

** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

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	C Name of organization THE FOODBANK OF MONMOUTH AND OCEAN COUNTIES, INC. D/B/A FULFILL Doing business as FULFILL Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3300 ROUTE 66 City or town, state or province, country, and ZIP or foreign postal code NEPTUNE, NJ 07753 F Name and address of principal officer: TRIADA STAMPAS SAME AS C ABOVE	D Employer identification number 22-2622522 E Telephone number 732-918-2600 G Gross receipts \$ 42,030,263. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I 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		
J Website: ▶ WWW.FULFILLNJ.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1984 M State of legal domicile: NJ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ALLEVIATE HUNGER AND BUILD FOOD SECURITY IN MONMOUTH AND OCEAN COUNTIES, NEW JERSEY. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 26 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 26 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 76 6 Total number of volunteers (estimate if necessary) 6 2459 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 32,607,174. Prior Year 9 Program service revenue (Part VIII, line 2g) 397,817. Current Year 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 330,543. 40,031,478. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 397,817. 256,833. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 330,543. 589,988. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) -21,974. -66,120. 14 Benefits paid to or for members (Part IX, column (A), line 4) 33,313,560. 40,812,179. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 20,401,146. 15,689,018. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,495,390. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,603,055. 12,401,392. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 31,936,438. 32,419,105. 19 Revenue less expenses. Subtract line 18 from line 12 1,377,122. 8,393,074.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 14,704,893. Beginning of Current Year 21 Total liabilities (Part X, line 26) 1,157,432. End of Year 22 Net assets or fund balances. Subtract line 21 from line 20 13,547,461. 23,534,641. 282,974. 23,251,667.	

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.

Sign Here	Signature of officer TRIADA STAMPAS, PRESIDENT & CEO Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name WILLIAM A. LOUGHERY	Preparer's signature WILLIAM A. LOUGHERY	Date 05/13/22	Check if self-employed <input type="checkbox"/>	PTIN P01603932
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749		Phone no. (215) 643-3900	
	Firm's address ▶ 610 W GERMANTOWN PIKE, SUITE 400 PLYMOUTH MEETING, PA 19462				

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

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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 \$ 27,591,537. including grants of \$ 15,689,018.) (Revenue \$ 256,833.)
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 \$ 1,329,289. including grants of \$ 0.) (Revenue \$ 0.)
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 \$ 561,155. including grants of \$ 0.) (Revenue \$ 0.)
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 29,481,981.

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
22 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>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a 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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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>	25b	X
26 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>	26	X
27 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>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c 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>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	30
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	1
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

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

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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
1a	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.	26	
b	Enter the number of voting members included on line 1a, above, who are independent	26	
2	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?	2	X
3	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?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	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?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	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	9	X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
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?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	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?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
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?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NJ**
- 18** Section 6104 requires an organization to make its Forms 1023 (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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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) KIM GUADAGNO PRESIDENT & CEO UNTIL MAY 2021	40.00			X			188,357.	0.	27,858.	
(2) JAMES KROEZE COO	40.00			X			134,000.	0.	21,348.	
(3) DAWN DELL'OMO CFO	40.00			X			109,359.	0.	9,452.	
(4) BARBARA SCHOLZ DIR. BEAT CENTER GRANTS	40.00					X	114,742.	0.	13,985.	
(5) LINDA BERRY KELLNER DIR OF DEV & EXT RELATIONS	40.00					X	121,188.	0.	4,501.	
(6) LAUREN HOLMAN, CPA CHAIR	4.00	X		X			0.	0.	0.	
(7) KEN MAROWITZ VICE CHAIR	4.00	X		X			0.	0.	0.	
(8) JEAN GARDNER, ESQ. SECRETARY	1.00	X		X			0.	0.	0.	
(9) AARON LEVINE TREASURER	1.00	X		X			0.	0.	0.	
(10) JOSEPH CASELLA TRUSTEE	1.00	X					0.	0.	0.	
(11) SHANDRA CHISOLM TRUSTEE	1.00	X					0.	0.	0.	
(12) KAREN DOLAN TRUSTEE	1.00	X					0.	0.	0.	
(13) DREW EITNER TRUSTEE	1.00	X					0.	0.	0.	
(14) JANELLE GRIFFITH-MALIK TRUSTEE	1.00	X					0.	0.	0.	
(15) KAREN FRANKLIN TRUSTEE	1.00	X					0.	0.	0.	
(16) JOSEPH LEONE INTRONA TRUSTEE	1.00	X					0.	0.	0.	
(17) RENA LEVINE LEVY TRUSTEE	1.00	X					0.	0.	0.	

