

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)

2013

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 2013 calendar year, or tax year beginning 07/01, 2013, and ending 06/30, 2014

Form sections B through K: B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Name and address of principal officer; G Gross receipts; H(a) Is this a group return; H(b) Are all subordinates included; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 main columns: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, and expenses.

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 and Preparer sections: Sign Here (Signature of officer, Date, Name and Title); Paid Preparer Use Only (Preparer's name, signature, date, firm name, address, EIN, phone).

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 (2013)

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COMMUNITY FOOD BANK OF NEW JERSEY, INC.

22-2423882

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 95,869,381. including grants of \$ 83,730,170.) (Revenue \$ 3,297,835.)

ATTACHMENT 2

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 95,869,381.

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24 a 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
24 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. 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
25 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
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28 a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28 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
28 c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 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	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35 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	
36 Section 501(c)(3) organizations. 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
37 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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (21), 1b (20), 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, physical address, and telephone number of the person who possesses the books and records of the organization: ROBERT BARRY 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205 908-355-3663

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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 CHAIRPERSON	2.00 1.00	X		X				0	0	0
(2) JOSH WEINREICH VICE CHAIRPERSON	2.00 1.00	X		X				0	0	0
(3) ALAN C. LEVITAN SECRETARY	2.00 1.00	X		X				0	0	0
(4) MICHAEL RIMLAND TREASURER	2.00 1.00	X		X				0	0	0
(5) MICHELE D. ANSBACHER DIRECTOR	2.00	X						0	0	0
(6) THOMAS F. COYNE DIRECTOR	2.00	X						0	0	0
(7) ROBERT H. DOHERTY DIRECTOR	2.00	X						0	0	0
(8) RONALD V. EHRHARDT DIRECTOR	2.00	X						0	0	0
(9) ANTONY J. FEROLIE DIRECTOR	2.00	X						0	0	0
(10) RONALD B. GILES DIRECTOR	2.00	X						0	0	0
(11) BRIAN W. KRONICK, ESQ. DIRECTOR	2.00	X						0	0	0
(12) WENDY M. LAZARUS DIRECTOR	2.00	X						0	0	0
(13) KATHLEEN DICHIARA CEO/PRESIDENT	40.00 1.00	X		X				217,552.	0	25,523.
(14) KAREN MELETA DIRECTOR	2.00	X						0	0	0

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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) MICHAEL A. OSTROFF DIRECTOR	2.00	X					0	0	0	
(16) JUDITH A. SPIRES DIRECTOR	2.00	X					0	0	0	
(17) JOSH S. WESTON DIRECTOR	2.00	X					0	0	0	
(18) KAMILI WILLIAMS VP OF PROGRAMS AND SERVICES	40.00 1.00	X		X			73,641.	0	13,947.	
(19) LISA L. KNOTHE DIRECTOR	40.00 1.00	X					94,235.	0	3,150.	
(20) MICHELLE CASTELLANA DIRECTOR	2.00	X					0	0	0	
(21) JOSEPH F. DEMPSEY, JR. DIRECTOR	2.00	X					0	0	0	
(22) TONY MURPHY DIRECTOR	2.00	X					0	0	0	
(23) ROBERT BARRY CFO	40.00 1.00			X			135,337.	0	19,859.	
(24) CATHERINE MCCANN VP OF OPERATIONS	40.00 1.00			X			157,507.	0	11,261.	
(25) PHYLLIS DUNLOP VP OF FUNDRAISING	40.00 1.00			X			143,047.	0	13,265.	
1b Sub-total							217,552.	0	25,523.	
c Total from continuation sheets to Part VII, Section A							603,767.	0	61,482.	
d Total (add lines 1b and 1c)							821,319.	0	87,005.	

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 **▶** 4

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

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 **▶** 2

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Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 7,963.				
	b Membership dues	1b				
	c Fundraising events	1c 97,130.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 29,776,182.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 66,124,103.				
	g Noncash contributions included in lines 1a-1f: \$	76,264,931.				
	h Total. Add lines 1a-1f	96,005,378.				
Program Service Revenue	2a <u>PURCHASED FOOD REVENUES</u>	Business Code 624210	2,915,829.	2,915,829.		
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		2,915,829.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 4		237,319.		237,319.	
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real	51,110.			
		(ii) Personal				
		b Less: rental expenses	51,850.			
		c Rental income or (loss)	-740.			
	d Net rental income or (loss)		-740.		-740.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	7,777,908.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	6,564,131.			
		c Gain or (loss)	1,213,777.			
	d Net gain or (loss)		1,213,777.		1,213,777.	
	8a Gross income from fundraising events (not including \$ 397,514. of contributions reported on line 1c). See Part IV, line 18	a ATCH 5	178,454.			
		b Less: direct expenses	178,454.			
c Net income or (loss) from fundraising events		ATCH 6	0			
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities		0			
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code				
11a <u>CATERING INCOME FROM FOOD SERVICE PROGR</u>		722320	23,444.	23,444.		
	b <u>MISCELLANEOUS INCOME</u>	900099	358,562.	358,562.		
	c _____					
	d All other revenue					
e Total. Add lines 11a-11d			382,006.			
12 Total revenue. See instructions			100,753,569.	3,297,835.	-740.	
					1,451,096.	

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	82,302,165.	82,302,165.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	1,428,005.	1,428,005.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	955,597.	716,698.	172,007.	66,892.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	6,944,895.	5,202,422.	1,254,581.	487,892.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	437,676.	328,257.	78,782.	30,637.
9 Other employee benefits	1,842,398.	1,378,460.	334,035.	129,903.
10 Payroll taxes	566,249.	424,687.	101,925.	39,637.
11 Fees for services (non-employees):				
a Management	0			
b Legal	818.		818.	
c Accounting	75,000.		75,000.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees	67,450.		67,450.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	135,054.	94,620.	38,335.	2,099.
12 Advertising and promotion	683,245.	525.	9,143.	673,577.
13 Office expenses	460,173.	289,741.	100,771.	69,661.
14 Information technology	286,144.	221,649.	57,430.	7,065.
15 Royalties	0			
16 Occupancy	1,194,179.	1,037,507.	112,804.	43,868.
17 Travel	792,789.	716,919.	61,631.	14,239.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	16,168.	4,042.	12,126.	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,216,020.	912,015.	218,884.	85,121.
23 Insurance	206,572.	186,265.	20,307.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>DUES AND SUBSCRIPTIONS</u>	66,050.	62,285.	3,303.	462.
b <u>TRAINING</u>	4,605.		4,605.	
c <u>MISCELLANEOUS</u>	436,463.	413,203.	23,260.	
d <u>BAD DEBT EXPENSE</u>	149,916.	149,916.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	100,267,631.	95,869,381.	2,747,197.	1,651,053.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	132,672.	1	904,846.
	2 Savings and temporary cash investments	82,926.	2	917,692.
	3 Pledges and grants receivable, net	2,796,120.	3	1,299,678.
	4 Accounts receivable, net	559,608.	4	1,038,845.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	7,499,333.	8	7,907,435.
	9 Prepaid expenses and deferred charges	158,915.	9	174,788.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 23,024,815.		
	b Less: accumulated depreciation	10b 8,052,742.	14,208,580.	10c 14,972,073.
	11 Investments - publicly traded securities	ATCH 7	8,475,000.	11 7,261,583.
	12 Investments - other securities. See Part IV, line 11		2,747,980.	12 2,271,471.
	13 Investments - program-related. See Part IV, line 11		0	13 0
	14 Intangible assets		0	14 0
	15 Other assets. See Part IV, line 11		0	15 0
16 Total assets. Add lines 1 through 15 (must equal line 34)		36,661,134.	16 36,748,411.	
Liabilities	17 Accounts payable and accrued expenses	2,060,829.	17	2,115,503.
	18 Grants payable	0	18	0
	19 Deferred revenue	1,205,253.	19	1,038,701.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	75,000.	24	50,000.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25		3,341,082.	26 3,204,204.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	29,309,082.	27	29,964,559.
	28 Temporarily restricted net assets	3,995,970.	28	3,564,648.
	29 Permanently restricted net assets	15,000.	29	15,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	33,320,052.	33	33,544,207.
34 Total liabilities and net assets/fund balances		36,661,134.	34 36,748,411.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	100,753,569.
2	Total expenses (must equal Part IX, column (A), line 25)	2	100,267,631.
3	Revenue less expenses. Subtract line 2 from line 1	3	485,938.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33,320,052.
5	Net unrealized gains (losses) on investments	5	-261,783.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	33,544,207.

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
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 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.
10 An organization organized and operated exclusively to test for public safety.
11 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).
a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s).

Table with 2 columns: Yes, No. Rows 11g(i), 11g(ii), 11g(iii).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of monetary support. Includes rows (A) through (E) and a Total row.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	72,875,287.	92,655,791.	84,592,341.	97,882,766.	96,005,378.	444,011,563.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3.	72,875,287.	92,655,791.	84,592,341.	97,882,766.	96,005,378.	444,011,563.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						15,545,801.
6 Public support. Subtract line 5 from line 4.						428,465,762.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	72,875,287.	92,655,791.	84,592,341.	97,882,766.	96,005,378.	444,011,563.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	226,768.	239,085.	316,363.	284,797.	237,319.	1,304,332.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . ATCH. 1	91,694.	69,743.	128,546.	254,426.	382,006.	926,415.
11 Total support. Add lines 7 through 10						446,242,310.
12 Gross receipts from related activities, etc. (see instructions)					12	11,886,910.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	96.02 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	95.64 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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 ►

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COMMUNITY FOOD BANK OF NEW JERSEY, INC.

22-2423882

Schedule A (Form 990 or 990-EZ) 2013

Page 4

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
CATERING INCOME		52,872.	65,922.	28,758.	23,444.	170,996.
MISCELLANEOUS INCOME	91,694.	16,871.	62,624.	225,668.	358,562.	755,419.
TOTALS	<u>91,694.</u>	<u>69,743.</u>	<u>128,546.</u>	<u>254,426.</u>	<u>382,006.</u>	<u>926,415.</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.

OMB No. 1545-0047

2013

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

PUBLIC DISCLOSURE COPY

Name of organization COMMUNITY FOOD BANK OF NEW JERSEY, INC.	Employer identification number 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	----- ----- -----	\$ 5,821,263.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 320,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----

PUBLIC DISCLOSURE COPY

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

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to 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

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

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

Complete if the organization answered "Yes" to 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 contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees...

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B), 9 In Part XIII, describe how the organization reports conservation easements...

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

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

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

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Schedule D (Form 990) 2013

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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" to 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? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 100.0000 %
 - c Temporarily restricted endowment %
- The percentages in 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)	X
(ii) related organizations	3a(ii)	X
b If "Yes" to 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" to 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		15,023,197.	4,191,842.	11,386,852.
c Leasehold improvements				
d Equipment		6,336,593.	5,075,420.	1,926,446.
e Other		336,925.	12,500.	330,675.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				14,972,073.

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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	242,361.	FMV
(B) CORPORATE BONDS	2,029,110.	FMV
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,271,471.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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)	
Total. (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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	100,476,186.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	-261,783.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	51,850.	
e	Add lines 2a through 2d	2e	-209,933.	
3	Subtract line 2e from line 1	3	100,686,119.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	67,450.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	67,450.	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	100,753,569.	

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

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

1	Total expenses and losses per audited financial statements		1	100,252,031.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	51,850.	
e	Add lines 2a through 2d	2e	51,850.	
3	Subtract line 2e from line 1	3	100,200,181.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	67,450.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	67,450.	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	100,267,631.	

