

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**  
Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE FOODBANK OF MONMOUTH AND OCEAN COUNTIES, INC. D/B/A FULFILL</b> Doing business as <b>FULFILL</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>3300 ROUTE 66</b> City or town, state or province, country, and ZIP or foreign postal code <b>NEPTUNE, NJ 07753</b> <b>F</b> Name and address of principal officer: <b>LAUREN HOLMAN</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>22-2622522</b> <b>E</b> Telephone number <b>732-918-2600</b> <b>G</b> Gross receipts \$ <b>34,753,940.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.FULFILLNJ.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1984</b> <b>M</b> State of legal domicile: <b>NJ</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO ALLEVIATE HUNGER AND BUILD FOOD SECURITY IN MONMOUTH AND OCEAN COUNTIES, NEW JERSEY.</b>	
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> <b>21</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> <b>21</b>
<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b> <b>67</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b> <b>2929</b>
<b>7 a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> <b>0.</b>
<b>7 b</b>	Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b> <b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>22,596,603.</b> <b>32,607,174.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>564,555.</b> <b>397,817.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>246,678.</b> <b>330,543.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>175,736.</b> <b>-21,974.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>23,583,572.</b> <b>33,313,560.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>188,679.</b> <b>20,401,146.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b> <b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>3,229,603.</b> <b>3,932,237.</b>
<b>16 a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b> <b>0.</b>
<b>16 b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,243,036.</b>	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>21,131,469.</b> <b>7,603,055.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>24,549,751.</b> <b>31,936,438.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>-966,179.</b> <b>1,377,122.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>12,447,046.</b> <b>14,704,893.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>466,159.</b> <b>1,157,432.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>11,980,887.</b> <b>13,547,461.</b>

**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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>LAUREN HOLMAN, CHAIR</b> Type or print name and title	Date  			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>WILLIAM A. LOUGHERY</b>	Preparer's signature <b>WILLIAM A. LOUGHERY</b>	Date <b>05/12/21</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01603932</b>
	Firm's name ▶ <b>CLIFTONLARSONALLEN LLP</b>		Firm's EIN ▶ <b>41-0746749</b>		
	Firm's address ▶ <b>610 W GERMANTOWN PIKE, SUITE 400 PLYMOUTH MEETING, PA 19462</b>				Phone no. (215) <b>643-3900</b>

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

THE FOODBANK OF MONMOUTH AND OCEAN  
COUNTIES, INC. D/B/A FULFILL

Form 990 (2019)

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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

1 Briefly describe the organization's mission:  
**FULFILL'S MISSION IS TO ALLEVIATE HUNGER AND BUILD FOOD SECURITY IN MONMOUTH AND OCEAN COUNTIES AND TO MAKE SURE THAT ALL PEOPLE AT ALL TIMES HAVE ACCESS TO ENOUGH NUTRITIOUS FOOD TO MAINTAIN AN ACTIVE AND HEALTHY LIFE.**

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

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

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

4a (Code: ) (Expenses \$ 27,046,153. including grants of \$ 20,401,146. ) (Revenue \$ 334,517. )  
**FULFILL ACQUIRES NUTRITIOUS FOOD FOR DISTRIBUTION TO FAMILIES IN NEED IN MONMOUTH AND OCEAN COUNTIES. FULFILL PRIMARILY DELIVERS NUTRITIOUS FOOD THROUGH A NETWORK OF CHARITABLE AGENCIES, OUR MOBILE PANTRIES, AND KIDS' FEEDING PROGRAMS. SOURCES OF DONATED FOOD INCLUDE LOCAL FOOD DONATIONS, NATIONAL DONATIONS THROUGH FEEDING AMERICA, AND GOVERNMENT FOOD SUCH AS THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP). FULFILL SUPPLEMENTS DONATED FOOD AND PRODUCTS WITH SPECIFIC GROCERY ITEMS PURCHASED THROUGH A SMALL BULK CO-OP PROGRAM, AS WELL AS PURCHASES MADE WITH FUNDING FROM THE STATE FOOD PURCHASE PROGRAM AND OTHER FUNDING.**

4b (Code: ) (Expenses \$ 1,348,120. including grants of \$ 0. ) (Revenue \$ 51,690. )  
**FULFILL IDENTIFIES OPPORTUNITIES AND RESOURCES DESIGNED TO REDUCE THE NEED AND KEEP OUR FAMILIES FOOD SECURE.**

**FULFILL ASSISTS HOUSEHOLDS TO ACCESS BENEFITS AND RESOURCES THAT WILL HELP THEM ADDRESS THE BUDGET SHORTFALL WHICH CAN CAUSE HUNGER AND PREVENT FOOD SECURITY. RESOURCES INCLUDE BUT ARE NOT LIMITED TO OUTREACH AND APPLICATION ASSISTANCE FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), FREE TAX ASSISTANCE THROUGH THE VOLUNTEER INCOME TAX ASSISTANCE (VITA) AND AS NAVIGATORS IN APPLYING FOR HEALTH INSURANCE UNDER THE AFFORDABLE CARE ACT AND MEDICAID/NJ FAMILY CARE. ACTIVITIES ARE CONDUCTED LOCALLY AND AT AS MANY AS 25 COMMUNITY SITES EACH MONTH.**

