			** PUBLIC DISCLOSURE COP Return of Organization Exempt F		ncome Tax	OMB No. 1545-0047
Forr	<b>_ Q</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			<b>2022</b>
1 011			Do not enter social security numbers on this form as	-		
		of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the	-		Open to Public Inspection
AF	or the	e 2022 calend	ar year, or tax year beginning $ m JUL1$ , $2022$ and e	ending .	JUN 30, 2023	
Bc	heck if	<u>.</u>	f organization		D Employer identific	ation number
	→ Addre	THE	FOODBANK OF MONMOUTH AND OCEAN			
	chang Name		TIES, INC. D/B/A FULFILL		22 26 22 5	<b>1</b> 2
	_chang Initial		usiness as <b>FULFILL</b> and street (or P.O. box if mail is not delivered to street address)	Room/suite	22-262252	
	_return Final	3300	ROUTE 66	NUUIII/Suite	E Telephone number 732-918-2	
	⊥return, termin ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	41,815,865.
	Amen	ded NEPT	UNE, NJ 07753		H(a) Is this a group re	turn
	Applic tion		nd address of principal officer: TRIADA STAMPAS		for subordinates	? Yes X No
	pendir	SAME	AS C ABOVE		H(b) Are all subordinates in	
		empt status: [		or 527	- '	list. See instructions
	Vebsi		FULFILLNJ.ORG       X     Corporation       Trust     Association   Other		H(c) Group exemption	
	orm of Irt I	Summary	X Corporation Trust Association Other	L Year		State of legal domicile: NJ
		-	be the organization's mission or most significant activities: $\underline{ extsf{TO}}$ AL	LEVIA	TE HUNGER AN	ID BUILD
Ce			CURITY IN MONMOUTH AND OCEAN COUNT:			
Governance	2	Check this bo	x if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.
ovel	3	Number of vo	ting members of the governing body (Part VI, line 1a)		3	22
			lependent voting members of the governing body (Part VI, line 1b)			22
Activities &			of individuals employed in calendar year 2022 (Part V, line 2a)			70
iviti			of volunteers (estimate if necessary)			1922
Act						0.
	a	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		Current Year
	8	Contributions	and grants (Part VIII, line 1h)		31,220,770.	36,583,866.
Revenue			ce revenue (Part VIII, line 2g)		12,382.	21,505.
evel		•	come (Part VIII, column (A), lines 3, 4, and 7d)		-129,366.	602,418.
č	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-94,424.	11,068.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		31,009,362.	37,218,857.
			milar amounts paid (Part IX, column (A), lines 1-3)		15,858,303.	14,385,269.
			to or for members (Part IX, column (A), line 4)		0.	0.
ses			r compensation, employee benefits (Part IX, column (A), lines 5-10)		<u>3,619,169.</u> 0.	<u>3,935,692.</u> 0.
Expenses			undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25)1,271,73	7.	0.	0.
Ĕ			es (Part IX, column (A), lines 11a-11d, 11f-24e)		10,214,546.	17,155,794.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		29,692,018.	35,476,755.
			expenses. Subtract line 18 from line 12		1,317,344.	1,742,102.
s or				Be	eginning of Current Year	End of Year
t Assets Id Balanc	20		Part X, line 16)		24,260,309.	29,276,341.
et As			(Part X, line 26)		1,488,872.	3,663,023.