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)

PART V, LINE 4 - INTENDED USES OF ORGANIZATIONS ENDOWMENT FUNDS

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

SCHEDULE D, PART X, PART 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. MANAGEMENT HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS AT THE FOOD BANK AS OF JUNE 30, 2014 AND 2013. THERE ARE NO OPEN TAX YEARS PRIOR TO JUNE 2011. IN ADDITION, THE FOOD BANK HAS NO INCOME TAX RELATED PENALTIES OR INTEREST FOR THE PERIODS REPORTED IN THESE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI AND XII, LINE 1D

EXPENSES RELATED TO THE RENTAL INCOME OF \$51,850 ARE NETTED AGAINST THE REVENUE FOR PRESENTATION IN THE FORM 990.

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

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

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

Employer identification number

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

22-2423882

Part I

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Rows 1-10 and Total.

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

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COMMUNITY FOOD BANK OF NEW JERSEY, INC.

22-2423882

Schedule G (Form 990 or 990-EZ) 2013

Page 2

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		BLUE JEAN BALL (event type)	OTHER (event type)	(total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	265,747.	9,837.	275,584.	
	2	Less: Contributions	149,334.	3,948.	153,282.	
	3	Gross income (line 1 minus line 2)	116,413.	5,889.	122,302.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	116,413.	5,889.	122,302.	
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				122,302.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				

Part III Gaming. Complete if the organization answered "Yes" to 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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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COMMUNITY FOOD BANK OF NEW JERSEY, INC.

22-2423882

Schedule G (Form 990 or 990-EZ) 2013

Page 3

- 11 Does the organization operate 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 operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to 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.

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) 1ST PRESBYTERIAN CH. OF AVENEL 621 E. WOODBRIDGE AVE. AVENEL, NJ 07065	99-9999999	501 (C) (3)		36,485.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) 1ST PRESBYTERIAN CHURCH 150 NO. BROADWAY SOUTH AMBOY, NJ 08879	99-9999999	501 (C) (3)		44,666.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) A SERVANTS HEART PO BOX 188 BRIDGETON, NJ 08302	22-3161537	501 (C) (3)		55,933.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) A VILLAGE FOR HUMANITY 70 ELLIS AVENUE IRVINGTON, NJ 07111	27-3161434	501 (C) (3)		68,024.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) ABUNDANT LIFE CENTER 849 ROUTE 54 WILLIAMSTOWN, NJ 08094	22-3161537	501 (C) (3)		63,072.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) ABUNDANT LIFE CHRISTIAN CTR. 2245 ROUTE 130 DAYTON, NJ 08810	23-2172664	501 (C) (3)		59,171.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) AIDS RESOURCE FOUNDATION FOR C 75-77 ACADEMY STREET NEWARK, NJ 07102	22-2696986	501 (C) (3)		13,807.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) ALDERSGATE UMC CRISIS ROOM 562 RYDERS LANE EAST BRUNSWICK, NJ 08816	36-2167731	501 (C) (3)		26,688.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) AMERICAN RED CROSS - NUTLEY 169 CHESTNUT ST NUTLEY, NJ 07110	53-0196605	501 (C) (3)		25,699.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) ANGEL VISIT BAPTIST CHURCH PO BOX 951 WILDWOOD, NJ 08260	22-1224777	501 (C) (3)		61,373.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) ARCTIC & MARYLAND FOOD PANTRY 249 RIDGEWAY AVENUE PLEASANTVILLE, NJ 08232	22-3425266	501 (C) (3)		77,408.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) ATLANTIC CAPE FAMILY SUPPORT 950 TILTON ROAD NORTHFIELD, NJ 08225	41-1568278	501 (C) (3)		49,316.	FMV	FOOD AND COMMODITIES	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) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to 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.

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) ATLANTIC CITY RESCUE MISSION 2009 BACHRACH BLVD ATLANTIC CITY, NJ 08401	22-5557677	501 (C) (3)		271,102.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) ATLANTIC HUMAN RESOURCES 119 W. BAYVIEW AVE. PLEASANTVILLE, NJ 08232	22-1761486	501 (C) (3)		55,912.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) BEREAN SEVENTH-DAY ADVENTIST 828 SANFORD AVENUE NEWARK, NJ 07106	52-0643036	501 (C) (3)		118,785.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) BETH ISREAL HOSPITAL-PEDIATRIC 166 LYONS AVENUE NEWARK, NJ 07102	99-9999999	501 (C) (3)		60,132.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) BETHANY BAPTIST CHURCH PANTRY 275 W. MARKET ST NEWARK, NJ 07103	22-6000112	501 (C) (3)		109,020.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) BETHANY LUTHERAN CHURCH 2015 KENNEDY BLVD. JERSEY CITY, NJ 07305	99-9999999	501 (C) (3)		58,983.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) BETHEL CHURCH REHOBOTH MINISTR 55 LAWRENCE ST BLOOMFIELD, NJ 07003	22-3325280	501 (C) (3)		78,450.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) BETHEL COMMANDMENT CHURCH PO BOX 67 WHITESBORO, NJ 08252	22-2091948	501 (C) (3)		314,413.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) BETHEL DEVELOPMENT CORP. PO BOX 784 MILLVILLE, NJ 08332	22-3792342	501 (C) (3)		304,888.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) BETHEL FRENCH SDA CHURCH 188 UNION AVENUE IRVINGTON, NJ 07111	52-0643036	501 (C) (3)		42,254.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) BETHLEHEM FRENCH SDA CHURCH 30 N. CLINTON ST. EAST ORANGE, NJ 07017	99-9999999	501 (C) (3)		43,549.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) BLESSED SACRAMENT PANTRY 15 BALDWIN AVENUE NEWARK, NJ 07108	99-9999999	501 (C) (3)		41,946.	FMV	FOOD AND COMMODITIES	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) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to 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.

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) BRIAN P. STACK ASSOC 1202 SUMMIT AVENUE UNION CITY, NJ 07087	22-3675033	501 (C) (3)		90,154.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) BRIDGE THE GAP 44 SOUTH LAUREL STREET BRIDGETON, NJ 08302	11-3806844	501 (C) (3)		82,512.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) BRIDGETON ASSEMBLY OF GOD 424 INDIAN AVE BRIDGETON, NJ 08302	22-2226231	501 (C) (3)		72,848.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) BRIDGETON UNION BAPTIST TEMPLE 24 SOUTH PINE STREET BRIDGETON, NJ 08302	22-3161537	501 (C) (3)		91,044.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) BROADWAY HOUSE 298 BROADWAY NEWARK, NJ 07104	22-2903536	501 (C) (3)		81,209.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) BROTHERS UNITED IN CHRIST 60 SUMMER ST. PASSAIC, NJ 07055	52-1802794	501 (C) (3)		35,991.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) BUDDHIST TZU CHI FOUNDATION 150 COMMERCE ROAD CEDAR GROVE, NJ 07009	94-2952782	501 (C) (3)		80,496.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) BUDDIES OF NEW JERSEY INC. 149 HUDSON ST HACKENSACK, NJ 07601	22-2767627	501 (C) (3)		44,028.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) C.A.U.S.E 741 BERGEN AVE JERSEY CITY, NJ 07306	99-9999999	501 (C) (3)		8,265.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) CALVARY BAPTIST CHURCH 66 SO. GROVE STREET EAST ORANGE, NJ 07018	13-5563018	501 (C) (3)		207,982.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) CALVARY CHAPEL OF OLD BRIDGE 135 WHITE OAK LANE OLD BRIDGE, NJ 08857	22-2603508	501 (C) (3)		190,601.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) CALVARY TEMPLE - COMPASSION IN 1111 BREAKNESS AVE WAYNE, NJ 07470	22-1823727	501 (C) (3)		255,075.	FMV	FOOD AND COMMODITIES	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) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to 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.

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) CALVARY TOUCH OF GOD CHURCH 636-638 BERGEN STREET NEWARK, NJ 07108	22-3597115	501 (C) (3)		106,578.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) CANAAN BAPTIST CHURCH 131 POMONA AVENUE NEWARK, NJ 07112	80-0167768	501 (C) (3)		179,422.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) CANAAN ECONOMIC COMM. DEV. 552 E. 22ND STREET PATERSON, NJ 07522	52-2205369	501 (C) (3)		45,447.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) CARING FOR KIDS 31 E. MECHANICS STREET CAPE MAY COURTHOUSE,	26-3000184	501 (C) (3)		40,292.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) CASA DE ORACION PUERTA DEL CIE 393 BROADWAY BAYONNE, NJ 07002	03-0394689	501 (C) (3)		134,165.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) CATHOLIC CHARITIES - AC 9 NORTH GEORGIA AVE ATLANTIC CITY, NJ 08401	22-3516376	501 (C) (3)		32,526.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) CATHOLIC FAMILY & COMM SERVICE 24 DEGRASSE ST. PATERSON, NJ 07505	99-9999999	501 (C) (3)		5,909.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) CENTER FOR FOOD ACTION 192 W DEMAREST AVENUE ENGLEWOOD, NJ 07631	22-2189072	501 (C) (3)		478,739.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) CENTER FOR FOOD ACTION NORTHWE 90 RIDGE ROAD MAHWAH, NJ 07430	22-2189072	501 (C) (3)		131,706.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) CENTER OF GRACE 175 FAIR STREET PATERSON, NJ 07501	52-2414770	501 (C) (3)		47,525.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) CHRIST CHURCH FOOD PANTRY 5 PATERSON STREET NEW BRUNSWICK, NJ 08901	21-0634592	501 (C) (3)		46,676.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) CHRIST EPISCOPAL CHURCH 422 MAIN ST EAST ORANGE, NJ 07018	21-0634592	501 (C) (3)		53,365.	FMV	FOOD AND COMMODITIES	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 (Form 990) (2013)

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Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

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Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) CHRIST GLORY FOOD PANTRY 1108 GROVE STREET IRVINGTON, NJ 07111	26-0553895	501 (C) (3)		75,514.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) CHRISTIAN FELLOWSHIP CENTER 343-359 VAN HOUTEN STREET PATERSON, NJ 0750	22-2956237	501 (C) (3)		58,204.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) CHRISTIAN PENTECOSTAL CHURCH 11 ASPEN PLACE, 3G PASSAIC, NJ 07055	22-3127350	501 (C) (3)		51,480.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) CHURCH OF A LIVING GOD 434 E. 4TH ST. PLAINFIELD, NJ 07062	52-1608118	501 (C) (3)		66,941.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) CHURCH OF EPIPHANY OUTREACH 105 MAIN ST ORANGE, NJ 07050	21-0634592	501 (C) (3)		80,372.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) CHURCH OF GOD OF PROPHECY 113 FABIAN AVENUE NORTHFIELD, NJ 08225	43-1995790	501 (C) (3)		315,995.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) CHURCH OF THE ETERNAL GOD 190 HIGHLAND AVENUE NEWARK, NJ 07104	99-9999999	501 (C) (3)		62,858.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) CHURCH OF THE IMMACULATE HEART 1571 MARTINE AVENUE SCOTCH PLAINS, NJ 07076	99-9999999	501 (C) (3)		25,537.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) CHURCH WOMEN UNITED PANTRY 1240 CLINTON AVE IRVINGTON, NJ 07111	36-2167731	501 (C) (3)		56,428.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) CIRCLE OF LIFE 55 REEVES PL. NEWARK, NJ 07108	20-5169061	501 (C) (3)		38,676.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) CLEARVIEW BAPTIST CHURCH 314-320 HOBSON ST NEWARK, NJ 07112	22-2610331	501 (C) (3)		71,928.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) COALITION AGAINST RAPE & ABUSE PO BOX 774 CAPE MAY COURTHOUSE, NJ 08210	31-1623274	501 (C) (3)		16,091.	FMV	FOOD AND COMMODITIES	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) (2013)