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

Form 990 (2020)

22-2622522 Page **8**

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) DEAN Q. LIN TRUSTEE	1.00	X					0.	0.	0.	
(19) JEREMY GRUNIN TRUSTEE	1.00	X					0.	0.	0.	
(20) LINDA REHRER TRUSTEE	1.00	X					0.	0.	0.	
(21) PETER ROSARIO TRUSTEE	1.00	X					0.	0.	0.	
(22) SAMMY STEINLIGHT TRUSTEE	1.00	X					0.	0.	0.	
(23) CHRIS SULLENS TRUSTEE	1.00	X					0.	0.	0.	
(24) ALEX TAYLOR TRUSTEE	1.00	X					0.	0.	0.	
(25) SUSAN KYRILLOS TRUSTEE	1.00	X					0.	0.	0.	
(26) SANDY S. BROUGHTON TRUSTEE	1.00	X					0.	0.	0.	
1b Subtotal							667,646.	0.	77,144.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							667,646.	0.	77,144.	

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 5

	Yes	No
3 Did the organization list any former 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
THINK MEDIA 27 MEADOWS LANE, OCEAN, NJ 07712	PR & MARKETING	139,723.

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 1

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2020)

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

Form 990

22-2622522

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 (check all that apply)						(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			
(27) JOSEPH STROFFOLINO III TRUSTEE	1.00	X						0.	0.	0.
(28) ROBERT P BROWN TRUSTEE	1.00	X						0.	0.	0.
(29) JOSEPH J LEBEL, III TRUSTEE	1.00	X						0.	0.	0.
(30) MARIE UNANUE TRUSTEE	1.00	X						0.	0.	0.
(31) GINA PETILLO (UNTIL DEC) TRUSTEE	1.00	X						0.	0.	0.
(32) DAVID WINTRODE TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

Form 990 (2020)

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	1 a Federated campaigns	1a 20,184.				
	b Membership dues	1b				
	c Fundraising events	1c 409,565.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 17,948,391.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 21,653,338.				
	g Noncash contributions included in lines 1a-1f	1g \$ 16,833,879.				
	h Total. Add lines 1a-1f		40,031,478.			
	Program Service Revenue	2 a FOOD DISTRIBUTION	Business Code 900099	241,595.	241,595.	
b RENTAL INCOME		531120	14,345.	14,345.		
c FARMERS MARKET		900099	893.	893.		
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f			256,833.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		278,477.		278,477.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real			
			(ii) Personal			
	b Less: rental expenses ...	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,383,875.	840.	
			(ii) Other			
	b Less: cost or other basis and sales expenses	7b	1,073,204.	0.		
	c Gain or (loss)	7c	310,671.	840.		
d Net gain or (loss)		311,511.		311,511.		
8 a Gross income from fundraising events (not including \$ 409,565. of contributions reported on line 1c). See Part IV, line 18	8a	78,760.				
b Less: direct expenses	8b	144,880.				
c Net income or (loss) from fundraising events		-66,120.		-66,120.		
9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a _____	Business Code				
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		40,812,179.	256,833.	0.	523,868.	