	22 Irt II	Net assets or Signature	fund balances. Subtract line 21 from line 20		22,771,437.	25,613,318.
			I declare that I have examined this return, including accompanying schedules	and statem	ents and to the best of my	knowledge and belief it is
			Declaration of preparer (other than officer) is based on all information of whi		has any knowledge	
			Trisda Stampos			16/2024
Sig	ı	Signature of o	fficer F0865EF41AB049D		Date	
Her	е		STAMPAS, PRESIDENT & CEO			
		Type or print n			Data law r	
Dela		Print/Type pre				
Paid Prep		WILLIAM Firm's name	A. LOUGHERY WILLIAM A. LOUGH CLIFTONLARSONALLEN LLP		03/14/24 self-employe	<sup>™</sup> <u>P01603932</u> 1-0746749
Use			150 S WARNER ROAD, SUITE 310			- 0/-0/4/
530	Sing		KING OF PRUSSIA, PA 19406		Phone no (2)	15) 643-3900
Mav	the IF	RS discuss this	s return with the preparer shown above? See instructions			X Yes No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	THE FOODBANK OF MONMOUTH AND OCEAN		
	1 990 (2022) COUNTIES, INC. D/B/A FULFILL	22-2622522	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		ЪC
	FULFILL ACCELERATES FOOD SECURITY THROUGHOUT MONMOUTH & BY LEADING A COLLABORATIVE MOVEMENT THAT CONNECTS PEOPL		
	RELATED RESOURCES WHILE ALSO ADDRESSING SYSTEMIC BARRIE		
	SELF-SUFFICIENCY AND WELL-BEING.		
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	XNo
	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	?	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	ners, the total expenses, a	nd
	revenue, if any, for each program service reported.		760
4a			<u>760.</u> )
	FULFILL ACQUIRES NUTRITIOUS FOOD FOR DISTRIBUTION TO FAIN MONMOUTH AND OCEAN COUNTIES. FULFILL PRIMARILY DELIV		
	FOOD THROUGH A NETWORK OF CHARITABLE AGENCIES, OUR MOBI		
	KIDS' FEEDING PROGRAMS. SOURCES OF DONATED FOOD INCLUDE		
	DONATIONS, NATIONAL DONATIONS THROUGH FEEDING AMERICA,		Γ <b>T</b>
	FOOD SUCH AS THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEF		
	SUPPLEMENTS DONATED FOOD AND PRODUCTS WITH SPECIFIC GRO	CERY ITEMS	
	PURCHASED THROUGH A SMALL BULK CO-OP PROGRAM, AS WELL A		IADE
	WITH FUNDING FROM THE STATE FOOD PURCHASE PROGRAM AND C	THER FUNDING.	
4b	(Code:) (Expenses \$754, 587 • including grants of \$0 • ) (Re	9	745.)
-10	THE CULINARY TRAINING PROGRAM PROVIDES HANDS-ON TRAINING		,
	PRODUCTION KITCHEN FOR UNDERPRIVILEGED ADULTS IN NEED C		
	EMPLOYMENT. THE PROGRAM HELPS MEN AND WOMEN BECOME SELF	-SUFFICIENT B	Y
	PROVIDING THE SKILLS THEY NEED TO OBTAIN BETTER-PAYING		
	OPERATES OUT OF THE TOMS RIVER LOCATION. THE CULINARY T		
	HELPS PREPARE HOT MEALS FOR THE AFTER-SCHOOL AND SUMMER	FOOD PROGRAM	IS •
4c		venue \$	0.)
	FULFILL IDENTIFIES OPPORTUNITIES AND RESOURCES DESIGNED	TO REDUCE TH	E
	NEED AND KEEP OUR FAMILIES FOOD SECURE.		
	FULFILL ASSISTS HOUSEHOLDS TO ACCESS BENEFITS AND RESOU	RCES THAT WIL	т.
	HELP THEM ADDRESS THE BUDGET SHORTFALL WHICH CAN CAUSE		
	PREVENT FOOD SECURITY. RESOURCES INCLUDE BUT ARE NOT LI		
	OUTREACH AND APPLICATION ASSISTANCE FOR SUPPLEMENTAL NU	TRITION	
	ASSISTANCE PROGRAM (SNAP) AND AS NAVIGATORS IN APPLYING	FOR HEALTH	
	INSURANCE UNDER THE AFFORDABLE CARE ACT AND MEDICAID/NJ	FAMILY CARE.	
		OMMUNITY SITE	S
	EACH MONTH.		