4c (Code: ) (Expenses \$ 921,963. including grants of \$ 0. ) (Revenue \$ 11,610. )  
**THE CULINARY TRAINING PROGRAM PROVIDES HANDS-ON TRAINING IN AN ONSITE PRODUCTION KITCHEN FOR UNDERPRIVILEGED ADULTS IN NEED OF PERMANENT EMPLOYMENT. THE PROGRAM HELPS MEN AND WOMEN BECOME SELF-SUFFICIENT BY PROVIDING THE SKILLS THEY NEED TO OBTAIN BETTER-PAYING JOBS AND OPERATES OUT OF BOTH NEPTUNE AND TOMS RIVER LOCATIONS. THE CULINARY TRAINING PROGRAM HELPS PREPARE HOT MEALS FOR THE AFTER-SCHOOL AND SUMMER FOOD PROGRAMS.**

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

4e Total program service expenses **29,316,236.**

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**THE FOODBANK OF MONMOUTH AND OCEAN  
COUNTIES, INC. D/B/A FULFILL**

**Part IV Checklist of Required Schedules**

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

THE FOODBANK OF MONMOUTH AND OCEAN  
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**Part IV Checklist of Required Schedules** (continued)

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	14
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

THE FOODBANK OF MONMOUTH AND OCEAN  
COUNTIES, INC. D/B/A FULFILL

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 67		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	21	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	21	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NJ**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **THE ORGANIZATION - 732-918-2600**  
**3300 ROUTE 66, NEPTUNE, NJ 07753**

THE FOODBANK OF MONMOUTH AND OCEAN  
COUNTIES, INC. D/B/A FULFILL

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) ROBERT P. BROWN TRUSTEE	1.00	X					0.	0.	0.	
(2) JOSEPH CASELLA TRUSTEE	1.00	X					0.	0.	0.	
(3) SHANDRA CHISOLM TRUSTEE	1.00	X					0.	0.	0.	
(4) KAREN DOLAN TRUSTEE	1.00	X					0.	0.	0.	
(5) DREW EITNER TRUSTEE	1.00	X					0.	0.	0.	
(6) JANELLE GRIFFITH-MALIK TRUSTEE	1.00	X					0.	0.	0.	
(7) JOSEPH J. LEBEL III TRUSTEE	1.00	X					0.	0.	0.	
(8) JOSEPH LEONE INTRONA TRUSTEE	1.00	X					0.	0.	0.	
(9) RENA LEVINE LEVY TRUSTEE	1.00	X					0.	0.	0.	
(10) DEAN Q. LIN TRUSTEE	1.00	X					0.	0.	0.	
(11) GINA PETILLO TRUSTEE	1.00	X					0.	0.	0.	
(12) LINDA REHRER TRUSTEE	1.00	X					0.	0.	0.	
(13) PETER ROSARIO TRUSTEE	1.00	X					0.	0.	0.	
(14) SAMMY STEINLIGHT TRUSTEE	1.00	X					0.	0.	0.	
(15) CHRIS SULLENS TRUSTEE	1.00	X					0.	0.	0.	
(16) ALEX TAYLOR TRUSTEE	1.00	X					0.	0.	0.	
(17) DAVID WINTRODE TRUSTEE	1.00	X					0.	0.	0.	

THE FOODBANK OF MONMOUTH AND OCEAN  
COUNTIES, INC. D/B/A FULFILL

**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 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			
(18) JEREMY GRUNIN CHAIR	1.00	X		X				0.	0.	0.
(19) LAUREN HOLMAN, CPA VICE CHAIR (START JAN 2020)	4.00	X		X				0.	0.	0.
(20) KEN MAROWITZ VICE CHAIR (END JAN 2020)	4.00	X		X				0.	0.	0.
(21) JEAN GARDNER, ESQ. SECRETARY	1.00	X		X				0.	0.	0.
(22) AARON LEVINE TREASURER (START JUNE 2020)	1.00	X		X				0.	0.	0.
(23) TOM JACOBSON TREASURER (END JUNE 2020)	1.00	X		X				0.	0.	0.
(24) KIM GUADAGNO PRESIDENT & CEO	40.00			X				103,447.	0.	6,720.
(25) JAMES KROEZE COO (START JULY 2019)	40.00			X				41,243.	0.	3,152.
(26) DAWN DELL'OMO CFO (START FEB 2020)	40.00			X				0.	0.	0.
<b>1b Subtotal</b>								144,690.	0.	9,872.
<b>c Total from continuation sheets to Part VII, Section A</b>								105,426.	0.	13,343.
<b>d Total (add lines 1b and 1c)</b>								250,116.	0.	23,215.