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**Grants and Other Assistance to Organizations,
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Internal Revenue Service

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Employer identification number

22-2423882

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(1) CODI- FOOD PANTRY 901 ATLANTIC AVE. EGG HARBOR CITY, NJ 08215	22-2282866	501 (C) (3)		14,464.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) COMMUNITY ASSISTANCE PANTRY 6735 BLACK HORSE PIKE EGG HARBOR TWP., NJ 0	22-2423882	501 (C) (3)		314,227.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) COMMUNITY BAPTIST CHURCH 535-549 BROADWAY (MLK) PATERSON, NJ 07514	13-5563018	501 (C) (3)		107,473.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) COMMUNITY CHURCH FIXER OF HEARTS 1210 COZZENS LANE NORTH BRUNSWICK, NJ 08902	22-3426956	501 (C) (3)		86,092.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) COMMUNITY CHURCH OF FAITH 26 IRVINE TURNER BLVD HILLSIDE, NJ 07205	52-1785793	501 (C) (3)		14,203.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) COMMUNITY CHURCH OF GOD 417 W. 6TH ST PLAINFIELD, NJ 07060	35-6064030	501 (C) (3)		76,563.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) COMMUNITY FOOD CLOSET 817 KEARNEY STREET CAPE MAY, NJ 08204	22-3197910	501 (C) (3)		49,892.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) COMMUNITY HARVESTERS CHURCH 204 N. NEW YORK AVENUE ATLANTIC CITY, NJ 08	22-2547030	501 (C) (3)		35,601.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) COMMUNITY PRESBYTERIAN CHURCH 1501 W. BRIGANTINE AVE. BRIGANTINE, NJ 0820	21-0733950	501 (C) (3)		19,335.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) COMMUNITY SDA CHURCH 245 TENAFLY ROAD ENGLEWOOD, NJ 07631	99-9999999	501 (C) (3)		27,978.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) CONCERNED CITIZENS OF WHITESBORO 100 EAST MAIN STREET WHITESBORO, NJ 08252	22-2241934	501 (C) (3)		71,893.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) COUNCIL EVANGELICAL APOSTOLIC 67 PRINCE STREET ELIZABETH, NJ 07208	52-1761401	501 (C) (3)		62,103.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION

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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

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- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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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 non-cash assistance	(h) Purpose of grant or assistance
(1) COVENANT HOUSE 929 ATLANTIC AVE ATLANTIC CITY, NJ 08401	41-1568278	501 (C) (3)		35,072.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) COVENANT HOUSE - NJ 330 WASHINGTON ST NEWARK, NJ 07102	13-3537710	501 (C) (3)		11,406.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) CRESSKILL GOODWILL CORP. 65 B. MADISON AVENUE CRESSKILL, NJ 07626	37-1616035	501 (C) (3)		14,210.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) CRUSADERS FOR CHRIST 1484 BRIDGETON MILLVILLE PIKE MILLVILLE, NJ	22-2479052	501 (C) (3)		77,034.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) CSP - WILDWOOD 4404 PACIFIC AVENUE WILDWOOD, NJ 08260	23-7367282	501 (C) (3)		38,101.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) CUMAC/ECHO 223 ELLISON ST. PATERSON, NJ 07509	36-2167731	501 (C) (3)		441,182.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) CURRIE WOODS TENANT TASK FORCE 65-67 RUBY BROWN TERRACE JERSEY CITY, NJ 07	91-2065925	501 (C) (3)		49,254.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) DAMASCUS CHRISTIAN CHURCH 114-120 LOGAN AVENUE JERSEY CITY, NJ 07306	22-2877636	501 (C) (3)		44,972.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) DAMON HOUSE 105 JOYCE KILMER AVE NEW BRUNSWICK, NJ 0890	22-1918234	501 (C) (3)		73,173.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) DEACONS PANTRY@FIRST PRESBYTER 800 E. LANDIS AVE VINELAND, NJ 08360	22-2939153	501 (C) (3)		31,240.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) DELIVERANCE HOLISTIC CARE PROG 488 SOUTH ORANGE AVE NEWARK, NJ 07103	81-0552809	501 (C) (3)		58,587.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) DUNAMIS MINISTRIES 927 N. MAIN STREET PLEASANTVILLE, NJ 08232	21-0634592	501 (C) (3)		53,534.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION

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(1) EAST ORANGE GENERAL HOSPITAL 220 S. HARRISON ST., EAST ORANGE ORANGE, NJ	22-3099082	501 (C) (3)		43,945.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) EBENEZER BAPTIST CHURCH 153 WILLIAM ST ORANGE, NJ 07050	22-3562301	501 (C) (3)		196,700.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) EBENEZER BAPTIST CHURCH 126 LEE AVENUE NEW BRUNSWICK, NJ 08901	22-3628388	501 (C) (3)		60,021.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) EDMUNDS & EDMUNDS COUNSELING PO BOX 903 BRIDGETON, NJ 08302	22-6331386	501 (C) (3)		65,841.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) EL CENTRO HISPANOAMERICANO 525 E. FRONT STREET PLAINFIELD, NJ 07060	22-2487067	501 (C) (3)		100,646.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) ELIJAH'S PROMISE 18 NEILSON STREET NEW BRUNSWICK, NJ 08901	22-3055539	501 (C) (3)		113,816.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) ELIZABETHPORT PRESB. CHURCH 200 SECOND ST ELIZABETH, NJ 07206	99-9999999	501 (C) (3)		43,575.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) ELOHIM TEMPLE OF LOVE PO BOX 84 NEWTONVILLE, NJ 08346	22-3309525	501 (C) (3)		95,320.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) EMANUEL EVANG LUTHERAN CHURCH 1-3 KIRKPATRICK STREET NEW BRUNSWICK, NJ 08	99-9999999	501 (C) (3)		77,607.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) EMERG. FOOD AND NUTRITION NTWK 403 UNIVERSITY AVE NEWARK, NJ 07108	99-9999999	501 (C) (3)		40,699.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) EMMANUEL BAPTIST CHURCH 230 CHANCELLOR AVENUE IRVINGTON, NJ 07111	22-2634222	501 (C) (3)		55,766.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) EMMANUEL CHURCH OF CHRIST 54 IRVINE TURNER BLVD. NEWARK, NJ 07103	22-2888758	501 (C) (3)		109,913.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION

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(1) EPIPHANY LUTHERAN CHURCH PO BOX 741 PLEASANTVILLE, NJ 08232	22-3820440	501 (C) (3)		199,623.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) EVA'S KITCHEN 393 MAIN ST PATERSON, NJ 07505	22-2424542	501 (C) (3)		57,885.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) F.O.C.U.S. 441-443 BROAD ST NEWARK, NJ 07102	22-1839206	501 (C) (3)		42,851.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) FAITH REFORMED CHURCH FOOD PANTRY 95 WASHINGTON STREET LODI, NJ 07644	99-9999999	501 (C) (3)		22,451.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) FAITH TABERNACLE CHURCH 1301 W. FRONT STREET PLAINFIELD, NJ 07062	22-2490405	501 (C) (3)		172,420.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) FAMILY SUCCESS CENTER CAPE MAY 1046 B RTE 47 RIO GRANDE, NJ 08242	22-2407639	501 (C) (3)		48,610.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) FAVOR MINISTRIES 1508 ROOSEVELT AVENUE W. CARTERET, NJ 07008	26-0580158	501 (C) (3)		41,463.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) FIRST 7TH DAY ADVENTIST CHURCH 15 ELMWOOD AVE MONTCLAIR, NJ 07042	52-0643036	501 (C) (3)		55,052.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) FIRST 7TH DAY ADVENTIST CHURCH 202 NORMAN ROAD NEWARK, NJ 07106	52-0643036	501 (C) (3)		15,258.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) FIRST BAPTIST CHURCH-HILLSIDE 166 HILLSIDE AVE HILLSIDE, NJ 07205	13-5563018	501 (C) (3)		113,827.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) FIRST BAPTIST CRANFORD/ELIZABETH 402 UNION AVENUE ELIZABETH, NJ 07208	13-5563018	501 (C) (3)		84,198.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) FIRST BAPTIST OF WOODBINE PO BOX 629 WOODBINE, NJ 08270	23-7071094	501 (C) (3)		78,709.	FMV	FOOD AND COMMODITIES	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 non-cash assistance	(h) Purpose of grant or assistance
(1) FIRST CORINTHIANS BAPT.CHURCH 595 SOUTH 10TH STREET NEWARK, NJ 07103	22-2135863	501 (C) (3)		75,940.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) FIRST HOPEWELL BAPTIST CHURCH 525 ORANGE ST NEWARK, NJ 07107	22-2313428	501 (C) (3)		65,058.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) FIRST PRESBYTERIAN CHURCH 600 RAHWAY AVENUE WOODBRIDGE, NJ 07095	23-6393377	501 (C) (3)		48,439.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) FIRST UNITARIAN SOC.PLAINFIELD 724 PARK AVE PLAINFIELD, NJ 07060	22-6000534	501 (C) (3)		36,508.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) FISH, INC 456 NEW MARKET RD PISCATAWAY, NJ 08854	22-1923766	501 (C) (3)		38,792.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) FLYNN FELLOWSHIP OF NJ 1091 E. JERSEY ST ELIZABETH, NJ 07201	22-6062869	501 (C) (3)		40,895.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) FOODBANK NETWORK OF SOMERSET BLDG 9E EASY ST., BRIDGEWATER BRIDGEWATER,	22-2405550	501 (C) (3)		42,423.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) FR. ENGLISH EMERG. FOOD PANTRY 435 MAIN ST PATERSON, NJ 07501	99-9999999	501 (C) (3)		747,581.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) FRANCISCAN CHARITIES 103 16TH AVE NEWARK, NJ 07103	20-1557589	501 (C) (3)		369,101.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) FRANCISKA RESIDENCE 615 GROVE ST JERSEY CITY, NJ 07310	99-9999999	501 (C) (3)		13,452.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) FRANKLIN - ST. JOHN'S COMMUNIT 142 MAPLE AVE NEWARK, NJ 07112	22-3622528	501 (C) (3)		95,147.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) FRANKLIN TWP. FOOD PANTRY P.O. BOX 333 SOMERSET, NJ 08875-0333	99-9999999	501 (C) (3)		336,967.	FMV	FOOD AND COMMODITIES	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) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to 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.