4 -1	Othey program convises (Decerite on Colorthyle O)		
4d	Other program services (Describe on Schedule O.) (Expenses \$ 724,735 including grants of \$ ) (Revenue \$	١	
4e		)	
		Form	<b>990</b> (2022)
23200	2 12-13-22		. ,
	3		

## THE FOODBANK OF MONMOUTH AND OCEAN

Form 990 (	2022)	COUNTIES,	INC.	D/B/A	FULFILL
Part IV	Che	ecklist of Required Schedu	ules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	L
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
F	during the tax year? If "Yes," complete Schedule C, Part II	4		
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 Roy. Proc. 08 102, 16 Was II accurate October 4.4, October	5		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<b>–</b>		<u> </u>
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	x	
h	Part VI	<u>11a</u>	~	
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</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		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			_ <u></u>
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	L
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X X
13 14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	1-74		_ <u></u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			-
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		x
20-2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	x	
232003	12-13-22			(2022)

4

232003 12-13-22

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

Fract. W         Understation report more than \$5,000 of grants or other assistance to ar for domestic individuals on part K, count (N, line \$2 / W, <sup>2</sup> ), <i>complets</i> Schedule / Part II. (Junt W). Becton A, line 3, 4, or 5, about compensation of the organization is current and forms of theirs, directors, truttes, key employse, and highest compensated employses? // W <sub>2</sub> , " <i>complets</i> Schedule / W         Vest         No.           28 Ub the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the issue and forms of tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the issue and their observation of marks and issue to defease any tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the issue for bonds outstanding principal amount of more than \$10,000 as of the issue for bonds outstanding at any time during the year?         Vest	Form	990 (2022) COUNTIES, INC. D/B/A FULFILL 22-2622	522	Р	age <b>4</b>
22       Die the organization report more than 55.000 of grants or other assistance to of odometic individuals on Part X, lown A, line 24, why sector A, line 4, d of 3, about compensation of the organization's current and former differs, directors, trustees, key employees, and highest componsated employees? If Yes, 'complete Schedule A, line 4, d of 3, about compensation of the regunation's current and former differs, directors, trustees, key employees, and highest componsated employees? If Yes, 'complete Schedule A, line 4, d of 3, about compensation of the regunation's current and former differs, directors, trustees, key employees, and highest componsated employees? If Yes, 'complete Schedule A, line 4, d of 3, about compensation of the regunation's material an ascience account other than a nuturating account at any time during the year 0 defaase any tax-eart boards?         240       Die the organization matrial an ascience account other than a nuturating account at any time during the year?       244         250       Section Off(26), 001(e)44, amaged an ax excess benefit transation with a disqualified person during the year?       244         250       Section Off(26), 001(e)44, amaged an ax excess benefit transation with a disqualified person during the year?       244         261       Little organization axie that it maged an ax excess benefit transation with a disqualified person during the year?       244         261       Little organization axie that it maged an ax excess benefit transation with a disqualified person in a pair year, and that the transation has not bene reported on any of the organization organization axie that it maged an ax excess to reformer differ, director, trustee, key employee. Correctoreformer differ, director, trustee, key emplo	Par	TIV Checklist of Required Schedules (continued)		Vee	Na
Part K, column (A), line 27, if "yes," complete Schedule I, Part I and III.       22       X         24       Did the organization answer "view" of Part IV. Schedul C.       A complete Schedule I.       23       X         24a       Did the organization have a tax exampt bond issue with an outstanding principal amount of more than \$100.000 as of the isat day of the yea, intakina state and the December 31, 2002? If "view," answer lines 246 through 244 and complete Schedule I.       24a       X         24b       Did the organization mathatian an escrow account ofher than a retunding escrow at any time during the year to defease entry tax exampt bonds?       24d       24d         25       Schedule X, III No. 100, 20, and 001 (24g) organizations. Dol the organization mathatian an escrow account ofher than a retunding escrow at any time during the year?       24d       24d         26       Extent       24d       24d       24d       24d         27       Extent of 01(24), 601(24), and 051(2(24) organizations. Dol the organization engage in an excess benefit taxascion hand the speen of muth method on port of the organization speen of muth year of the organization mathatian an escrow at any time during the year?       24d       25d       X         28       Exclusion 11, 2012, 1	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	NO
