARA 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	FORMER CEO	0	0.
KAREN LEIES 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	VP OF DEVELOPMENT	0	0.
TONYA WALLEY 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	VP OF LOGISTICS	0	0.
JOHNATHAN FISHMAN 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	IT MANAGER	0	0.
TOTAL COMPENSATION			<u>0.</u>