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 **2**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, 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
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS



THE FOODBANK OF MONMOUTH AND OCEAN  
COUNTIES, INC. D/B/A FULFILL

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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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	13,706.				
	<b>1 b</b>	Membership dues					
	<b>1 c</b>	Fundraising events	494,280.				
	<b>1 d</b>	Related organizations					
	<b>1 e</b>	Government grants (contributions)	11,244,518.				
	<b>1 f</b>	All other contributions, gifts, grants, and similar amounts not included above	20,854,670.				
	<b>1 g</b>	Noncash contributions included in lines 1a-1f	\$ 18,728,542.				
	<b>1 h</b>	<b>Total.</b> Add lines 1a-1f	32,607,174.				
Program Service Revenue	<b>2 a</b>	FOOD DISTRIBUTION	900099	334,517.	334,517.		
	<b>2 b</b>	RENTAL INCOME	531120	51,690.	51,690.		
	<b>2 c</b>	CULINARY TRAINING	900099	11,610.	11,610.		
	<b>2 d</b>						
	<b>2 e</b>						
	<b>2 f</b>	All other program service revenue					
	<b>2 g</b>	<b>Total.</b> Add lines 2a-2f		397,817.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		262,378.		262,378.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses					
	<b>6 c</b>	Rental income or (loss)					
	<b>6 d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	1,466,344.	6,600.		
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses	1,404,779.	0.			
	<b>7 c</b>	Gain or (loss)	61,565.	6,600.			
<b>7 d</b>	Net gain or (loss)		68,165.		68,165.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 494,280. of contributions reported on line 1c). See Part IV, line 18	8a	13,627.				
<b>8 b</b>	Less: direct expenses	8b	35,601.				
<b>8 c</b>	Net income or (loss) from fundraising events		-21,974.		-21,974.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	9a					
<b>9 b</b>	Less: direct expenses	9b					
<b>9 c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>10 b</b>	Less: cost of goods sold						
<b>10 c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>						
	<b>11 b</b>						
	<b>11 c</b>						
	<b>11 d</b>	All other revenue					
	<b>11 e</b>	<b>Total.</b> Add lines 11a-11d					
<b>12</b>	<b>Total revenue.</b> See instructions		33,313,560.	397,817.	0.	308,569.	

**THE FOODBANK OF MONMOUTH AND OCEAN  
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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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,548,984.	1,548,984.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	18,852,162.	18,852,162.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	351,709.	293,149.	14,878.	43,682.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,719,462.	1,699,507.	662,916.	357,039.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	94,287.	63,977.	19,088.	11,222.
<b>9</b> Other employee benefits	520,032.	385,655.	98,980.	35,397.
<b>10</b> Payroll taxes	246,747.	169,402.	47,176.	30,169.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	19,968.	16,643.	845.	2,480.
<b>c</b> Accounting	40,943.	34,126.	1,732.	5,085.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	97,393.		97,393.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	349,963.	323,964.	7,730.	18,269.
<b>12</b> Advertising and promotion	745,383.	52,170.	122,698.	570,515.
<b>13</b> Office expenses	333,943.	234,832.	12,975.	86,136.
<b>14</b> Information technology	185,241.	147,853.	13,476.	23,912.
<b>15</b> Royalties				
<b>16</b> Occupancy	416,418.	399,339.	6,178.	10,901.
<b>17</b> Travel	211,620.	211,620.		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	56,847.	45,834.	4,839.	6,174.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	541,902.	515,393.	8,937.	17,572.
<b>23</b> Insurance	131,455.	131,201.	109.	145.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>FOOD PURCHASES</b>	3,833,512.	3,833,512.		
<b>b</b> <b>FEES, PERMITS, LICENSES</b>	201,646.	1,402.	186,703.	13,541.
<b>c</b> <b>REPAIRS AND MAINTENANCE</b>	195,852.	194,343.	513.	996.
<b>d</b> <b>CULINARY PROGRAM</b>	161,168.	161,168.		
<b>e</b> All other expenses	79,801.		70,000.	9,801.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	31,936,438.	29,316,236.	1,377,166.	1,243,036.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

THE FOODBANK OF MONMOUTH AND OCEAN  
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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	68,228.	<b>1</b>	35,182.
	<b>2</b> Savings and temporary cash investments .....	1,305,644.	<b>2</b>	4,303,568.
	<b>3</b> Pledges and grants receivable, net .....	461,576.	<b>3</b>	445,908.
	<b>4</b> Accounts receivable, net .....	41,648.	<b>4</b>	46,122.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	1,697,076.	<b>8</b>	1,261,555.
	<b>9</b> Prepaid expenses and deferred charges .....	39,432.	<b>9</b>	81,319.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 8,122,276.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 5,874,011.	<b>10c</b>	2,248,265.
	<b>11</b> Investments - publicly traded securities .....	6,362,320.	<b>11</b>	6,268,974.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	14,000.	<b>15</b>	14,000.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	12,447,046.	<b>16</b>	14,704,893.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	390,286.	<b>17</b>	466,519.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	5,693.	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	631,413.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	70,180.	<b>25</b>	59,500.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	466,159.	<b>26</b>	1,157,432.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	11,897,025.	<b>27</b>	13,004,289.
	<b>28</b> Net assets with donor restrictions .....	83,862.	<b>28</b>	543,172.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	11,980,887.	<b>32</b>	13,547,461.
	<b>33</b> Total liabilities and net assets/fund balances .....	12,447,046.	<b>33</b>	14,704,893.