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) FREEDOM MINISTRIES WORLDWIDE 989 SOUTH ORANGE AVENUE NEWARK, NJ 07106	20-3978261	501 (C) (3)		183,235.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) FRIENDS OF JEAN WEBSTER PO BOX 5146 ATLANTIC CITY, NJ 08401	01-0562891	501 (C) (3)		129,695.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) FRIENDS OF LIFERS YOUTH CORP. 152 MARTIN LUTHER KING DR JERSEY CITY, NJ 0	22-3179261	501 (C) (3)		24,569.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) G.H.R.C./COMMUNITY OUTREACH SV 199 6TH AVE PATERSON, NJ 07501	26-0853750	501 (C) (3)		154,874.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) GLORIOUS BLESSED ASSURANCE CHU 100 OCEAN AVENUE JERSEY CITY, NJ 07305	14-1861103	501 (C) (3)		72,692.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) GOOD NEWS BIBLE MISSION 32 DALES AVE JERSEY CITY, NJ 07306	52-1623231	501 (C) (3)		44,045.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) GOODWILL RESCUE MISSION, INC. 79 UNIVERSITY AVE NEWARK, NJ 07107	22-1487207	501 (C) (3)		51,565.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) GOSPEL TABERNACLE 5029 KENNEDY BLVD. NORTH BERGEN, NJ 07047	22-2685236	501 (C) (3)		204,287.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) GRACE ASSEMBLY OF GOD 927 NAVAJO AVENUE ABSECON, NJ 08201	22-3363270	501 (C) (3)		39,061.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) GRACE BEYOND OUR DOORS 2151 ZION ROAD NORTFIELD, NJ 08225	22-2426902	501 (C) (3)		60,862.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) GRACE CHURCH REFORMED 31 BLUM ST NEWARK, NJ 07103	99-9999999	501 (C) (3)		34,644.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) GRACE LUTHERAN CHURCH 11 E. DAWES AVENUE SOMERS POINT, NJ 08244	22-3606748	501 (C) (3)		55,045.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION

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Schedule I (Form 990) (2013)

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**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) GRACE'S KITCHEN 600 CLEVELAND AVE PLAINFIELD, NJ 07060	22-3425177	501 (C) (3)		25,468.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) GRANDPARENTS RELATIVES CARE 224 17TH AVE. PATERSON, NJ 07504	20-2180471	501 (C) (3)		65,668.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) GREATER ABYSSINIAN BAPTIST CHU 88 LYONS AVE NEWARK, NJ 07112	99-9999999	501 (C) (3)		12,680.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) GREATER MT. MORIAH HOME FOREIG 210 CLINTON AVENUE NEWARK, NJ 07108	22-3019594	501 (C) (3)		67,063.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) HAITIAN PENTECOSTAL CHURCH & HOME OF HOPE W 431 MAPLE AVE LINDEN, NJ 07036	22-3142926	501 (C) (3)		36,382.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) HANSEN HOUSE (MEN) 411 WEST ALOE ST. EGG HARBOR CITY, NJ 08215	22-2547030	501 (C) (3)		21,173.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) HANSON HOUSE -WOMEN 411 WEST ALOE STREET EGG HARBOR CITY, NJ 08	20-8920963	501 (C) (3)		14,845.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) HARRISON SPANISH SDA CHURCH 527 CENTRAL AVE- HARRISON, NJ 07029	52-0643036	501 (C) (3)		24,794.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) HEAVENLY TEMPLE COMM. 15-21 DR. MLK DR. JERSEY CITY, NJ 07305	30-0042791	501 (C) (3)		6,328.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) HEAVEN'S HELPERS 393 PEARL ST. WOODBRIDGE, NJ 07060	06-1798430	501 (C) (3)		43,380.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) HELP & HOPE MINISTRIES PO BOX 1656 MILLVILLE, NJ 08332	52-1844677	501 (C) (3)		100,208.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) HELPING HANDS AND EARS 32 PARK ST ORANGE, NJ 07050	22-2403113	501 (C) (3)		44,255.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION

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Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**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

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) HENDRICK'S HOUSE 542 NORTH WEST BLVD. VINELAND, NJ 08360	22-3161537	501 (C) (3)		29,714.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) HIGHLAND PARK COMMUNITY 220 S. 6TH AVE. HIGHLAND PARK, NJ 08904	22-6001981	501 (C) (3)		59,616.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) HIGHWAYS 184 HOBART AVENUE BAYONNE, NJ 07002	99-9999999	501 (C) (3)		101,751.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) HILLTOP HAVEN FAMILY SHELTER (PATERSON TASK 36-38 CIRCLE AVENUE PATERSON, NJ 07522	22-1766323	501 (C) (3)		67,943.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) HIS WORD MINISTRIES 593 RINGWOOD AVENUE WANAQUE, NJ 07465	22-3382220	501 (C) (3)		36,314.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) HISPANIC MULTIPURPOSE CENTER 911 EAST 23RD ST PATERSON, NJ 07513	22-2130436	501 (C) (3)		150,817.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) HOBOKEN COALITION SHELTER 300 BLOOMFIELD ST HOBOKEN, NJ 07030	22-3174286	501 (C) (3)		97,986.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) HOGAR CREA OF PERTH AMBOY 687 CORTLAND STREET PERTH AMBOY, NJ 08861	22-3188864	501 (C) (3)		108,254.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) HOLLY CITY FAMILY SUCCESS 21 EAST MAIN STREET - REAR MILLVILLE, NJ 08	22-1942357	501 (C) (3)		41,441.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) HOLY MOUN. CHURCH (WE CARE) 220 EAST GRAND AVE RAHWAY, NJ 07065	22-2371359	501 (C) (3)		57,718.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) HOLY REDEEMER 1801 ROUTE 9 NORTH SWAINTON, NJ 08210	21-0634505	501 (C) (3)		216,587.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) HOLY REDEEMER CHURCH 569 65TH STREET WEST NEW YORK, NJ 07093	99-9999999	501 (C) (3)		44,649.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION

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Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) HOLY TRINITY RC CHURCH 336 FIRST ST. WESTFIELD, NJ 07090	99-9999999	501 (C) (3)		41,653.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) HOLY TRINITY-WEST ORANGE FOOD PANTRY 315 MAIN STREET WEST ORANGE, NJ 07052	13-5562208	501 (C) (3)		38,518.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) HOMELESS SOLUTIONS INC. 540 W. HANOVER AVE, STE. 100 MORRISTOWN, NJ	22-2491675	501 (C) (3)		6,097.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) HOPE HOUSE A DIV OF CATHOLIC 19-21 BELMONT AVENUE DOVER, NJ 07801	22-3618468	501 (C) (3)		99,698.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) HOPEWELL BAPTIST CHURCH 17 MUHAMMAD ALI AVE NEWARK, NJ 07104	36-2192827	501 (C) (3)		77,014.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) HORIZONS COMMUNITY DEVELOPMENT 580 CHRISTOPHER ST. ORANGE, NJ 07050	41-2135580	501 (C) (3)		15,952.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) HOUSE OF MERCY MISSION 573 SPRINGFIELD AVE NEWARK, NJ 07103	22-2637121	501 (C) (3)		86,248.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) HOUSE OF PRAYER FOOD PANTRY 138 HICKORY STREET ORANGE, NJ 07050	22-3599608	501 (C) (3)		19,784.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) HUMAN NEEDS FOOD PANTRY 9 LABEL STREET MONTCLAIR, NJ 07042	22-3057065	501 (C) (3)		352,987.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) IGLESIA ADVENTISTA DEL SEPTIMO 2308 SUMMIT AVENUE UNION CITY, NJ 07087	52-0643036	501 (C) (3)		78,647.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) IGLESIA CRISTIANA EVANGELIO CO 49 S. DAY ST ORANGE, NJ 07050	03-0410632	501 (C) (3)		141,139.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) IGLESIA DE DIOS NUEVA VIDA 95 4TH STREET PASSAIC, NJ 07055	65-1258960	501 (C) (3)		43,757.	FMV	FOOD AND COMMODITIES	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) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**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

Part I General Information on Grants and Assistance

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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 non-cash assistance	(h) Purpose of grant or assistance
(1) IGLESIA PENTECOSTAL EL TABERNA 3408 BERGENLINE AVE FLR 2 UNION CITY, NJ	54-2073010	501 (C) (3)		372,692.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) IGREJA EVANGELICA VIDA NOVA 150 BROADWAY NEWARK, NJ 07104	22-3238015	501 (C) (3)		59,218.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) IMANI BAPTIST CHURCH 113-117 ELMWOOD AVE. EAST ORANGE, NJ 07017	22-3204744	501 (C) (3)		70,348.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) INNER CITY EMERG(JOI'S ANGELS) 114 S. ARLINGTON AVE, EAST ORANGE, NJ 07018	51-0389791	501 (C) (3)		214,205.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) INTERFAITH FOOD PANTRY 2 EXECUTIVE DRIVE MORRIS PLAINS, NJ 07950	22-3618468	501 (C) (3)		502,630.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) INTERFAITH FOOD PANTRY OF THE ORANGES 105 MAIN ST. ORANGE, NJ 07050	21-0634592	501 (C) (3)		18,913.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) IRVINGTON NEIGHBORHOOD IMPROVE 346 SIXTEENTH AVENUE IRVINGTON, NJ 07111	99-9999999	501 (C) (3)		45,939.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) IRVINGTON SDA COMM. SERV. 120-134 PROSPECT AVE. IRVINGTON, NJ 07111	31-1627317	501 (C) (3)		36,359.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) ISAIAH HOUSE 85 N. 14TH STREET EAST ORANGE, NJ 07017	22-2699121	501 (C) (3)		156,980.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) J.C. HOMELESS/ST. LUCY'S SHELTER 619 GROVE ST JERSEY CITY, NJ 07310	99-9999999	501 (C) (3)		13,238.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) JAMES O. BRYANT FOOD PANTRY 6 ETHEL RD. PISCATAWAY, NJ 08854	22-3595278	501 (C) (3)		34,403.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) JEHOVAH JIREH PRAISE & WORSHIP 505 SO 15TH ST. NEWARK, NJ 07103	04-3630960	501 (C) (3)		7,244.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION

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Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

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Department of the Treasury
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Name of the organization

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Employer identification number

22-2423882

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(1) JERSEY CITY ESPISCOPAL CDC 68 STORM AVENUE JERSEY CITY, NJ 07306	31-1551853	501 (C) (3)		72,178.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) JESUS IS LORD 201-223- SPRING STREET ELIZABETH, NJ 07201	22-2100287	501 (C) (3)		148,394.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) JEWISH FAMILY SERVICE 607 N. JEROME AVE. MARGATE, NJ 08402	22-2119902	501 (C) (3)		42,879.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) JOHN BROOKS RECOVERY CENTER 1315 PACIFIC AVENUE ATLANTIC CITY, NJ 0840	22-1901742	501 (C) (3)		230,114.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) JOHN WESLEY UNITED METHODIST 90 MATTHEW BROWN WAY BRIDGETON, NJ 08302	20-8920963	501 (C) (3)		67,930.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) LA ESPERANZA 7TH DAY ADVENTIST 57 HANCOCK AVE, JERSEY CITY, NJ 07307	52-0643036	501 (C) (3)		232,973.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) LEAN ON ME AGAPE MINISTRY 5432 READING AVENUE MULLICA, NJ 08215	22-3820440	501 (C) (3)		6,953.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) LET'S CELEBRATE 46-48 FAIRVIEW AVE JERSEY CITY, NJ 07304	22-2511850	501 (C) (3)		90,603.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) LETS EAT 6735 BLACK HORSE PIKE EGG HARBOR TWP, NJ 08	22-2423882	501 (C) (3)		72,330.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) LIFE ON THE VINE 426 S. SPRING ROAD VINELAND, NJ 08360	99-9999999	501 (C) (3)		18,032.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) LIGHTHOUSE FOOD MINISTRY 384 SOMERSET ST N. PLAINFIELD, NJ 07069	22-3031582	501 (C) (3)		43,996.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) LINCOLN PARK FOOD PANTRY 10 BOONTON TPK LINCOLN PARK, NJ 07035	13-5562351	501 (C) (3)		24,811.	FMV	FOOD AND COMMODITIES	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) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to 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.