20       Did the organization answer "Ves" to Fart VII. Section A. Ine 3.4, or 5, about compensation of the organization sources and many former forces, directors, trustees, key employee, and highest compensated employees? If 'Yes,' complete Schedule / A to 'Nes' to Earlie To Section 4.7 (Nes', to Earlie To Section 5.7 (Nes', to Earlie To Section 4.7 (Nes', to Earlie To Section 5.7 (Nes', to Earlie To Nes', to Earlie To Section 5.7 (Nes', to Earlie To Nes', to Earlie To Section 5.7 (Nes', to Earlie To Nes', to Earlie To Nes', to Earlie To Section 5.7 (Nes', to Earlie To Nes', to Earlie To Nes', to Earlie To Section 5.7 (Nes', to Earlie To Nes', to Earlie			22	х	
Soneolde J       243       D0 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>yr</i> 'Yes, 'answer lines 24b through 244 and complete Schedule K. If 'No, 'go to line 25a       24a       X         24 D0 the organization matrix an proceeds of tax-exempt bonds beyond a temporary period exception?       24a       X         25 Dott to organization matrix an escrow account other than a retunding scrow at any time during the year?       24d       X         25 Section 50(10)(3), 50(1(4), and 50(1(2)) comparizations. Did to complex Schedule L, Part I       255       X         26 Did the organization avare that it engaged in an excess benefit transaction with a disquillifed person during the year?       25b       X         26 Did the organization avare that it engaged in an excess benefit transaction with a disquilled person during the year?       25b       X         26 Did the organization avare that it engaged in an excess benefit transaction with a disquilled person in a prory year, and that the transaction tent of any of the organization specifies Chardule L, Part I       25b       X         27 Did the organization appet any amount of any other persons? If 'Yea,' complete Schedule L, Part II       25b       X         27 Did the organization apply to busines transaction or tounder, substantial contributor? II 'Yea,' complete Schedule L, Part II       26b       X         27 Did the organization apply to thereofy or flamly member of any othese persons? II'Ye	23				
24a Det the organization have a tax everyth bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issue dated December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to the 25a       24a       X         2 Do the organization intensit any proceeds of tax everyth bonds beyond a temporary period exception?       24a       X         2 Do the organization intensit any proceeds of tax everyth bonds beyond a temporary period exception?       24a       X         2 Do the organization action as an "on behalf of" issuer for bonds outstanding at my time during the year?       24d       24d         2 So Section 501(c)(3), 501(c)(4), and 501(b)(29) organizations. Did the organization areaces benefit transaction with a disqualified person it ang they are?       24d       25a         2 Do the organization avare that 1 engaged nan excess benefit transaction with a disqualified person it a prior year, and that the transaction may not the organization spiror Forms 900 or 900 E27 If "Yes," complete Schedule L, Part I       25a       X         2 Do the organization provide a grant or other assistance to any of these persons? If "Yes," complete Schedule L, Part II       25b       X         2 Do the organization provide a grant or other assistance to any of these persons? If "Yes," complete Schedule L, Part II       25b       X         2 Do the organization provide a grant or other assistance to any of these persons? If "Yes," complete Schedule L, Part II       25b       X         2 Do the organization indeve on order i		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
Is at day of the year, that was issued after December 31, 2002? If 'Yea,' answer lines 24b through 24d and complete     24a     X       b Did the organization invest any proceeds of tax exempt bands beyond a temporary period exception?     24b     24b       c Did the organization invest any proceeds of tax exempt bands beyond a temporary period exception?     24d     24d       d Did the organization invest any proceeds of tax exempt bands beyond a temporary period exception?     24d     24d       d Did the organization and the antion of the than a refunding starvy time during the year to defease any tax-seempt bonds?     24d     24d       d Did the organization axe that the transaction has not been reported on any of the organization space that engaged in an excess benefit transaction that a disput the quadra tax is excess benefit transaction in a prory year, and that the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or forme office, direct, trustes, key employee, creator or founder, substantial contributor or any and these, key employee, creator or founder, substantial contributor or any and to be assistance to any current or forme office, direct, trustes, key employee, relator or founder, substantial contributor or any and these persons? If 'Yes,' complete Schedule L, Part II     25     X       27 Did the organization apart price, transe, key employee, creator or founder, substantial contributors? If 'Yes,' complete Schedule L, Part II     26     X       28 b A Karily member of any of these persons? If 'Yes,' complete Schedule L, Part II     28a     X       29 Did the organization relation exempt were than 325,000 in non-s			23	X	