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

Form 990 (2020)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	682,431.	682,431.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	15,006,587.	15,006,587.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	544,662.	453,977.	23,039.	67,646.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,849,634.	1,607,548.	781,083.	461,003.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	122,183.	73,613.	30,403.	18,167.
9 Other employee benefits	543,902.	343,480.	172,012.	28,410.
10 Payroll taxes	268,314.	169,388.	54,516.	44,410.
11 Fees for services (nonemployees):				
a Management				
b Legal	9,628.	8,025.	407.	1,196.
c Accounting	23,534.	19,616.	995.	2,923.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	67,143.		67,143.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	554,123.	259,194.	111,758.	183,171.
12 Advertising and promotion	567,124.	64,285.		502,839.
13 Office expenses	371,227.	277,164.	16,802.	77,261.
14 Information technology	159,898.	135,865.	4,226.	19,807.
15 Royalties				
16 Occupancy	459,460.	444,630.	5,322.	9,508.
17 Travel	179,862.	179,862.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	41,291.	27,185.	6,450.	7,656.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	584,493.	555,536.	9,679.	19,278.
23 Insurance	120,948.	103,737.	5,781.	11,430.
24 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.)				
a FOOD PURCHASES	8,767,709.	8,767,709.		
b REPAIRS AND MAINTENANCE	202,757.	201,379.	464.	914.
c FEES, PERMITS, LICENSES	191,936.	4,812.	147,353.	39,771.
d CULINARY PROGRAM	95,958.	95,958.		
e All other expenses	4,301.		4,301.	
25 Total functional expenses. Add lines 1 through 24e	32,419,105.	29,481,981.	1,441,734.	1,495,390.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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

Form 990 (2020)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	35,182.	1	105,597.	
	2 Savings and temporary cash investments	4,303,568.	2	8,052,549.	
	3 Pledges and grants receivable, net	445,908.	3	132,793.	
	4 Accounts receivable, net	46,122.	4	6,800.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	1,261,555.	8	2,478,372.	
	9 Prepaid expenses and deferred charges	81,319.	9	0.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,275,063.			
	b Less: accumulated depreciation	10b 6,458,504.	2,248,265.	10c	1,816,559.
	11 Investments - publicly traded securities	6,268,974.	11	10,927,971.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	14,000.	15	14,000.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	14,704,893.	16	23,534,641.		
Liabilities	17 Accounts payable and accrued expenses	466,519.	17	282,974.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties	631,413.	24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	59,500.	25	0.	
	26 Total liabilities. Add lines 17 through 25	1,157,432.	26	282,974.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	13,004,289.	27	22,036,454.	
	28 Net assets with donor restrictions	543,172.	28	1,215,213.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	13,547,461.	32	23,251,667.	
33 Total liabilities and net assets/fund balances	14,704,893.	33	23,534,641.		

Form **990** (2020)

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

Form 990 (2020)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	40,812,179.
2	Total expenses (must equal Part IX, column (A), line 25)	32,419,105.
3	Revenue less expenses. Subtract line 2 from line 1	8,393,074.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	13,547,461.
5	Net unrealized gains (losses) on investments	1,311,132.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	23,251,667.

Part XII Financial Statements and Reporting

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

	Yes	No
1 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.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
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 _____	X	

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

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

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

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

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

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24869590.	24807792.	22596603.	32607174.	40031478.	144912637
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	24869590.	24807792.	22596603.	32607174.	40031478.	144912637
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5922793.
6 Public support. Subtract line 5 from line 4.						138989844

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	24869590.	24807792.	22596603.	32607174.	40031478.	144912637
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	138,717.	161,524.	225,594.	262,378.	278,477.	1066690.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	735,192.	430,423.	175,728.			1341343.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			8.			8.
11 Total support. Add lines 7 through 10						147320678
12 Gross receipts from related activities, etc. (see instructions)					12	2,384,744.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	94.35 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	90.05 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

THE FOODBANK OF MONMOUTH AND OCEAN

Schedule A (Form 990 or 990-EZ) 2020 **COUNTIES, INC. D/B/A FULFILL**

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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

THE FOODBANK OF MONMOUTH AND OCEAN

Schedule A (Form 990 or 990-EZ) 2020 **COUNTIES, INC. D/B/A FULFILL**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