Form 990 (2019)

**THE FOODBANK OF MONMOUTH AND OCEAN  
COUNTIES, INC. D/B/A FULFILL**

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>33,313,560.</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>31,936,438.</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>1,377,122.</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>11,980,887.</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>189,452.</b>
<b>6</b>	Donated services and use of facilities	
<b>7</b>	Investment expenses	
<b>8</b>	Prior period adjustments	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>0.</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>13,547,461.</b>

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>b</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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b> 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>X</b>	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>X</b>	



THE FOODBANK OF MONMOUTH AND OCEAN

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	25946706.	24869590.	24807792.	22596603.	32607174.	130827865
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	25946706.	24869590.	24807792.	22596603.	32607174.	130827865
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						10274685.
<b>6 Public support.</b> Subtract line 5 from line 4.						120553180

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	25946706.	24869590.	24807792.	22596603.	32607174.	130827865
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	145,641.	138,717.	161,524.	225,594.	262,378.	933,854.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	766,051.	735,192.	430,423.	175,728.	0.	2107394.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....				8.		8.
<b>11 Total support.</b> Add lines 7 through 10						133869121
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,900,322.

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

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	90.05 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	87.49 %

**16a 33 1/3% support test - 2019.** 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

**b 33 1/3% support test - 2018.** 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

**17a 10% -facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2018 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

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

<b>Section C - Distributable Amount</b>		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

THE FOODBANK OF MONMOUTH AND OCEAN

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2018 AMOUNT: \$ 8.



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

OMB No. 1545-0047

**2019**

Name of the organization

THE FOODBANK OF MONMOUTH AND OCEAN  
COUNTIES, INC. D/B/A FULFILL

Employer identification number

22-2622522

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization <b>THE FOODBANK OF MONMOUTH AND OCEAN COUNTIES, INC. D/B/A FULFILL</b>	Employer identification number <b>22-2622522</b>
--	---

**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	STATE OF NEW JERSEY, DEPARTMENT OF AGRICULTURE  50 BARRACK STREET  TRENTON, NJ 08625-0221	\$ 11,244,518.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	STOP & SHOP  1385 HANCOCK STREET  QUINCY, MA 02169	\$ 906,683.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	TARGET  1000 NICOLLET MALL  MINNEAPOLIS, MN 55403	\$ 856,703.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	FEEDING AMERICA  161 N CLARK ST, SUITE 700  CHICAGO, IL 60601-3389	\$ 845,270.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PERLMUTTER SHOPRITES  954 ROUTE 166  TOMS RIVER, NJ 08753	\$ 707,233.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	SAKER SHOPRITES, INC.  922 ROUTE 33  FREEHOLD, NJ 07728	\$ 698,730.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE FOODBANK OF MONMOUTH AND OCEAN COUNTIES, INC. D/B/A FULFILL</b>	Employer identification number <b>22-2622522</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD _____ _____ _____	\$ <u>8,147,752.</u>	<u>12/01/19</u>
2	FOOD _____ _____ _____	\$ <u>906,683.</u>	<u>12/01/19</u>
3	FOOD _____ _____ _____	\$ <u>856,703.</u>	<u>12/01/19</u>
5	FOOD _____ _____ _____	\$ <u>707,233.</u>	<u>12/01/19</u>
6	FOOD _____ _____ _____	\$ <u>698,730.</u>	<u>12/01/19</u>
	_____ _____ _____	\$ _____	_____

Name of organization <b>THE FOODBANK OF MONMOUTH AND OCEAN                  COUNTIES, INC. D/B/A FULFILL</b>	Employer identification number <b>22-2622522</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2019**  
**Open to Public Inspection**

**Name of the organization** THE FOODBANK OF MONMOUTH AND OCEAN COUNTIES, INC. D/B/A FULFILL  
**Employer identification number** 22-2622522

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019



**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>AGENCY FUNDS</b>	59,500.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	59,500.

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

THE FOODBANK OF MONMOUTH AND OCEAN  
COUNTIES, INC. D/B/A FULFILL

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

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

1	Total revenue, gains, and other support per audited financial statements		1	33,515,328.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	189,452.	
b	Donated services and use of facilities	2b	74,108.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	263,560.	
3	Subtract line 2e from line 1	3	33,251,768.	
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	97,393.	
b	Other (Describe in Part XIII.)	4b	-35,601.	
c	Add lines 4a and 4b	4c	61,792.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	33,313,560.	

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

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

1	Total expenses and losses per audited financial statements		1	31,948,754.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	74,108.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	35,601.	
e	Add lines 2a through 2d	2e	109,709.	
3	Subtract line 2e from line 1	3	31,839,045.	
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	97,393.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	97,393.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	31,936,438.	

**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.

**PART X, LINE 2:**

FULFILL IS A NON-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM STATE AND FEDERAL TAXES.

FULFILL IS REQUIRED TO FILE FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, WITH THE INTERNAL REVENUE SERVICE AND THE NEW JERSEY CHARITIES REGISTRATION & INVESTIGATION FORM (CRI). THESE FORMS ARE SUBJECT TO EXAMINATION FOR UP TO THREE YEARS AFTER THEY ARE FILED. THE ORGANIZATION FOLLOWS THE INCOME TAX STANDARD FOR UNCERTAIN TAX POSITIONS. THIS STANDARD HAD NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES -35,601.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES 35,601.