Schedule K. H*We, "go to line 25a       24a       X         D Dd the organization meaintain an escrow account other than a refunding scorew at any time during the year to defease any tax-exempt bonds?       24b       X         d Dd the organization act as an "on behall of" issuer for bonds outstanding at any time during the year?       24d       X         25a       Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization argues in an excess benefit transaction with a disqualified person in a prory ear, and that the transaction with a disqualified person in a prory ear, and that the transaction with a disqualified person in a prory ear, and that the transaction with a disqualified person in a prory ear, and that the transaction with a of the organization splor Forms 980 or 990527. If "Yes," complete Schedule L, Part I       25b       X         35       Dot the organization proved a grant or other satistance to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity of charing an employee thered) or fam in member of any or these persons? If "Yes," complete Schedule L, Part II.       26b       X         28       Was the organization proved a grant or other assistance to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV.       27       X         28       Was the organization revelw embers of any of these persons? If "Yes," complete Schedule L, Part IV.       28a       X         29       Dot the organization revelw emore than 255.000 in non-ca	24a				
b Det the organization mest any proceeds of tax-everyth brinds beyond a temporary period exception?       24b         c Did the organization mest any proceeds of tax-everyth brinds beyond a temporary period exception?       24b         d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d         258       Section 507(c)(5), 501(c)(4), and 500(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified perion during the year? // **s," complete Schedule L, Part I       25a         258       Did the organization acts an "on behalf of" issuer organization splot Forms 980 or 990E2? If "Yes," complete Schedule L, Part I       25a         260       Did the organization acreates the entity and the search or the assistance to any other assistance to any current or forms officer, directry, trustes, key employee, creator or founder, substantic contributor or 95% controlled entity or family member of any others assistance to any current or forms officer, directry, trustes, key employee, creator or founder, substantic anothyto and or large tastechco any current or forms officer, directry, trustes, key employee, creator or founder, substantic anothyto and or large tastechco any current or forms officer, directry, trustes, key employee, creator or founder, substantic anothyto and subjece thereod, a grant selection committee member or a six obtains.       27       X         27       Did the organization aper to the assistance to any current or forms officer, directry, trustes, key employee, creator or founder, buschanti anothyto and subjece thereod, agrant selection committee member or a prindividual described in the following partis selectib			242		x
c       Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-event bonds?       24d         d       Did the organization act as an 'on behalf of 'lasuer 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 in a prior year, and that the transaction has not been reported on any of the organization spirof Forms 1900 or 90-EC? // 'Yes,' complete Schedule L, Part I       25a       X         27       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 55% controlled entity (including an employee thereol) of a parts or othes assistance to any current or former officer, director, trustee, key employee, creator or founder, a grant selection committee member, or to a 35% controlled entity (including an employee) thereol of a parts or these persons? // 'Yes,' complete Schedule L, Part I       26       X         28       Was the organization provide agrant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? // 'Yes,' complete Schedule L, Part I // instructions or applicable billing thresholds, conditions, and vesceptions):       27       X         28       A family member of any individual described in line 28a? // 'Yes,' complete Schedule L, Part I // instructions or and vesceptions):       28       X         29	b				
any tax-exempt bond?     24d       D db the organization acts as in on behalf of lissue 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 disputalide person during the year? if ''res,' complete Schedule 1, Part I     25a       25a     Did the organization aware that tengaged in an excess benefit transaction with a disputalitie person during the year? if ''res,' complete Schedule 1, Part I     25a       25b     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, trustes, key employee, creator or former, substantial contributor or a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If ''res,' complete Schedule L, Part I     26       27     Did the organization pay to a business transaction with one of the following parties (see the Schedule L, Part I)     26       28     Was the organization pay to a business transaction with one of the following parties (see the Schedule L, Part I)     28       29     Dat the organization reports are organization second in line 28a or 280° H ''res,' complete Schedule L, Part I)     28       29     Dat the organization reports are organization a part to a business transaction with one of the following parties (see the Schedule L, Part I)     28       20     A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? H '''ses,' complete Schedule L, Part I)     28   <					
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?     24       256 Section 501(Kg), 501(Kg), 401(Kg), 401 (Kg),			24c		