THE FOODBANK OF MONMOUTH AND OCEAN

Schedule A (Form 990 or 990-EZ) 2020 COUNTIES, INC. D/B/A FULFILL

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

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

THE FOODBANK OF MONMOUTH AND OCEAN

Schedule A (Form 990 or 990-EZ) 2020 COUNTIES, INC. D/B/A FULFILL

22-2622522 Page 6

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

THE FOODBANK OF MONMOUTH AND OCEAN

Schedule A (Form 990 or 990-EZ) 2020 **COUNTIES, INC. D/B/A FULFILL**

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

THE FOODBANK OF MONMOUTH AND OCEAN

Schedule A (Form 990 or 990-EZ) 2020 COUNTIES, INC. D/B/A FULFILL

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 for the latest information.

OMB No. 1545-0047

2020

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>8,310,774.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,324,176.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,340,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>975,715.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>920,008.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE FOODBANK OF MONMOUTH AND OCEAN COUNTIES, INC. D/B/A FULFILL	Employer identification number 22-2622522
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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
<u>1</u>	FOOD _____ _____ _____	\$ <u>8,310,774.</u>	<u>12/01/20</u>
<u>4</u>	FOOD _____ _____ _____	\$ <u>975,715.</u>	<u>12/01/20</u>
<u>5</u>	FOOD _____ _____ _____	\$ <u>920,008.</u>	<u>12/01/20</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization THE FOODBANK OF MONMOUTH AND OCEAN COUNTIES, INC. D/B/A FULFILL	Employer identification number 22-2622522
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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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

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 for instructions and the latest information.

OMB No. 1545-0047

2020

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes (land, habitat, open space, historic area, structure), a table for lines 2a-2d (Total number, acreage, historic structures, National Register), and questions 3-9 regarding monitoring, expenses, and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 2a, 2b regarding reporting requirements for art and historical treasures.

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

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

Table with columns for description (1c-1f) and Amount.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows 1a-1g.

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

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

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

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

- (i) Unrelated organizations, (ii) Related organizations

Small table with columns Yes, No and rows 3a(i), 3a(ii), 3b.

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

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

Part VI Land, Buildings, and Equipment.

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

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows 1a-1e, Total.

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

Schedule D (Form 990) 2020

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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

Schedule D (Form 990) 2020

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	42,302,765.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,311,132.	
b	Donated services and use of facilities	2b	101,717.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	1,412,849.	
3	Subtract line 2e from line 1	3	40,889,916.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	67,143.	
b	Other (Describe in Part XIII.)	4b	-144,880.	
c	Add lines 4a and 4b	4c	-77,737.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	40,812,179.	

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	32,598,559.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	101,717.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	144,880.	
e	Add lines 2a through 2d	2e	246,597.	
3	Subtract line 2e from line 1	3	32,351,962.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	67,143.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	67,143.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	32,419,105.	

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.

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

Schedule D (Form 990) 2020

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES -144,880.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES 144,880.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

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

THE FOODBANK OF MONMOUTH AND OCEAN

Schedule G (Form 990 or 990-EZ) 2020

COUNTIES, INC. D/B/A FULFILL

22-2622522 Page 2

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF OUTING (event type)	STUDENT CHANGE HUNGE (event type)	1 (total number)	
1	Gross receipts	447,751.	25,924.	14,650.	488,325.
2	Less: Contributions	370,751.	25,924.	12,890.	409,565.
3	Gross income (line 1 minus line 2)	77,000.		1,760.	78,760.
Direct Expenses	4	Cash prizes		1,760.	1,760.
	5	Noncash prizes	10,667.		10,667.
	6	Rent/facility costs	86,205.		86,205.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	44,304.	1,944.	
10	Direct expense summary. Add lines 4 through 9 in column (d)				144,880.
11	Net income summary. Subtract line 10 from line 3, column (d)				-66,120.

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.