THE FOODBANK OF MONMOUTH AND OCEAN

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA	CHOP HUNGER	NONE	
		(event type)	(event type)	(total number)	
Revenue	1	448,482.	59,425.	0	507,907.
	2	440,132.	54,148.		494,280.
	3	8,350.	5,277.		13,627.
Direct Expenses	4	8,350.	525.		8,875.
	5				
	6		4,724.		4,724.
	7	1,116.			1,116.
	8	2,000.	3,050.		5,050.
	9	13,612.	2,224.		15,836.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-21,974.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1			
Direct Expenses	2				
	3				
	4				
	5				
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

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

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

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





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **THE FOODBANK OF MONMOUTH AND OCEAN  
COUNTIES, INC. D/B/A FULFILL**

**Employer identification number  
22-2622522**

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
CHEFS INTERNATIONAL INC. PO BOX 1332 POINT PLEASANT BEACH, NJ 08742	22-2058515		98,750.	0.			HELP WITH PANTRIES DURING PANDEMIC
SHORE CATERING INC 245 DRUM POINT RD BRICK, NJ 08723	22-2908294		92,080.	0.			HELP WITH PANTRIES DURING PANDEMIC
75D LLC 75D BRIGHTON AVENUE LONG BRANCH, NJ 07740	20-4527604		75,400.	0.			HELP WITH PANTRIES DURING PANDEMIC
MOGO AP COOKMAN, LLC 632 COOKMAN AVENUE ASBURY PARK, NJ 07712	46-2550405		56,080.	0.			HELP WITH PANTRIES DURING PANDEMIC
BLEND BY CHEF LOU LLC 152 MAIN STREET MANASQUAN, NJ 08736	46-3852584		27,320.	0.			HELP WITH PANTRIES DURING PANDEMIC
JON BON JOVI SOUL FOUNDATION 1600 MARKET STREET, SUITE 260 PHILADELPHIA, PA 19103	20-5036346	501(C)(3)	19,274.	0.			HELP WITH PANTRIES DURING PANDEMIC

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **15.**
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ **11.**

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

**Schedule I (Form 990) (2019)**

THE FOODBANK OF MONMOUTH AND OCEAN  
COUNTIES, INC. D/B/A FULFILL

Schedule I (Form 990)

22-2622522

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DESTINY COMMUNITY DEVELOPMENT CORPORATION - 236 BRICK BLVD - BRICK, NJ 08723	20-0203845	501(C)(3)	15,000.	0.			HELP WITH PANTRIES DURING PANDEMIC
LONG BEACH ISLAND COMMUNITY CENTER INC. - PO BOX 1163 - ASBURY PARK, NJ 07712	22-2003458	501(C)(3)	14,273.	0.			HELP WITH PANTRIES DURING PANDEMIC
COOKMAN RESTAURANT GROUP LLC DBA 649 HOLLY HILL DR BRIELLE, NJ 08730	46-5615467		12,390.	0.			HELP WITH PANTRIES DURING PANDEMIC
INSPIRE - NJ, D/B/A THE PEOPLES PANTRY - 1769 HOOPER AVENUE - TOMS RIVER, NJ 08753	46-5648418	501(C)(3)	12,229.	0.			HELP WITH PANTRIES DURING PANDEMIC
DIOCESE OF NEW JERSEY 300 BROADWAY LONG BRANCH, NJ 07740	21-0634592	501(C)(3)	11,373.	0.			HELP WITH PANTRIES DURING PANDEMIC
BRADLEY FOOD PANTRY 605 4TH AVENUE BRADLEY BEACH, NJ 07720	22-3236552	501(C)(3)	11,000.	0.			HELP WITH PANTRIES DURING PANDEMIC
17 WEST FRONT STREET, LLC 17 WEST FRONT STREET RED BANK, NJ 07701	45-4277241		10,180.	0.			HELP WITH PANTRIES DURING PANDEMIC
ALLENTOWN PRESBYTERIAN CHURCH PO BOX 122 20 HIGH ST ALLENTOWN, NJ 08501	21-0681099		10,000.	0.			HELP WITH PANTRIES DURING PANDEMIC
CONGREGATION FOREST GLEN, INC. 475 OBERLIN AVENUE, SUITE 203 LAKEWOOD, NJ 08701	20-2967855	501(C)(3)	10,000.	0.			HELP WITH PANTRIES DURING PANDEMIC

Schedule I (Form 990)

**THE FOODBANK OF MONMOUTH AND OCEAN  
COUNTIES, INC. D/B/A FULFILL**

Schedule I (Form 990)