transaction with a disqualified parson during the yea? If 'Yea,' complete Schedule L, Part I       Za         b is the organization aport year, and that the 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-E27. If 'Yea,' complete Schedule L, Part I       Za         250       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 (including an employee thereof) of rampet Schedule L, Part II       Za         270       Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor?       Za       X         280       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV)       Za       X         280       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV       Zab       X         290       Did the organization receive contributions of ant, historical treasures, or other similar assets, or qualified conswation contributions? If 'Yes,' complete Schedule M.       Za       X         201       Did the organization receive controlled entity disregarded as separate from the organization with a controlled entity within the meaning of section S12(b)(13)?       Yes, 'complete Schedule M.       Za	d		24d		
b       Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pror year, and that the transaction has not been reported on any of the organization splor Forms 990 or 990-E27. If "Yes," complete Schedule I, Part I       250         260       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, trustes, ley employee, creator or founder, substantial contributor on 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II       26       X         270       Did the organization approximation provide a grant or other assistance to any current or former officer, director, trustes, ley employee, creator or founder, substantial contributors or a 35% controlled entity of to a business transaction with one of the following parties (see the Schedule L, Part II)       28       X         28       Was the organization nearby one or more individual secribed in line 28a? If "Yes," complete Schedule L, Part IV       28       X         29       Did the organization nearby enorthold in line 28a? If "Yes," complete Schedule L, Part IV       28       X         20       Did the organization nearby contributions of art, historical treasures, or other similar assets, or qualified constrainton service contributions of art, historical treasures, or other similar assets, or qualified constrainton service contributions of art, historical treasures, or other similar assets, or qualified constrainton service contributions of art, historical treasures, or other similar asset, or qualified constrainton service contributions of art, historical treasures, or cupilete Sched	25a				
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27. If "Yes," complete Schedule I, Part I     26b     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, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II     26     X       27     Did the organization aperty to a business transaction with one of the following parties (see the Schedule L, Part II)     27     X       28     Was the organization reported in limity these persons? If "Yes," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions?     28     X       29     Na sthe organization receive more individuals and/or organizations described in line 28a? If "Yes," complete Schedule L, Part IV     28     X       20     Did the organization receive ontributions of at historical treasures, or other similar assets, or qualified construction     28     X       20     Did the organization receive ontributions of a thistorical treasures, or other similar assets, or qualified construction     28     X       30     Did the organization receive ontrol todies of a thistorical treasures, or other similar assets, or qualified construction     33     X       31     Did the organization receive on thiol 260° of a nariser more than 256% of the at assets? If "Yes," complete Schedule M, Part I     31     X       32     Di			25a		
Schedule L, Part 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 folcer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II       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 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II       26       X         28 Was the organization provide a grant or other assistance to any to one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):       27       X         29 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.       28e       X         29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M       29       X         30 Did the organization sell, exchange, dispose of, or transfer more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule N, Part I       30       X         31 Did the organization sell, exchange, dispose of, or transfer more than \$25,000 its actives, 'escapplete Schedule R, Part I, III, or N, and Part V, line 1       33       X         32 Did the organization sell, exchange, dispose of, or transfer more than \$25,000 its	b				
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 of family member of any of these persons? If "Yes," complete Schedule L, Part II.       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 anployee thereol or family member of any of these persons? If "Yes," complete Schedule L, Part II.       28       X         28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. instructions for applicable filing thresholds, conditions, and exceptions):       a current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.       28e       X         29       DA family member of any individual described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.       28e       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV.       28e       X         29       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule R, Part I.       31       X         30       Did the organization neceive contributions of an, thistorical tr			25h		x