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

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

THE FOODBANK OF MONMOUTH AND OCEAN

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:
- Name ▶ _____
- Gaming manager compensation ▶ \$ _____
- Description of services provided ▶ _____
- _____
- Director/officer Employee Independent contractor

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

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

**SCHEDULE 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 for the latest information.

OMB No. 1545-0047

2020

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABUNDANT GRACE CHURCH 108 INDIAN HEAD RD TOMS RIVER, NJ 08753	22-2525097	501(C)(3)	10,000.	570.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
BETHEL 119 ATKINS AVE ASBURY PARK, NJ 07712	22-3646517	501(C)(3)	0.	5,828.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
BPC FOOD PANTRY 247 BROAD ST RED BANK, NJ 07701	31-1813333	501(C)(3)	2,000.	6,498.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
BRADLEY FOOD PANTRY 605 4TH AVE BRADLEY BEACH, NJ 07720	22-3236552	501(C)(3)	10,000.	0.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
BY FAITH MINISTRIES FOOD PANTRY 322 EAST 5TH ST LAKEWOOD, NJ 08701	62-0484177	501(C)(3)	10,000.	10,997.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
CALICO CAT 96 KINGS HIGHWAY MIDDLETOWN, NJ 07748	22-3689974	501(C)(3)	7,000.	10,215.	FMV		FOOD AND RELATED PANTRY ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 56.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) 2020

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

Schedule I (Form 990)

22-2622522

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
CALVARY BAPTIST 850 RAILROAD DRIVE LITTLE EGG HARBOR, NJ 08087	22-2161755	501(C)(3)	7,000.	570.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
CALVARY LIGHTHOUSE 1133 EAST COUNTY LINE ROAD LAKEWOOD, NJ 08701	20-5989151	501(C)(3)	10,000.	635.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
CATHOLIC CHARITIES PANTRY 200 MONMOUTH AVENUE LAKEWOOD, NJ 08701	53-0196617	501(C)(3)	7,000.	2,622.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
CEDAR CREEK COMMUNITY CHURCH 370 NIXON AVE BAYVILLE, NJ 08721	22-2350066	501(C)(3)	10,000.	27,807.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
CHRIST THE KING 408 PROSPECT ST LONG BRANCH, NJ 07740	53-0196617	501(C)(3)	5,000.	3,070.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
CHURCH OF GRACE AND PEACE 1563 OLD FREEHOLD RD TOMS RIVER, NJ 08755	22-3602867	501(C)(3)	10,000.	3,562.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
DESTINY 236 BRICK BLVD BRICK, NJ 08723	20-0203845	501(C)(3)	10,000.	635.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
EAST DOVER BAPTIST PANTRY 974 BAY AVENUE TOMS RIVER, NJ 08753	13-5563018	501(C)(3)	8,000.	635.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
EZEKIEL'S WHEELS 15 LINDEN AVE WEST LONG BRANCH, NJ 07764	44-0577787	501(C)(3)	6,500.	4,417.	FMV		FOOD AND RELATED PANTRY ASSISTANCE

Schedule I (Form 990)

**THE FOODBANK OF MONMOUTH AND OCEAN
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
FAITH CHAPEL - LOAVES & FISHES 1015 UNION AVE KEYPORT, NJ 07735	31-6089084	501(C)(3)	5,000.	10,595.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
FAITH PANTRY 1209 BANGS AVE ASBURY PARK, NJ 07712	22-6094784	501(C)(3)	7,000.	3,080.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
FIRST ASSEMBLY OF GOD TR 800 BAY AVE TOMS RIVER, NJ 08755	44-0577787	501(C)(3)	5,000.	8,366.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
FIRST BAPTIST - LONG BRANCH 499 BATH AVE LONG BRANCH, NJ 07740	13-5563018	501(C)(3)	5,000.	570.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
FIRST UNITED METHODIST AP 906 GRAND AVE ASBURY PARK, NJ 07712	31-1813333	501(C)(3)	5,000.	9,070.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
FOREST GLEN PANTRY 1980 SWARTHMORE AVE LAKEWOOD, NJ 08701	20-2967855	501(C)(3)	7,000.	570.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
FROM JERSEY WITH LOVE 115 DEWITT AVE ASBURY PARK, NJ 07712	82-3252414	501(C)(3)	15,000.	6,900.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
GLAD TIDINGS 4012 ASBURY AVE NEPTUNE, NJ 07753	44-0577787	501(C)(3)	8,000.	6,815.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
GREATER EMANUEL TEMPLE 423 DRUMMOND AVENUE NEPTUNE, NJ 07753	22-2409907	501(C)(3)	6,000.	635.	FMV		FOOD AND RELATED PANTRY ASSISTANCE