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) LINDEN INTERFAITH LINC 14 WEST MUNSILL AVE LINDEN, NJ 07036	22-3504240	501 (C) (3)		49,909.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) LITTLE ZION U.A.M.E. CHURCH 154 STEPHENS ST BELLEVILLE, NJ 07109	22-3104783	501 (C) (3)		45,137.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) LIVING WATER FAMILY BIBLE CENT 104 UNION STREET CARTERET, NJ 07008	16-1634614	501 (C) (3)		58,501.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) LOAVES AND FISHES INTERFAITH 66 PALISADE AVE GARFIELD, NJ 07026	99-9999999	501 (C) (3)		5,603.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) LOVE OF JESUS FOOD PANTRY 385 BROADWAY PATERSON, NJ 07501	22-2294015	501 (C) (3)		17,978.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) LOVE OF JESUS MINISTRIES 448 HIGHLAND AVENUE ORANGE, NJ 07050	22-2294015	501 (C) (3)		500,638.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) LPC MISSION PROJECT 1506 ORCHARD TERR. LINDEN, NJ 07036	23-6393377	501 (C) (3)		21,323.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) MADISON PARK UNITED METHODIST 66 BLOOMFIELD AVE PATERSON, NJ 07503	36-2167731	501 (C) (3)		7,086.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) MAIN ST. PANTRY 6011 MAIN ST. MAYS LANDING, NJ 08330	22-3635256	501 (C) (3)		83,182.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) MANNA FROM HEAVEN FOOD PANTRY 324 MONROE AVE PLAINFIELD, NJ 07063	13-5563018	501 (C) (3)		49,338.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) MANNA FROM HEAVEN-ST. MATTHEWS 336 OAKWOOD AVE ORANGE, NJ 07052	99-9999999	501 (C) (3)		44,696.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) MARANATHA SDA CHURCH 890 SOUTH ORANGE AVENUE NEWARK, NJ 07106	52-0643036	501 (C) (3)		103,989.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION

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Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

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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

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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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) MARANATHA SPANISH SDA CHURCH 1010 KENNEDY BLVD. UNION CITY, NJ 07087	52-0643036	501 (C) (3)		176,991.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) MARKET STREET MISSION 9 MARKET STQ MORRISTOWN, NJ 07960	22-6047486	501 (C) (3)		128,578.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) METROPOLITAN COMMUNITY SERVICE 1003 MONROE AVENUE PLAINFIELD, NJ 07063	52-0643036	501 (C) (3)		44,454.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) MINISTERIO DE RESTAURACION 163-165 THIRD STREET ELIZABETH, NJ 07208	22-3521623	501 (C) (3)		72,189.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) MISSION HOUSE OF GRACE, INC 293 PACIFIC AVE JERSEY CITY, NJ 07304	80-0574901	501 (C) (3)		67,879.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) MISSION TEENS, INC. PO BOX 52 NORMA, NJ 08347	22-3475261	501 (C) (3)		33,386.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) MIZPAH INLAND HUMAN SERVICES PO BOX 49 MIZPAH, NJ 08342	22-2249219	501 (C) (3)		51,142.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) MORAVIAN CHURCH 245 BOSTON AVE. EGG HARBOR CITY, NJ 08215	22-2174978	501 (C) (3)		60,981.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) MORE THAN ENOUGH 5901 PACIFIC AVENUE WILDWOOD CREST, NJ 0826	22-2547030	501 (C) (3)		77,284.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) MORNING STAR COMM. DEVE. CORP. 1009 CHANDLER AVE LINDEN, NJ 07036	22-3833499	501 (C) (3)		93,944.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) MOUNT PISGAH AME FOOD PANTRY 354 FORREST ST. JERSEY CITY, NJ 07304	20-2109849	501 (C) (3)		47,403.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) MOUNT ZION BAPTIST CHURCH 61 RICHARDS AVENUE DOVER, NJ 07801	22-2285212	501 (C) (3)		51,553.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION

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Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**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

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) MT. OLIVE BAPTIST CHURCH 400 ARLINGTON AVENUE JERSEY CITY, NJ 07304	22-3555968	501 (C) (3)		154,191.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) MT. OLIVE CHURCH OF GOD 24 CLEVELAND ST. ORANGE, NJ 07050	22-2321231	501 (C) (3)		62,544.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) MT. OLIVE MISSIONARY BAPTIST 6844 STRAND AVE. MIZPAH, NJ 08342	22-3635250	501 (C) (3)		58,349.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) MT. SINAI GOSPEL CHURCH 27-53 PRESCOTT STREET JERSEY CITY, NJ 07304	36-2192827	501 (C) (3)		246,145.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) MT. TEMAN A.M.E. -PEDIATRIC 160 MADISON AVENUE ELIZABETH, NJ 07201	99-9999999	501 (C) (3)		79,191.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) MT. TEMAN CHURCH 160 MADISON AVE ELIZABETH, NJ 07201	53-0304696	501 (C) (3)		36,016.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) MT. VERNON BAPTIST CHURCH 709 CLINTON AVE NEWARK, NJ 07108	99-9999999	501 (C) (3)		49,149.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) MT. ZION BAPTIST CHURCH 353 S NEW ROAD PLEASANTVILLE, NJ 08232	22-2295177	501 (C) (3)		20,386.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) MT. ZION BAPTIST CHURCH 208 BROADWAY NEWARK, NJ 07104	99-9999999	501 (C) (3)		83,942.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) MT. ZION U.F.W. BAPTIST CHURCH 47 BEAVER AVENUE EDISON, NJ 08820	13-3961739	501 (C) (3)		46,395.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) NAZARETH BAPTIST CHURCH 5800 PALISADES AVENUE WEST NEW YORK, NJ 070	62-0535346	501 (C) (3)		121,085.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) NEIGHBORLY NEEDS, INC 124 TREMONT AVENUE PLEASANTVILLE, NJ 08232	22-6068955	501 (C) (3)		28,021.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION

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Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

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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

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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 non-cash assistance	(h) Purpose of grant or assistance
(1) NEW AME ZION CHURCH 153 LAWRENCE PL PATERSON, NJ 07501	53-0204696	501 (C) (3)		47,831.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) NEW BORN HOLY CHURCH 250 BERGEN STREET NEWARK, NJ 07103	23-7375624	501 (C) (3)		58,450.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) NEW BORN WESLEYAN CHURCH 1002 18TH AVENUE NEWARK, NJ 07106	22-2498340	501 (C) (3)		198,091.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) NEW COMMUNITIES CORP. - SENIOR 220 BRUCE ST NEWARK, NJ 07103	22-1911104	501 (C) (3)		66,017.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) NEW COVENANT CHURCH OF GOD 225 E. 7TH ST PLAINFIELD, NJ 07060	99-9999999	501 (C) (3)		67,348.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) NEW DAWN MISS. BAPT. CHURCH 284 PESHINE AVENUE NEWARK, NJ 07108	30-0281415	501 (C) (3)		195,311.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) NEW DAY REHOBOTH CHURCH 126 RUTGERS AVENUE JERSEY CITY, NJ 07305	22-2222588	501 (C) (3)		40,966.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) NEW DESTINY COMM. DEVELOPMENT 121-125 CHESTNUT ST.-LOWER LEVEL ROSELLE, N	20-1016554	501 (C) (3)		39,988.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) NEW EPHESUS BAPTIST CHURCH 175 BROOKWOOD ST EAST ORANGE, NJ 07018	22-3013796	501 (C) (3)		20,593.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) NEW HOPE BAPTIST CHURCH PANTRY 144 NORMAN ST EAST ORANGE, NJ 07017	36-2192827	501 (C) (3)		63,819.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) NEW HOPE COMM. FOOD PANTRY 331 NORTH 11TH STREET PROSPECT PARK, NJ 075	20-2893390	501 (C) (3)		31,676.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) NEW REID TEMPLE 154 N. ORATON PARKWAY EAST ORANGE, NJ 07017	22-3341658	501 (C) (3)		41,490.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION

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Schedule I (Form 990) (2013)

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(Form 990)**

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

2013

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Department of the Treasury
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(1) NEWARK EMERGENCY SERVICES 982 BROAD ST NEWARK, NJ 07102	22-2191674	501 (C) (3)		35,194.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) NEWARK SPANISH 7TH DAY ADVENTI 58 2ND AVENUE NEWARK, NJ 07104	52-0643036	501 (C) (3)		132,145.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) NEWARK TRANSITIONAL PROGRAM 212 PESHINE AVE NEWARK, NJ 07108	22-2730393	501 (C) (3)		64,774.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) NO. JERSEY COMM RESEARCH INIT. 393 CENTRAL AVE STE 301 NEWARK, NJ 07103	52-1592616	501 (C) (3)		48,347.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) NORTH BRUNSWICK FOOD BANK 710 HERMAN RD NORTH BRUNSWICK, NJ 08902	22-3522458	501 (C) (3)		45,377.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) NORTH SIDE FOOD PANTRY 90 JEFFERSON S., PATERSON 07522 S. PATERSON,	99-9999999	501 (C) (3)		91,802.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) OASIS HAVEN FOR WOMEN & CHILDR 59 MILL STREET PATERSON, NJ 07501	22-3491573	501 (C) (3)		38,469.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) OCEAN CITY COMM. FOOD CUPBOARD 8TH STREET & CENTRAL AVENUE OCEAN CITY, NJ	21-6018574	501 (C) (3)		10,531.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) OHEB SHALOM CONG 170 SCOTLAND RD SOUTH ORANGE, NJ 07079	13-1659707	501 (C) (3)		15,427.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) OLD BERGEN CHURCH 1 HIGHLAND AVE JERSEY CITY, NJ 07306	22-1903142	501 (C) (3)		34,163.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) OUR LADY OF FATIMA BREAD OF LI 380 SMITH ST. PERTH AMBOY, NJ 08861	53-0196617	501 (C) (3)		55,405.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) OUR LADY OF SORROWS/MARY HOUSE 93 CLERK ST JERSEY CITY, NJ 07305	22-1698783	501 (C) (3)		55,405.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION

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**SCHEDULE I
(Form 990)**

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

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(1) PALISADES EMERGENCY RESIDENCE 108 36TH STREET UNION CITY, NJ 07087	22-2985600	501 (C) (3)		391,558.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) PANAMERICA ADVENTISTA 55 BIRCH STREET VINELAND, NJ 08360	13-3537709	501 (C) (3)		67,057.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) PARK AVE. PANTRY/BNAI ISREAL 555 15TH AVE PATERSON, NJ 07504	22-2281774	501 (C) (3)		29,896.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) PATERSON AVE UMC PANTRY 316 TOTOWA AVE. PATERSON, NJ 07502	36-2167731	501 (C) (3)		49,659.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) PATH STONE INC. 76 W. LANDIS AVE. STE C VINELAND, NJ 08360	16-0984913	501 (C) (3)		67,410.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) PATH STONE, INC. 334 NO. WASHINGTON STREET HAMMONTON, NJ 0803	52-0643036	501 (C) (3)		58,030.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) PEACEFUL ZION BAPTIST CHURCH 213 RHODE ISLAND AVE EAST ORANGE, NJ 07018	99-9999999	501 (C) (3)		43,057.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) PENTECOST FOOD PANTRY 576 CENTRAL AVENUE, SUITE 301 EAST ORANGE,	13-3518705	501 (C) (3)		48,927.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) PENTECOSTAL CHURCH OF GOD M.I. 11 BURLINGTON AVENUE PATERSON, NJ 07503	22-3555517	501 (C) (3)		92,103.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) PETER'S PANTRY 183 RECTOR ST. PERTH AMBOY, NJ 08861	21-0634592	501 (C) (3)		76,432.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) PLEASANT GROVE BAPTIST CHURCH 198 CHADWICK AVENUE NEWARK, NJ 07108	75-3227222	501 (C) (3)		168,574.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) POSITIVE HEALTH CARE INC. 333 WASHINGTON ST NEWARK, NJ 07102	22-3153632	501 (C) (3)		60,168.	FMV	FOOD AND COMMODITIES	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) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to 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.