22-2622522

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CONGREGATION ZICHRON SCHNEUR 230 AUTUMN ROAD LAKEWOOD, NJ 08701	22-2927266	501(C)(3)	10,000.	0.			HELP WITH PANTRIES DURING PANDEMIC
PREVENTION RESOURCES, INC. 4 WALTER E. FORAN BLVD. SUITE 410 FLEMINGTON, NJ 08822	23-7215126	501(C)(3)	10,000.	0.			HELP WITH PANTRIES DURING PANDEMIC
RISING TREETOPS AT OAKHURST 111 MONMOUTH RD OAKHURST, NJ 07755	13-5674230	501(C)(3)	10,000.	0.			HELP WITH PANTRIES DURING PANDEMIC
SOCIETY OF ST VINCENT DE PAUL ST MARY OF THE LAKE - 43 MADISON AVENUE - LAKEWOOD, NJ 08701	11-3819644	501(C)(3)	10,000.	0.			HELP WITH PANTRIES DURING PANDEMIC
SONG OF SOLOMON INC . THE CHURCH OF GRACE AND PEACE - 1563 OLD FREEHOLD ROAD - TOMS RIVER, NJ 08755	22-2298071	501(C)(3)	9,927.	0.			HELP WITH PANTRIES DURING PANDEMIC
HOUSE OF HOPE OF OCEAN COUNTY INC. 253 CHESTNUT STREET TOMS RIVER, NJ 08753	20-2206374	501(C)(3)	7,826.	0.			HELP WITH PANTRIES DURING PANDEMIC
TUCKERTON FOOD BANK TRUST 402 E MAIN ST TUCKERTOWN, NJ 08087	21-6001260		7,500.	0.			HELP WITH PANTRIES DURING PANDEMIC
UNITED STATES CONFERENCE OF CATHOLIC BISHOPS - 100 BISHOP WAY - MANAHAWKIN, NJ 08050	53-0196617	501(C)(3)	6,610.	0.			HELP WITH PANTRIES DURING PANDEMIC
TURNING POINT OF LITTLE SLIVER LLC 1 INDUSTRIAL WAY WEST BLDG D UNIT G EATONTOWN, NJ 07724	22-3573333		6,240.	0.			HELP WITH PANTRIES DURING PANDEMIC

Schedule I (Form 990)



THE FOODBANK OF MONMOUTH AND OCEAN  
COUNTIES, INC. D/B/A FULFILL

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
NUTRITIOUS FOOD TO FAMILIES AND INDIVIDUALS IN NEED	215000	0.	18,852,162.	FMV	NUTRITIOUS FOOD

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

PART I, LINE 2:

THE DISTRIBUTION OF GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS AND ORGANIZATIONS IS MONITORED BY MANAGEMENT IN ACCORDANCE WITH THE ELIGIBILITY REQUIREMENTS OF THE APPLICABLE GRANT PROGRAMS. ELIGIBILITY CERTIFICATIONS ARE CONDUCTED IN ACCORDANCE WITH PROGRAM COMPLIANCE PROVISIONS AND DOCUMENTED IN THE ORGANIZATION'S RECORDS. ANY ASSISTANCE PROVIDED TO NON-EXEMPT ORGANIZATIONS IS PROVIDED THROUGH PARTNERSHIP IN THE RESTAURANT PROGRAM TO PROVIDE MEALS DIRECTLY TO CHILDREN AND INDIVIDUALS IN NEED WITHIN THE COMMUNITY.

**Part IV** Supplemental Information

THE BEAT CENTER IS OPERATED IN PARTNERSHIP WITH THE PEOPLES PANTRY AND JON  
BON JOVI SOUL FOUNDATION. COSTS INCURRED BY THOSE ORGANIZATIONS WERE  
REIMBURSED BY FULFILL, AS SUCH ANY RELEASED FUNDS ARE ENSURED TO BE USED  
FOR THEIR INTENDED PURPOSE AS THE EXPENSE HAS ALREADY BEEN INCURRED AND  
VERIFIED BY FULFILL.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **THE FOODBANK OF MONMOUTH AND OCEAN COUNTIES, INC. D/B/A FULFILL** Employer identification number **22-2622522**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	11549204	18,728,542.	WHOLESALE 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** **0**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2019

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

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT REPORTED IS THE TOTAL NUMBER OF POUNDS OF FOOD DONATED.

Multiple horizontal lines for data entry.

**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.

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

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization	THE FOODBANK OF MONMOUTH AND OCEAN COUNTIES, INC. D/B/A FULFILL	Employer identification number	22-2622522
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FORM 990, PART III, LINE 4:

FOUNDED IN 1984, FULFILL'S MISSION IS TO ALLEVIATE HUNGER AND BUILD  
 FOOD SECURITY. ONE OF THE WAYS WE ACCOMPLISH THIS IS BY ANNUALLY  
 SUPPLYING MILLIONS OF POUNDS OF FOOD TO A NETWORK OF NEARLY 300 FOOD  
 PANTRIES, SENIOR CENTERS, SHELTERS, AND CHILDREN'S PROGRAMS IN MONMOUTH  
 AND OCEAN COUNTIES. GROWING TREMENDOUSLY OVER THE YEARS, THE FOODBANK  
 DRAWS ON ITS RESOURCES SUCH AS ITS NETWORK AND KEY STAKEHOLDERS IN THE  
 COMMUNITY TO MEET THE CURRENT NEEDS AND TO PLAN FOR ITS FUTURE.