Schedule I (Form 990)

**THE FOODBANK OF MONMOUTH AND OCEAN
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Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ISLAND HEIGHTS 111 OCEAN AVE ISLAND HEIGHTS, NJ 08732	31-1813333	501(C)(3)	5,000.	3,145.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
JESUS IS LORD 2236 MASSACHUSETTS AVE TOMS RIVER, NJ 08753	44-0577787	501(C)(3)	10,000.	14,132.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
JEWISH FAMILY SERVICES 705 SUMMERFIELD AVE ASBURY PARK, NJ 07712	22-2158627	501(C)(3)	5,000.	2,623.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
LACEY FOODBANK 102 STATION DR FORKED RIVER, NJ 08731	02-0554678	501(C)(3)	7,000.	9,250.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
MACEDONIA 163 THROCKMORTON FREEHOLD, NJ 07728	26-1931365	501(C)(3)	5,000.	10,151.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
MONMOUTH WORSHIP 37 VANDERBURG RD MARLBORO, NJ 07746	44-0577787	501(C)(3)	10,000.	570.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
NEW LIFE LAKEWOOD 211 E. FOURTH STREET LAKEWOOD, NJ 08701	76-0725831	501(C)(3)	5,000.	570.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
OCEAN COMMUNITY CHURCH 1492 ROUTE 72 MANAHAWKIN, NJ 08050	13-3204416	501(C)(3)	10,000.	16,888.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
OLPH- SEASIDE 100 GRANT AVE SEASIDE HEIGHTS, NJ 08751	53-0196617	501(C)(3)	5,000.	570.	FMV		FOOD AND RELATED PANTRY ASSISTANCE

Schedule I (Form 990)

**THE FOODBANK OF MONMOUTH AND OCEAN
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Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
OPEN DOOR 39 THROCKMORTON STREET FREEHOLD, NJ 07728	22-2796807	501(C)(3)	8,000.	0.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
OUR LADY OF GUADALUPE 43 MADISON AVE LAKEWOOD, NJ 08701	53-0196617	501(C)(3)	10,000.	2,077.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
PATH PANTRY 725 AIRPORT ROAD LAKEWOOD, NJ 08701	22-2196988	501(C)(3)	7,000.	1,140.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
PCTR 253 CHESTNUT ST TOMS RIVER, NJ 08753	20-2206374	501(C)(3)	10,000.	6,147.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
PROVIDENCE BAPTIST 15 LINCOLN AVE CLIFFWOOD, NJ 07721	22-2921469	501(C)(3)	10,000.	6,563.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
REFORMATION FOOD PANTRY 992 BROADWAY WEST LONG BRANCH, NJ 07764	41-1568278	501(C)(3)	10,000.	4,894.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
SALVATION ARMY AP 605 ASBURY AVE ASBURY PARK, NJ 07712	13-5562351	501(C)(3)	0.	11,080.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
SAMARITAN CENTER, INC. 211 FREEHOLD ROAD MANALAPAN, NJ 07726	22-2775503	501(C)(3)	5,000.	5,170.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
SBH 200 NORWOOD AVE OAKHURST, NJ 07755	23-7406410	501(C)(3)	6,000.	570.	FMV		FOOD AND RELATED PANTRY ASSISTANCE

Schedule I (Form 990)