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) PRAISE TEMPLE ECONOMIC DEV CRP 805-813 SOUTH ORANGE AVENUE NEWARK, NJ 0710	22-3675838	501 (C) (3)		98,733.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) PRESBYTERIAN CHURCH-HAMMONTON 326 BELLEVUE AVE. HAMMONTON, NJ 08037	23-6393377	501 (C) (3)		75,189.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) PRIMERA IGLESIA METODISTA LIBRE DE PASSAIC 575 MAIN AVENUE PASSAIC, NJ 07055	99-9999999	501 (C) (3)		31,777.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) PRIMERA IGLESIA PENTECOSTAL GE 7 BOND STREET NEWARK, NJ 07104	22-3245933	501 (C) (3)		6,131.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) PUERTO RICAN ACTION COMMITTEE 604 FRANKLIN STREET WOODBINE, NJ 08270	22-1970239	501 (C) (3)		39,459.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) PUERTO RICAN ASSOCIATION FOR HUMAN DEVELOPM 100 FIRST STREET PERTH AMBOY, NJ 08861	22-2026610	501 (C) (3)		10,156.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) P'VILLE CTR HISPANIC OUTREACH 316 MARTIN LUTHER KING JR AVE PLEASANTVILLE	26-3860591	501 (C) (3)		64,724.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) RAHWAY FOOD FOR FRIENDS 1221 NEW BRUNSWICK AVE. RAHWAY, NJ 07065	46-1061259	501 (C) (3)		101,064.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) REACHING HANDS COMMUNITY CENTER 204 MONTCLAIR AVENUE NEWARK, NJ 07104	44-0577787	501 (C) (3)		24,856.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) RESURRECTION FOOD PANTRY 372 MONTGOMERY STREET JERSEY CITY, NJ 07302	99-9999999	501 (C) (3)		55,084.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) REVIVAL TEMPLE 81-85 16TH AVE NEWARK, NJ 07103	22-2229868	501 (C) (3)		66,325.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) RIVERSIDE ASSEMBLY OF GOD 317 3RD ST JERSEY CITY, NJ 07302	99-9999999	501 (C) (3)		12,331.	FMV	FOOD AND COMMODITIES	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) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) ROSEVILLE PRESBYTERIAN CHURCH 36 ROSEVILLE AVE NEWARK, NJ 07107	99-9999999	501 (C) (3)		92,536.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) RUTGERS COOP RESEARCH EXT. 65 BERGEN STREET RM 157 NEWARK, NJ 07107	22-6001086	501 (C) (3)		13,850.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) RUTGERS COOPERATIVE EXTENSION 18 CLARK STREET PATERSON, NJ 07505	22-6001086	501 (C) (3)		5,487.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) S.D.A. CHURCH OF THE ORANGES 308 REYNOLDS TERRACE ORANGE, NJ 07050	52-0643036	501 (C) (3)		69,580.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) S.H.E.E.L.D.(SHILOH DEVE. CORP 515-517 WEST FOURTH STREET PLAINFIELD, NJ 0	31-1672462	501 (C) (3)		126,699.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) SACRED HEART FOOD PANTRY 5289 MAYS LANDING RD. VINELAND, NJ 08360	22-2547030	501 (C) (3)		72,240.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) SADAQA (FOOD) INC. 245 BROADWAY PATERSON, NJ 07501	22-3663036	501 (C) (3)		62,304.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) SALEM SEVENTH-DAY ADVENTIST 10 S. ORATON PARKWAY EAST ORANGE, NJ 07018	99-9999999	501 (C) (3)		40,450.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) SALVATION ARMY - AC 22 SO. TEXAS AVE. ATLANTIC CITY, NJ 08401	13-5562351	501 (C) (3)		99,711.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) SALVATION ARMY - BOUNDBROO 108 HAMILTON ST BOUND BROOK, NJ 08805	13-5562351	501 (C) (3)		21,269.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) SALVATION ARMY - DOVER 76 N. BERGEN ST DOVER, NJ 07801	13-5562351	501 (C) (3)		60,399.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) SALVATION ARMY - ELIZABETH 1005 EAST JERSEY ST ELIZABETH, NJ 07201	13-5562351	501 (C) (3)		249,477.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION

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Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) SALVATION ARMY - HACKENSACK 436 UNION ST. HACKENSACK, NJ 07601	13-5562351	501 (C) (3)		51,897.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) SALVATION ARMY - JERSEY CITY 562 BERGEN AVE JERSEY CITY, NJ 07304	13-5562351	501 (C) (3)		84,688.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) SALVATION ARMY - MONTCLAIR 13 TRINITY PLACE MONTCLAIR, NJ 07042	13-5562351	501 (C) (3)		11,280.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) SALVATION ARMY - NEW BRNWK 287 HANDY ST. NEW BRUNSWICK, NJ 08901	13-5562351	501 (C) (3)		100,152.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) SALVATION ARMY - NEWARK (R 65 PENNINGTON ST NEWARK, NJ 07105	99-9999999	501 (C) (3)		35,652.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) SALVATION ARMY - PASSAIC 550 MAIN AVE PASSAIC, NJ 07055	13-5562351	501 (C) (3)		102,354.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) SALVATION ARMY - PATERSON 541-545 W. BROADWAY PATERSON, NJ 07509	13-5562351	501 (C) (3)		39,740.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) SALVATION ARMY - PATERSON 31 VAN HOUTEN ST PATERSON, NJ 07505	13-5562351	501 (C) (3)		80,188.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) SALVATION ARMY - PERTH AMB 433 STATE ST. PERTH AMBOY, NJ 08861	13-5562351	501 (C) (3)		227,621.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) SALVATION ARMY - PLAINFIELD 615 WATCHUNG AVE PLAINFIELD, NJ 07060	13-5562351	501 (C) (3)		197,749.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) SALVATION ARMY - SALEM PO BOX 6 SALEM, NJ 08079	18-5582331	501 (C) (3)		70,312.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) SALVATION ARMY - UNION CIT 515 43RD ST UNION CITY, NJ 07087	13-5562351	501 (C) (3)		200,467.	FMV	FOOD AND COMMODITIES	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) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

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Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to 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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) SALVATION ARMY - WESTSIDE 699 SPRINGFIELD AVE NEWARK, NJ 07103	13-5562351	501 (C) (3)		47,641.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) SALVATION ARMY-BRIDGETON PO BOX 212 BRIDGETON, NJ 08302	13-5562351	501 (C) (3)		52,815.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) SALVATION ARMY-BUENA PO BOX 316 VINELAND, NJ 08360	06-2517941	501 (C) (3)		39,954.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) SALVATION ARMY-EAST ORANGE 430 MAIN ST. EAST ORANGE, NJ 07018	13-5562351	501 (C) (3)		96,636.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) SALVATION ARMY--KEARNY 443 CHESTNUT STREET KEARNY, NJ 07032	13-5562351	501 (C) (3)		51,067.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) SALVATION ARMY-NEWARK CENT 45 CENTRAL AVE NEWARK, NJ 07102	13-5562351	501 (C) (3)		52,295.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) SALVATION ARMY-VINELAND PO BOX 354 VINELAND, NJ 08360	13-5562351	501 (C) (3)		90,133.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) SDA-PLEASANTVILLE 102 LINDEN AVENUE PLEASANTVILLE, NJ 08232	22-1549749	501 (C) (3)		65,259.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) SECAUCUS FOOD PANTRY 210 MEADOWLANDS PARKWAY SECAUCUS, NJ 07094	99-9999999	501 (C) (3)		20,244.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) SECOND BAPTIST CHURCH 61 CARROLL STREET PATERSON, NJ 07501	22-6083996	501 (C) (3)		9,795.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) SEVENTH DAY ADVENTIST CHURCH 75-79 HOOVER AVENUE PASSAIC, NJ 07055	52-0643036	501 (C) (3)		40,880.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) SHELTER OUR SISTERS 733 POMANDER WALK TEANECK, NJ 07666	99-9999999	501 (C) (3)		18,117.	FMV	FOOD AND COMMODITIES	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) (2013)

**SCHEDULE I
(Form 990)**

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

2013

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Department of the Treasury
Internal Revenue Service

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22-2423882

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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 non-cash assistance	(h) Purpose of grant or assistance
(1) SISTERS & BROTHERS OUTREACH 1318 EAST GEORGES AVE LINDEN, NJ 07036	22-3638043	501 (C) (3)		48,856.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) SJ AIDS ALLIANCE - ATLANTIC CI 19 GORDON'S ALLEY ATLANTIC CITY, NJ 08401	22-2686586	501 (C) (3)		48,039.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) SOC. OF ST. VINCENT DEPAUL 29 ABEEL STREET NEW BRUNSWICK, NJ 08901	99-9999999	501 (C) (3)		217,020.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) SOCIAL SERVICE ASSOC OF RIDGEWOOD 6 STATION PLAZA RIDGEWOOD, NJ 07456	22-1487345	501 (C) (3)		5,448.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) SOLID ROCK BAPTIST CHURCH 644 CHANCELLOR AVENUE IRVINGTON, NJ 07111	22-2305385	501 (C) (3)		276,790.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) SOMERSET HM/DISPLACED CHILDREN 49 BRAHMA AVENUE BRIDGEWATER, NJ 08807	26-5800861	501 (C) (3)		7,909.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) SPANISH COMMUNITY CENTER PO BOX 61 LANDISVILLE, NJ 08326	23-7123574	501 (C) (3)		55,937.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) SPIRIT AND TRUTH MINISTRIES P.O.BOX 89 VINELAND, NJ 08362	22-2582816	501 (C) (3)		13,908.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) SRC FIVE LOAVES FOOD PANTRY ST 100 COLLEGE AVENUE NEW BRUNSWICK, NJ 08901	99-9999999	501 (C) (3)		77,999.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) ST. ANDREWS EPISCOPAL CHURCH 933 S. 17TH STREET NEWARK, NJ 07108	31-1629166	501 (C) (3)		7,567.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) ST. ANDREWS BY THE SEA 936 BALTIC AVE ATLANTIC CITY, NJ 08401	21-0733950	501 (C) (3)		112,750.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) ST. ANDREWS EPISCOPAL CHURCH 186 EAST COMMERCE STREET BRIDGETON, NJ 0830	22-3796155	501 (C) (3)		14,120.	FMV	FOOD AND COMMODITIES	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) (2013)

**SCHEDULE I
(Form 990)**

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

2013

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Department of the Treasury
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Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

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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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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 non-cash assistance	(h) Purpose of grant or assistance
(1) ST. BARNABAS EPISCOPAL CHURCH 505 W. MARKET ST. NEWARK, NJ 07107	99-9999999	501 (C) (3)		84,791.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) ST. CECILIA OFFICE OF CONCERN 55 W. DEMAREST AVE ENGLEWOOD, NJ 07631	22-1534222	501 (C) (3)		238,848.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) ST. CECILIA'S SOCIAL MINISTRY 45 WILUS WAY ISELIN, NJ 08830	99-9999999	501 (C) (3)		33,891.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) ST. JAMES ABE CHURCH 1743 BACHARACH BLVD. ATLANTIC CITY, NJ 0840	20-1568764	501 (C) (3)		61,989.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) ST. JAMES SOCIAL SERVICE CORP. 588 MARTIN LUTHER KING BLVD NEWARK, NJ 0710	22-2462242	501 (C) (3)		215,218.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) ST. JOHN BAPTIST CHURCH 137 FAIRMONT AVENUE NEWARK, NJ 07103	99-9999999	501 (C) (3)		7,760.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) ST. JOHN THE APOSTLE CHURCH 1805 PENBROOK TER LINDEN, NJ 07036	99-9999999	501 (C) (3)		49,122.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) ST. JOHN THE BAPT. ORT. CHURCH 145 BROAD ST. PERTH AMBOY, NJ 08861	36-2192827	501 (C) (3)		29,185.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) ST. JOSEPH THE CARPENTER 157 E. 4TH AVENUE ROSELLE, NJ 07203	99-9999999	501 (C) (3)		44,307.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) ST. JOSEPHS SOCIAL SERVICE CTR 118 DIVISION ST ELIZABETH, NJ 07201	52-1467470	501 (C) (3)		197,986.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) ST. LUKE'S CDC CHRISTHOUSE 269 FAIR STREET PATERSON, NJ 07501	22-3626408	501 (C) (3)		8,290.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) ST. MARY MAGDALEN CHURCH 621 DOCK ST. MILLVILLE, NJ 08332	27-4092806	501 (C) (3)		41,261.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION

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(Form 990)**

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

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Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to 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.