IN 2020, FULFILL DISTRIBUTED MORE FOOD THAN EVER BEFORE. SINCE THE  
 ONSET OF THE PANDEMIC, FULFILL HAS BEEN WORKING HARD TO MEET A GROWING  
 NEED FOR FOOD ASSISTANCE, SERVING MORE THAN 215,000 PEOPLE IN 2020,  
 70,000 OF WHOM WERE CHILDREN. THIS IS A 40% INCREASE IN DEMAND FROM THE  
 PREVIOUS YEAR. WITH THE UNPRECEDENTED RISE IN NEED, WE DISTRIBUTED  
 OVER 15 MILLION POUNDS OF FOOD THROUGH OUR NETWORK OF PARTNER AGENCIES  
 IN MONMOUTH AND OCEAN COUNTIES. THIS IS UP FROM 11 MILLION POUNDS IN  
 2019. THIS IS THE EQUIVALENT OF OVER 3.5 MILLION MORE MEALS IN 2020.  
 ONE CREATIVE WAY WE DISTRIBUTED FOOD TO THOSE IN NEED WAS THROUGH OUR  
 RESTAURANT PROGRAM. WE SUCCESSFULLY PARTNERED WITH LOCAL RESTAURANTS TO  
 OFFER 'GRAB-AND-GO' MEALS FOR CHILDREN IMPACTED BY SCHOOL CLOSURES AND  
 INDIVIDUALS IN OUR COMMUNITY WHO WERE AFFECTED BY FOOD PANTRY CLOSURES.

KNOWING THAT THE ECONOMIC FALLOUT AND ITS EFFECT ON THE FOOD SECURITY  
 OF OUR NEIGHBORS COULD LAST FOR YEARS, FULFILL ALSO DEVELOPED NEW  
 PROGRAMMING THAT NOT ONLY ADDRESSES THE DEMAND FOR IMMEDIATE FOOD  
 DISTRIBUTION, BUT ALSO RESPONDS TO SERVICE GAPS IDENTIFIED IN OUR

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization	THE FOODBANK OF MONMOUTH AND OCEAN COUNTIES, INC. D/B/A FULFILL	Employer identification number	22-2622522
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COMMUNITY.

OUR HOSPITAL PROGRAM DELIVERS FOOD TO PATIENTS WITH LONG-TERM MEDICAL CONDITIONS AND NEW MOMS FACING ECONOMIC HARDSHIP. OUR NEWLY LAUNCHED BENEFITS BUS WAS LAUNCHED IN RESPONSE TO THE PANDEMIC AND A NEED TO REACH THOSE IN THE COMMUNITY WHEN LOCAL COMMUNITY AGENCIES WERE FORCED TO SHUT DOWN. THE BUS IS A LARGE MOBILE OFFICE THAT CAN TRAVEL DIRECTLY TO COMMUNITIES LACKING ACCESS TO ESSENTIAL RESOURCES WHILE STILL ADHERING TO 'SOCIAL DISTANCING' GUIDELINES. THIS ALLOWS OUR TEAM TO GIVE HANDS-ON HELP TO THOSE WHO NEED GUIDANCE ENROLLING IN FOOD ASSISTANCE AND HEALTH PROGRAMS, AND OTHER RESOURCE PROGRAMS, OR WHO NEED TAX PREPARATION HELP. DURING 2020, OUR TEAM WAS ABLE TO ASSIST 1,200 CLIENTS WITH SNAP (FOOD STAMPS), 3,567 TAX RETURNS, AND 601 HEALTH INSURANCE APPLICATIONS.

THE BENEFITS BUS, AND RESTAURANT AND HOSPITAL PROGRAMS ARE IN ADDITION TO OUR CORE PROGRAMMING THAT FOR YEARS HAS INCLUDED OUR MOBILE PANTRY PROGRAM THAT BRINGS FOOD DIRECTLY TO 1,200 HOUSEHOLDS IN 17 COMMUNITIES WHERE FOOD MAY BE DIFFICULT TO ACCESS. OUR BACKPACK PROGRAM PROVIDES WEEKEND FOOD PACKAGES ON FRIDAYS TO 1,000 LOW-INCOME CHILDREN AT 30 SCHOOLS. THE KIDS CAFE PROGRAM PROVIDES FREE MEALS TO CHILDREN AFTER SCHOOL AND THROUGHOUT THE SUMMER WHILE THEY ARE OUT OF SCHOOL. SERVING NEARLY 500 LOW-INCOME CHILDREN AT AFTER-SCHOOL PROGRAMS LOCATED AT LOCAL COMMUNITY ORGANIZATIONS SUCH AS THE BOYS AND GIRLS CLUBS AND YWCA'S. FULFILL'S SEAFOOD GLEANING PROGRAM COLLABORATES WITH OUR FISHING INDUSTRY AND LOCAL FISHERMEN TO DISTRIBUTE THOUSANDS OF POUNDS OF FISH TO FAMILIES IN NEED THAT OTHERWISE WOULD BE DISCARDED.

Name of the organization THE FOODBANK OF MONMOUTH AND OCEAN COUNTIES, INC. D/B/A FULFILL	Employer identification number 22-2622522
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OTHER CORE PROGRAMS INCLUDE OUR GARDEN PROGRAMMING OFFERED BOTH ON-SITE AT FULFILL'S HALF-ACRE GARDEN OR AT LOCAL SCHOOLS GIVING KIDS AND ADULTS THE OPPORTUNITY TO LEARN HOW TO GROW A GARDEN AND MAKE HEALTHY FOOD CHOICES. FULFILL'S ONSITE CULINARY SKILLS TRAINING PROGRAM HELPS ADULTS IN NEED OF PERMANENT EMPLOYMENT GET THE SKILLS THEY NEED FOR BETTER PAYING JOBS IN THE FOOD INDUSTRY. THE PROGRAM HAS GRADUATED OVER 300 ADULTS.