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

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SECOND BAPTIST AP 124 ATKINS AVE ASBURY PARK, NJ 07712	13-5563018	501(C)(3)	7,000.	1,140.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
SECOND BAPTIST TOMS RIVER 2 FIRST STREET TOMS RIVER, NJ 08753	13-5563018	501(C)(3)	7,000.	4,397.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
SIMON'S KITCHEN 168 GRANT AVENUE SEASIDE HEIGHTS, NJ 08751	41-2182534	501(C)(3)	6,000.	8,250.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
SIXTH STREET BAPTIST 15 SIXTH STREET LAKEWOOD, NJ 08701	22-2144910	501(C)(3)	10,000.	9,577.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
ST. AUGUSTINE'S SOUP KITCHEN 155 PROSPECT AVE ASBURY PARK, NJ 07712	21-0634592	501(C)(3)	9,000.	570.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
ST. BRIGID'S 300 BROADWAY LONG BRANCH, NJ 07740	21-0634592	501(C)(3)	0.	5,427.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
ST. CRISPIN 121 BRIDGE AVE RED BANK, NJ 07701	53-0196617	501(C)(3)	6,000.	2,077.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
ST. GREGORY'S 804 BAY AVE POINT PLEASANT BEACH, NJ 08742	20-8689666	501(C)(3)	7,000.	570.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
ST. JOHN'S 2000 FLORENCE AVENUE HAZLET, NJ 07730	31-1813333	501(C)(3)	5,000.	635.	FMV		FOOD AND RELATED PANTRY ASSISTANCE

Schedule I (Form 990)

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

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ST. LUKE'S LB 535 BROADWAY LONG BRANCH, NJ 07740	31-1813333	501(C)(3)	6,000.	3,080.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
ST. MARKS 247 CARR AVE. KEANSBURG, NJ 07734	21-0634592	501(C)(3)	10,000.	9,239.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
ST. MICHAELS 800 OCEAN AVE LONG BRANCH, NJ 07740	53-0196617	501(C)(3)	5,000.	3,562.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
WEST BELMAR UMC FOOD PANTRY 1000 17TH AVE BELMAR, NJ 07719	31-1813333	501(C)(3)	5,000.	635.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
ZICHRON SHNEUR 280 OAK KNOLL ROAD LAKEWOOD, NJ 08701	22-2927266	501(C)(3)	6,000.	570.	FMV		FOOD AND RELATED PANTRY ASSISTANCE

Schedule I (Form 990)

**THE FOODBANK OF MONMOUTH AND OCEAN
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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.	15,006,587.	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.

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

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 J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2020

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

22-2622522

Schedule J (Form 990) 2020

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KIM GUADAGNO PRESIDENT & CEO UNTIL MAY 2021	(i)	175,857.	12,500.	0.	5,100.	22,758.	216,215.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES KROEZE COO	(i)	121,500.	12,500.	0.	4,160.	17,188.	155,348.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

Schedule J (Form 990) 2020

22-2622522

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Part III Supplemental Information

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

PART I, LINE 7:

THE EXECUTIVE BOARD HAS DISCRETION IN DETERMINING THE AMOUNT OF THE BONUS PROVIDED TO EMPLOYEES. THE EMPLOYEE'S PERFORMANCE IS A KEY FACTOR IN DETERMINING THE AMOUNT. THE EXECUTIVE BOARD ALSO RELIES ON THE SALARY BANDS DEVELOPED BY OUTSIDE CONSULTANTS THAT ARE BASED ON INDUSTRY STANDARDS, COMPARABILITY DATA, AND JOB DESCRIPTIONS. OF THE INDIVIDUALS DISCLOSED ON FORM 990, PART VII, SECTION A, FIVE RECEIVED A BONUS:

KIM GUADAGNO \$12,500

JAMES KROEZE \$12,500

DAWN DELL'OMO \$12,500

BARBARA SCHOLZ \$2,500

LINDA BERRY KELLNER \$12,500

THESE BONUSES WERE INCLUDED IN THE 2020 W-2 COMPENSATION OF BOTH EMPLOYEES AND AS SUCH ARE REPORTED ON SCHEDULE J, PART II, COLUMN B(II).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

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 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	9,600,428	16,833,879.	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 V, 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) 2020

THE FOODBANK OF MONMOUTH AND OCEAN

Schedule M (Form 990) 2020

COUNTIES, INC. D/B/A FULFILL

22-2622522

Page 2

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 for the latest information.