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) ST. MARY'S CHURCH FOOD PANTRY 22 LAKESIDE AVE. POMPTON LAKES, NJ 07442	99-9999999	501 (C) (3)		43,215.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) ST. MARY'S FOOD PANTRY 256 AUGUSTA ST SOUTH AMBOY, NJ 08879	99-9999999	501 (C) (3)		55,989.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) ST. MAXIMILIAN KOLBE PANTRY 200 TUCKAHOE RD. MARMORA, NJ 08223	22-2547030	501 (C) (3)		69,486.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) ST. NICHOLAS OF TOLENTINE 1409 PACIFIC AVE. ATLANTIC CITY, NJ 08401	23-6393377	501 (C) (3)		85,885.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) ST. PAUL TABERNACLE 530-532 CLINTON AVENUE NEWARK, NJ 07108	22-2621134	501 (C) (3)		86,180.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) ST. PAUL'S COMMUNITY CORP. 451 VAN HOUTEN ST PATERSON, NJ 07501	22-3075855	501 (C) (3)		505,415.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) ST. PETERS COMMUNITY DEV. CORP 505 MAIN STREET SPOTSWOOD, NJ 08884	20-2884675	501 (C) (3)		72,734.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) ST. PETER'S HAVEN 380 CLIFTON AVE CLIFTON, NJ 07011	22-2769711	501 (C) (3)		110,426.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) ST. VINCENT DE PAUL/CUMBERLAND 46 CENTRAL AVE BRIDGETON, NJ 08302	20-2994675	501 (C) (3)		9,074.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) ST. VINCENT DEPAUL MAYS LANDING 5021 HARDING HIGHWAY MAYS LANDING, NJ 08330	54-1598036	501 (C) (3)		61,230.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) STRAIGHT AND NARROW 396 STRAIGHT ST P.O. BOX 2738, NJ 07501	22-6012277	501 (C) (3)		113,865.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) STREETLIGHT MISSION 1181 EAST BROAD STREET ELIZABETH, NJ 07201	26-2221180	501 (C) (3)		91,735.	FMV	FOOD AND COMMODITIES	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) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to 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.

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) STRENGTHEN OUR SISTER P.O. BOX 359 WANAQUE, NJ 07465	99-9999999	501 (C) (3)		5,915.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) SUYDAM STREET REFORMED CHURCH 74 DRIFT STREET NEW BRUNSWICK, NJ 08901	22-3689305	501 (C) (3)		101,956.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) TABERNACLE CHURCH 675 S. 20TH STREET NEWARK, NJ 07103	26-0714972	501 (C) (3)		99,168.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) TABLE OF HOPE 59 SPRING STREET MORRISTOWN, NJ 07960	53-0204696	501 (C) (3)		26,296.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) TEMPLE OF YAHWEH 2237 HELEN AVENUE VINELAND, NJ 08360	23-6393377	501 (C) (3)		58,957.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) TEMPLE SHALOM FOOD PANTRY 586 MAIN STREET PATERSON, NJ 07503	22-3072137	501 (C) (3)		31,922.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) TEMPLO EMANUEL IGLESIA DEL NAZ 1001 82ND ST NORTH BERGEN, NJ 07047	44-0552034	501 (C) (3)		124,032.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) THE APOSTLES HOUSE 18-24 GRANT ST NEWARK, NJ 07104	99-9999999	501 (C) (3)		86,432.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) THE FIRST REFORMED CHURCH F.P. 236 WASHINGTON ST BOONTON, NJ 07005	99-9999999	501 (C) (3)		42,064.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) THE FIRST SEVENTH DAY ADV. CH 343 11TH AVE. PATERSON, NJ 07514	52-0643036	501 (C) (3)		70,712.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) THE LENNARD CLINIC, INC. 461 FRELINGHUYSEN AVE NEWARK, NJ 07114	22-2511850	501 (C) (3)		48,625.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) THE MERCY HOUSE 282 MCCLELLAN STREET PERTH AMBOY, NJ 08861	22-2535179	501 (C) (3)		64,936.	FMV	FOOD AND COMMODITIES	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) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) THE SHARING PLACE, INC. 440 HOBOKEN AVENUE JERSEY CITY, NJ 07306	99-9999999	501 (C) (3)		162,351.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) THE SOCIETY ST. VINCENT DEPAUL 230 NEW BRUNSWICK AVE. PERTH AMBOY, NJ 0886	99-9999999	501 (C) (3)		387,184.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) TONI'S KITCHEN @ ST. LUKES CH. 73 SO. FULLERTON AVE MONTCLAIR, NJ 07042	31-1629186	501 (C) (3)		5,140.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) TOUSSAINT FOOD PANTRY 528 MARTIN LUTHER KING BLVD NEWARK, NJ 0710	99-9999999	501 (C) (3)		78,504.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) TRINITY ASSEMBLY OF GOD 160 PASSAIC AVENUE PASSAIC, NJ 07055	44-0577787	501 (C) (3)		48,272.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) TRINITY EPISCOPAL CHURCH 650 RAHWAY AVE WOODBRIDGE, NJ 07095	21-0634592	501 (C) (3)		9,268.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) TRINITY FAITH CHURCH 1944 KENNEDY BLVD. JERSEY CITY, NJ 07305	22-3770068	501 (C) (3)		66,697.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) TRINITY TEMPLE SDA CHURCH 35-37 HILLSIDE AVE NEWARK, NJ 07108	52-0643036	501 (C) (3)		45,636.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) TRINITY U.A.M.E. 226 WARREN STREET NEWARK, NJ 07103	51-0389791	501 (C) (3)		58,202.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) TRUE WITNESS OF JESUS CHRST FP 234 GODWIN AVE. PATERSON, NJ 07544	22-2348389	501 (C) (3)		66,293.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) UKRAINIAN EVANGELICAL OF GOD 2208 STANLEY TER UNION, NJ 07083	99-9999999	501 (C) (3)		64,134.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) UNITED NEIGHBORS DEVE. CORP. 487 ORANGE STREET NEWARK, NJ 07107	23-7256620	501 (C) (3)		34,948.	FMV	FOOD AND COMMODITIES	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) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) VICTORY AME ZION CHURCH 23 CORNELL RD. ATCO, NJ 08004	23-7073173	501 (C) (3)		71,709.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) VICTORY AT SUNRISE BAPTIST CHU 376 CLINTON PL NEWARK, NJ 07112	36-2192827	501 (C) (3)		63,203.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3) VIDA CHURCH 189 FAYETTE ST. PERTH AMBOY, NJ 08861	99-9999999	501 (C) (3)		49,199.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(4) VINCENT UNITED METHODIST CHURCH 100 VINCENT PL NUTLEY, NJ 07110	99-9999999	501 (C) (3)		15,770.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(5) WANAQUE FEED THE HUNGRY 579 RINGWOOD AVE WANAQUE, NJ 07465	36-2167731	501 (C) (3)		30,514.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(6) WILLING HEART CTR-METROPOLITAN 555 MARTIN LUTHER KING BLVD. NEWARK, NJ 071	22-1937486	501 (C) (3)		229,389.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(7) WOMEN AWARE, INC. 286 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 089	22-2374378	501 (C) (3)		16,566.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(8) WOOD CLIFF CHRISTIAN HARVEST 7605 PALISADE AVENUE N. BERGEN, NJ 07047	99-9999999	501 (C) (3)		72,221.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(9) WORLD FOR CHRIST CRUSDADE INC. 1005 UNION VALLEY RD WEST MILFORD, NJ 07480	99-9999999	501 (C) (3)		47,889.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(10) YWCA OF EASTERN UNION COUNTY 1131 EAST JERSEY ST ELIZABETH, NJ 07201	99-9999999	501 (C) (3)		17,783.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(11) ZAREPHATH CHRISTIAN CHURCH 14 CHAPEL DR. ZAREPHATH, NJ 08890	99-9999999	501 (C) (3)		145,865.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(12) ZION HILL BAPTIST CHURCH 450 HIGHLAND AVENUE PISCATAWAY, NJ 08854	22-3349097	501 (C) (3)		61,433.	FMV	FOOD AND COMMODITIES	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) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) ZION REDEVELOPMENT INC. 525 ATLANTIC AVE. ATLANTIC CITY, NJ 08401	16-0984913	501 (C) (3)		55,771.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(2) ZION UNITED CHURCH OF CHRIST 17 ALEXANDER ST NEWARK, NJ 07106	99-9999999	501 (C) (3)		119,540.	FMV	FOOD AND COMMODITIES	FOOD DISTRIBUTION
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 386.

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) (2013)

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Part III Grants and Other Assistance to Individuals in the United States. 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. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2

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

PUBLIC DISCLOSURE COPY

Part III Grants and Other Assistance to Individuals in the United States. 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. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

Part I Questions Regarding Compensation

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

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? **4a** **4b**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2013

PUBLIC DISCLOSURE COPY

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

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

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

(A) Name and Title		(B) Breakdown of 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KATHLEEN DICHIARA CEO/PRESIDENT	(i)	210,052.	7,500.	0	16,953.	8,570.	243,075.	
	(ii)	0	0	0	0	0	0	0
2 ROBERT BARRY CFO	(i)	135,337.	0	0	3,821.	16,038.	155,196.	
	(ii)	0	0	0	0	0	0	0
3 CATHERINE MCCANN VP OF OPERATIONS	(i)	147,507.	10,000.	0	4,650.	6,611.	168,768.	
	(ii)	0	0	0	0	0	0	0
4 PHYLLIS DUNLOP VP OF FUNDRAISING	(i)	143,047.	0	0	4,158.	9,107.	156,312.	
	(ii)	0	0	0	0	0	0	0
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

REBUTTABLE PRESUMPTION

THE ORGANIZATION'S BOARD OF DIRECTORS HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY, OUTLINED IN SCHEDULE O, WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT AND VICE PRESIDENTS. A REVIEW OF THE "TOTAL COMPENSATION" FOR EACH INDIVIDUAL IS MADE, WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE. THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING BUT NOT LIMITED TO THE PRESIDENT AND VICE PRESIDENTS. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING:

1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN

Part III Supplemental Information

Complete this part to 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.

"AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS
COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST"
WITH RESPECT TO THE COMPENSATION ARRANGEMENT;

2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS
TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND

3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS
DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION

THE MEMBERS OF THE BOARD OF DIRECTORS EACH ARE INDEPENDENT AND ARE FREE
FROM ANY CONFLICTS OF INTEREST.

THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION
THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE MEETINGS DURING
WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND
SUBSEQUENTLY APPROVED. THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE
BOARD AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF

Part III Supplemental Information

Complete this part to 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.

REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL,
INCLUDING BUT NOT LIMITED TO THE PRESIDENT AND VICE PRESIDENTS. THE
COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS
FORM 990 ARE REVIEWED ANNUALLY BY THE PRESIDENT WITH ASSISTANCE FROM
OTHER STAFF IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING
THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE
THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE
ORGANIZATION. OTHER OBJECTIVE FACTORS INCLUDE SALARY DATA FOR COMPARABLE
POSITIONS, PERSONNEL REVIEWS AND EVALUATIONS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

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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.

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	X		1,160,202.	AVG RETAIL FAIR
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	30,050,551.	76,264,931.	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
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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 non-standard contributions?	X	
32 a 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 did not 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) (2013)

JSA

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COMMUNITY FOOD BANK OF NEW JERSEY, INC.

22-2423882

Schedule M (Form 990) (2013)

Page 2

Part II **Supplemental Information.** Complete this part to 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.

FORM 990, 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, 2014 WAS 21,505,064 POUNDS OF DONATED PRODUCT AND 8,545,487 POUNDS OF USDA COMMODITIES.

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

OMB No. 1545-0047

2013**Open to Public
Inspection**

Name of the organization

COMMUNITY FOOD BANK OF NEW JERSEY, INC.

Employer identification number

22-2423882

FORM 990, PART VI, SECTION V, 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, SECTIONS 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.

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

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

PART VIII, STATEMENT OF REVENUE, LINE 1G, NONCASH CONTRIBUTIONS

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.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

DURING OUR MOST RECENT FISCAL YEAR, CFBNJ DISTRIBUTED MORE THAN 40 MILLION POUNDS OF FOOD, AND THE NEW HUNGER STUDY 2014 SHOWS THAT MORE THAN 4.7 MILLION TIMES A YEAR, SOMEONE IN NEED IS FED BY A CFBNJ PARTNER CHARITY. OUR PROGRAMS REACH HARD-WORKING MEN AND WOMEN STRUGGLING TO MAKE ENDS MEET, AS WELL AS CHILDREN, SENIORS, VETERANS AND PEOPLE WITH DISABILITIES.

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Name of the organization COMMUNITY FOOD BANK OF NEW JERSEY, INC.	Employer identification number 22-2423882
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ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

AS THE STATE'S LARGEST ANTI-HUNGER ORGANIZATION, THE COMMUNITY
FOODBANK OF NEW JERSEY IS ON THE FRONT LINES EVERY DAY. DURING
OUR MOST RECENT FISCAL YEAR, CFBNJ DISTRIBUTED MORE THAN 40
MILLION POUNDS OF FOOD, AND THE NEW HUNGER STUDY 2014 SHOWS THAT
MORE THAN 4.7 MILLION TIMES A YEAR, SOMEONE IN NEED IS FED BY A
CFBNJ PARTNER CHARITY. OUR PROGRAMS REACH HARD-WORKING MEN AND
WOMEN STRUGGLING TO MAKE ENDS MEET, AS WELL AS CHILDREN, SENIORS,
VETERANS AND PEOPLE WITH DISABILITIES.

AMONG OUR EFFORTS TO HELP VULNERABLE CHILDREN, OUR KIDS CAFE
PROGRAM SERVED MORE THAN 243,000 MEALS; OUR KIDS CLOSET
DISTRIBUTED ALMOST 2,000 CLOTHING PACKETS; OUR TOOLS 4 SCHOOL
PROGRAM PROVIDED FREE CLASSROOM SUPPLIES TO 225 SCHOOLS; OUR THREE
PEDIATRIC PANTRIES, RUN IN CONJUNCTION WITH HOSPITALS, TOGETHER
SERVED AN AVERAGE OF ALMOST 900 FAMILIES A MONTH; AND MORE THAN
5,500 CHILDREN IN OUR BACKPACK PROGRAM RECEIVED FOOD TO HELP THEM
GET THROUGH WEEKENDS WHEN THEY HAD NO ACCESS TO SCHOOL MEALS.

BUT WE DON'T STOP AT HELPING CHILDREN. ALMOST 26,000 BOXES OF
FOOD WERE DISTRIBUTED TO HUNGRY SENIOR CITIZENS; MORE THAN 3,400
INDIVIDUALS WERE ASSISTED IN DETERMINING THEIR ELIGIBILITY FOR
SNAP (FOOD STAMP) BENEFITS; AND ALMOST 70 STUDENTS GRADUATED FROM
OUR FOOD SERVICE TRAINING ACADEMY, WITH MORE THAN 90% OF THOSE
GRADUATES EMPLOYED OR CONTINUING THEIR EDUCATION.

THOSE ARE JUST A FEW HIGHLIGHTS OF WHAT IS MADE POSSIBLE THROUGH
THE HARD WORK AND GENEROSITY OF OUR STAFF, VOLUNTEERS (WHO LOGGED

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Name of the organization COMMUNITY FOOD BANK OF NEW JERSEY, INC.	Employer identification number 22-2423882
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ATTACHMENT 2 (CONT'D)

MORE THAN 117,000 HOURS), DONORS AND BOARD OF DIRECTORS - AS WELL AS THE MORE THAN 1,400 PROGRAMS RUN BY OUR PARTNER CHARITIES.

ATTACHMENT 3

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
ALFRED SEVERINO CONSTRUCTION 701 MILL LANE HILLSBOROUGH, NJ 08844		289,499.
ANCHOR CONSTRUCTION GROUP 1201 ROUTE 37 EAST TOMS RIVER, NJ 08753		162,900.

ATTACHMENT 4

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	237,319.			237,319.
TOTALS	<u>237,319.</u>			<u>237,319.</u>

ATTACHMENT 5

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
SPECIAL EVENTS	397,514.
TOTAL	<u>397,514.</u>

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

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>
SPECIAL EVENTS	178,454.	178,454.
TOTALS	<u>178,454.</u>	<u>178,454.</u>

ATTACHMENT 7

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
GOVERNMENT FIXED INCOME		FMV
US EQUITIES	3,001,441.	FMV
NON US EQUITIES	1,232,819.	FMV
MONEY MARKET FUNDS	282,455.	FMV
MUTUAL FUNDS	2,744,868.	FMV
TOTALS	<u>7,261,583.</u>	

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COMMUNITY FOOD BANK OF NEW JERSEY, INC.

22-2423882

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

OMB No. 1545-0047

2013

**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 27-0458085 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	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) 2013

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COMMUNITY FOOD BANK OF NEW JERSEY, INC.

22-2423882

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) -----									

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COMMUNITY FOOD BANK OF NEW JERSEY, INC.

22-2423882

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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
(1) CFB FOUNDATION	1Q	241,006.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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COMMUNITY FOOD BANK OF NEW JERSEY, INC.

22-2423882

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 section 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) -----													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form 990-T

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

OMB No. 1545-0687

For calendar year 2013 or other tax year beginning 07/01, 2013, and ending 06/30, 2014. See separate instructions.

2013

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990. 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.

Form 990-T middle section including: H Describe the organization's primary unrelated business activity; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?; J The books are in care of ROBERT BARRY Telephone number 908-355-3663.

Table for Part I Unrelated Trade or Business Income with columns (A) Income, (B) Expenses, and (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Income (loss) from partnerships and S corporations, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents from controlled organizations, Investment income, Exploited exempt activity income, Advertising income, Other income, and Total.

Table for Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Rows include Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; Bad debts; Interest; Taxes and licenses; Charitable contributions; Depreciation; Less depreciation claimed on Schedule A and elsewhere on return; Depletion; Contributions to deferred compensation plans; Employee benefit programs; Excess exempt expenses; Excess readership costs; Other deductions; Total deductions; Unrelated business taxable income before net operating loss deduction; Net operating loss deduction; Unrelated business taxable income before specific deduction; Specific deduction; and Unrelated business taxable income.

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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____

c Income tax on the amount on line 34 **35c**

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) **36**

37 Proxy tax. See instructions **37**

38 Alternative minimum tax **38**

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39**

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**

b Other credits (see instructions) **40b**

c General business credit. Attach Form 3800 (see instructions) **40c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

e Total credits. Add lines 40a through 40d **40e**

41 Subtract line 40e from line 39 **41**

42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) **42**

43 Total tax. Add lines 41 and 42 **43** 0

44 a Payments: A 2012 overpayment credited to 2013 **44a**

b 2013 estimated tax payments **44b**

c Tax deposited with Form 8868 **44c**

d Foreign organizations: Tax paid or withheld at source (see instructions) **44d**

e Backup withholding (see instructions) **44e**

f Credit for small employer health insurance premiums (Attach Form 8941) **44f**

g Other credits and payments: Form 2439 Form 4136 Other Total **44g**

45 Total payments. Add lines 44a through 44g **45**

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached **46**

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47**

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48**

49 Enter the amount of line 48 you want: **Credited to 2014 estimated tax** **49** **Refunded**

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

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes No**

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. **Yes No**

3 Enter the amount of tax-exempt interest received or accrued during the tax year **\$**

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

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

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.

Sign Here **ROBERT BARRY** **Date** **Title**

Signature of officer

May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer Use Only

Print/Type preparer's name CATHERINE BENDALL	Preparer's signature	Date 12/22/2014	Check <input type="checkbox"/> if self-employed	PTIN P00521196
Firm's name <input type="checkbox"/> WITHUMSMITH+BROWN, PC	Firm's EIN <input type="checkbox"/> 22-2027092		Phone no. 732-828-1614	
Firm's address <input type="checkbox"/> 1 SPRING STREET		NEW BRUNSWICK, NJ 08901		

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COMMUNITY FOOD BANK OF NEW JERSEY, INC.

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Form 990-T (2013)

Page 3

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

1. Description of property

- (1) SOLAR ARRAY
- (2)
- (3)
- (4)

2. Rent received or accrued

(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)	51,110.	
(2)		
(3)		
(4)		
Total	Total 51,110.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

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)				
(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)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions 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)				
Totals ▶			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).

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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)				
Totals ▶	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

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)						
Totals ▶	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.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

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) ATCH 2			%
(2)			%
(3)			%
(4)			%
Total. Enter here and on page 1, Part II, line 14. ▶			

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COMMUNITY FOOD BANK OF NEW JERSEY, INC.

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ATTACHMENT 1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

INSURANCE	3,500.
UTILITIES	6,000.
PART II - LINE 28 - OTHER DEDUCTIONS	<u>9,500.</u>

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COMMUNITY FOOD BANK OF NEW JERSEY, INC.

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ATTACHMENT 2SCHD. 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	CHAIRPERSON	0	0
JOSH WEINREICH 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	VICE CHAIRPERSON	0	0
ALAN C. LEVITAN 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	SECRETARY	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

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ATTACHMENT 2 (CONT'D)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
KATHLEEN DICHARA 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	CEO/PRESIDENT	0	0
ROBERT BARRY 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	CFO	0	0
CATHERINE MCCANN 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	VP OF OPERATIONS	0	0
PHYLLIS DUNLOP 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	VP OF FUNDRAISING	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
JOSH S. WESTON 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	DIRECTOR	0	0

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ATTACHMENT 2 (CONT'D)

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>
KAMILI WILLIAMS 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	VP OF PROGRAMS AND SERVICES	0	0
LISA L. KNOTHE 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	DIRECTOR	0	0
MICHELLE CASTELLANA 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	DIRECTOR	0	0
JOSEPH F. DEMPSEY, JR. 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	DIRECTOR	0	0
TONY MURPHY 31 EVANS TERMINAL ROAD HILLSIDE, NJ 07205	DIRECTOR	0	0
TOTAL COMPENSATION			<u>0</u>