FULFILL'S B.E.A.T. CENTER OPERATES A FOOD PANTRY IN HEAVILY POPULATED AREA OF OCEAN COUNTY. THE SITE INCLUDES A RESOURCE CENTER THAT ASSISTS FAMILIES WITH FOOD AND HEALTHCARE ASSISTANCE ENROLLMENT, HOUSING, JOBS AND TAX PREPARATION, AS WELL AS A COMMERCIAL-STYLE KITCHEN FOR MEAL PREP.

TRULY, WE ARE MORE THAN A FOODBANK. THAT IS WHY THE FOODBANK OF MONMOUTH AND OCEAN COUNTIES CHANGED ITS NAME TO FULFILL IN 2017. THE NAME FULFILL REFLECTS OUR COMPREHENSIVE APPROACH THAT GOES BEYOND PROVIDING FOOD. ENDING HUNGER IN OUR COMMUNITIES IS A COMPLEX CHALLENGE, SO FULFILL PROVIDES A RANGE OF PROGRAMS THAT OFFER THE RESOURCES PEOPLE NEED TO BECOME SELF-SUFFICIENT.

OVERALL, FULFILL REMAINS COMMITTED TO MEET THE NEEDS OF OUR NEIGHBORS DURING THE PANDEMIC AND BEYOND.

FORM 990, PART VI, SECTION A, LINE 1:  
 THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR, VICE CHAIR, SECRETARY, AND TREASURER, AND MAY INCLUDE THREE ADDITIONAL MEMBERS FROM THE BOARD. IF THE POSITION IS NOT OTHERWISE FILLED BY AN OFFICER, THE EXECUTIVE COMMITTEE

Name of the organization	THE FOODBANK OF MONMOUTH AND OCEAN COUNTIES, INC. D/B/A FULFILL	Employer identification number	22-2622522
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SHALL INCLUDE, AS PART OF THE POSSIBLE TOTAL SEVEN SEATS, THE CHAIR OF THE FINANCE, GOVERNANCE, AND HUMAN RESOURCES COMMITTEES. THE EXECUTIVE COMMITTEE MAY TAKE ACTIONS AS NEEDED TO CONDUCT THE BUSINESS OF THE ORGANIZATION, COMMIT RESOURCES, AND ACT ON BEHALF OF THE BOARD. ALL ACTIONS OF THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO AND RATIFIED BY THE BOARD AT ITS NEXT MEETING

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED BY THE BOARD OF TRUSTEES AND SENIOR MANAGEMENT BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

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

THE CONFLICT OF INTEREST POLICY APPLIES TO ALL TRUSTEES, OFFICERS, DIRECTORS, EMPLOYEES AND STAFF CONSULTANTS. POTENTIAL CONFLICTS ARE REPORTED TO THE BOARD AS THEY ARISE. THE EXECUTIVE DIRECTOR AND HUMAN RESOURCES REPRESENTATIVE DETERMINE IF A CONFLICT EXISTS. IF A CONFLICT IS IDENTIFIED, APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION SHALL BE TAKEN. ANNUAL DISCLOSURE OF ACTUAL AND POTENTIAL CONFLICTS IS REQUIRED.

FORM 990, PART VI, SECTION B, LINE 15:

FORM 990, PART VI, SECTION B, LINE 15A:

THE PRESIDENT AND CEO WAS HIRED IN APRIL 2019. DURING THE HIRING PROCESS, A SALARY RANGE WAS DETERMINED BASED ON EXPERIENCE WITH THE PREVIOUS EXECUTIVE DIRECTOR AND THE LOCAL MARKETPLACE, BENCHMARKING WITH FEEDING AMERICA, AND GUIDANCE FROM THE CONSULTING FIRM HIRED TO HELP WITH THE SEARCH PROCESS. A FINAL SALARY FROM WITHIN THE APPROVED RANGE WAS DETERMINED BY THE EXECUTIVE COMMITTEE. THIS PROCESS WAS TIMELY DOCUMENTED IN THE BOARD AND EXECUTIVE

Name of the organization THE FOODBANK OF MONMOUTH AND OCEAN COUNTIES, INC. D/B/A FULFILL	Employer identification number 22-2622522
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COMMITTEE MINUTES.

FORM 990, PART VI, SECTION B, LINE 15B:

THE HUMAN RESOURCES COMMITTEE AND EXECUTIVE DIRECTOR WORKED WITH AN OUTSIDE CONSULTANT TO DEVELOP SALARY BANDS FOR EACH POSITION BASED ON INDUSTRY STANDARDS, COMPARABILITY DATA, AND JOB DESCRIPTIONS. THE EXECUTIVE COMMITTEE AND EXECUTIVE DIRECTOR SET THE SALARIES OF THE COO AND CFO. THESE SALARIES WERE PRESENTED TO THE HUMAN RESOURCES COMMITTEE FOR APPROVAL AND WERE THEN APPROVED AS PART OF THE TOTAL OPERATING BUDGET BY THE BOARD OF TRUSTEES. THE COO AND CFO'S SALARY CHANGE FORMS SUBMITTED TO PAYROLL WERE SIGNED BY THE EXECUTIVE DIRECTOR AND AN OFFICER OF THE BOARD AND TIMELY DOCUMENTED IN THE PAYROLL FILES.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE AVAILABLE ON FULFILL'S WEBSITE.