OMB No. 1545-0047

2020

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

FORM 990, PART III, LINE 4:

FOUNDED IN 1984, FULFILL'S MISSION IS TO ALLEVIATE HUNGER AND BUILD
FOOD. AS THE FOODBANK SERVING MONMOUTH AND OCEAN COUNTIES, THE MAIN WAY
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. 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.

TO SUPPLEMENT OUR PANTRY NETWORK, OUR MOBILE PANTRY PROGRAM BRINGS FOOD
DIRECTLY TO 1,200 HOUSEHOLDS IN 17 COMMUNITIES WHERE FOOD PANTRIES MAY
NOT BE AVAILABLE. OUR BACKPACK PROGRAM PROVIDES WEEKEND FOOD PACKAGES
ON FRIDAYS TO 1,000 LOW-INCOME CHILDREN AT 30 SCHOOLS. THE KIDS CAF
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. OUR SENIOR
STAPLES PROGRAM PROVIDES MONTHLY FOOD BOXES TO HUNDREDS OF LOW-INCOME
SENIORS.

AS THE PANDEMIC HAS CREATED MORE GAPS IN SERVICES, FULFILL HAS
RESPONDED WITH INNOVATIVE SOLUTIONS. THROUGH OUR RESTAURANT PROGRAM, WE
SUCCESSFULLY PARTNERED WITH LOCAL RESTAURANTS TO OFFER 'GRAB-AND-GO'
MEALS FOR CHILDREN IMPACTED BY SCHOOL CLOSURES, AS WELL AS INDIVIDUALS
IN OUR COMMUNITY WHO WERE AFFECTED BY FOOD PANTRY CLOSURES. OUR
HOSPITAL PROGRAM DELIVERS FOOD TO PATIENTS AND HOSPITAL WORKERS

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

Schedule O (Form 990 or 990-EZ) 2020

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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ISOLATING AT HOME DUE TO COVID, PATIENTS WITH LONG-TERM MEDICAL CONDITIONS, AND NEW MOMS FACING ECONOMIC HARDSHIP.

ALL TOLD, FULFILL'S FOOD DISTRIBUTION PROGRAMMING REACHED A RECORD HIGH IN 2020. WE DISTRIBUTED OVER 15 MILLION POUNDS OF FOOD ACROSS MONMOUTH AND OCEAN COUNTIES, UP FROM 11 MILLION POUNDS IN 2019. THIS IS THE EQUIVALENT OF OVER 3.5 MILLION MORE MEALS IN 2020.

FULFILL'S PANDEMIC-DRIVEN INNOVATIONS EXTEND BEYOND FOOD DISTRIBUTION. OUR NEWLY LAUNCHED BENEFITS BUS WAS LAUNCHED IN RESPONSE TO 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 RESOURCE CONNECTION 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.

OTHER CORE PROGRAMS INCLUDE OUR GARDEN PROGRAMMING OFFERED BOTH ON-SITE AT FULFILL'S HALF-ACRE GARDEN, AND 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 SEAFOOD GLEANING PROGRAM COLLABORATES WITH OUR FISHING INDUSTRY AND LOCAL FISHERMEN TO DISTRIBUTE TO FAMILIES IN NEED

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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THOUSANDS OF POUNDS OF FISH THAT OTHERWISE WOULD BE DISCARDED.

THE B.E.A.T. CENTER, FULFILL'S SATELLITE LOCATION IN TOMS RIVER, OPERATES A FOOD PANTRY IN A 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 & 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 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

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 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 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

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 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.