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II     26     X       20     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 thereol, a grant selection committee member, or to a 35% controlled entity (including an employee thereol) or family member of any of these persons? If "Yes," complete Schedule L, Part II.     27     X       28     Was the organization provide a grant or other of the following parties (see the Schedule L, Part IV.     28a     X       29     X current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.     28a     X       20     Did the organization receive more than 252,000 in non-cash contributions? If "Yes," complete Schedule M.     29     X       20     Did the organization receive contributions of art, historical treasures, or their similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.     30     X       31     Did the organization receive and this disobre and cease operations? If "Yes," complete Schedule M.     30     X       32     Did the organization receive and this disobre and cease operations? If "Yes," complete Schedule M.     30     X       33     Did the organization receive and this disobre and cease operations? If "Yes," complete Schedule N, Part I     31	26		200		<u> </u>
controlled entity or family member of any of these persons? // ***s, * complete Schedule L, Part //     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 55% controlled entity (including an employee thereof) or family member of any of these persons? // **xe, * complete Schedule L, Part //     27     X       28     Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part //     28     X       29     A family member of any individual described in line 28a? // **xs, * complete Schedule L, Part //     28a     X       29     Did the organization receive more than \$25,000 in non-cash contributions? // **ys, * complete Schedule M     29     X       30     Did the organization receive more than \$25,000 in non-cash contributions? // **ys, * complete Schedule M     29     X       30     Did the organization receive more than \$25,000 in non-cash contributions? // **ys, * complete Schedule M     30     X       31     Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // **ys, * complete Schedule N, Part /     31     X       32     Did the organization receive on an entity disregarded as separate from the organization under Regulations sections 30.17701 37     Y*yes, * complete Schedule R, Part /     31     X       33     Did the organization related to any tax-exem					
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? II "Yes," complete Schedule L, Part II.       27       X         28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV.       28       X         29       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If       "Yes," complete Schedule L, Part IV.       28       X         29       A family member of any individual described in line 28a? If 'Yas," complete Schedule L, Part IV.       28       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes," complete Schedule N, Part I       30       X         31       X       31       X       32       X         32       Did the organization is quidate, terminate, or dissolve and cease operations? If 'Yes," complete Schedule N, Part II       31       X         33       X       33       X       33       X         34       Was the organization neated to any tax-exempt or taxable entity? If 'Yes," complete Schedule N, Part II       32       X         34			26		X
entity (including an employee thereof) or family member of any of these persons? /// *Yes,* complete Schedule L, Part IV.       27       X         28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV.       1       1         28       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? ///       28a       X         28       A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? ///       28a       X         28       A family member of any individual described in line 28a? // *Yes,* complete Schedule L, Part IV       28a       X         28       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // *Yes,* complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // *Yes,* complete Schedule R, Part I       31       X         31       Did the organization own 100% of an entity disregarded as separate from the organization under Regulation sections 301.7701.3? // *Yes,* complete Schedule R, Part I, II, or IV, and Part V, line 1       33       X         33       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       36a       X <t< td=""><td>27</td><td></td><td></td><td></td><td></td></t<>	27				
28       Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):       a A current or former officer, director, trustele, key employee, creator or founder, or substantial contributor? If       "Yes," complete Schedule L, Part IV.       28a       X         b A family member of any individual described in line 28a? If "yes," complete Schedule L, Part IV.       28b       X         c A 3565 controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If       "Yes," complete Schedule L, Part IV.       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       31       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization organization ado1.7701.37       If Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       33       X         33       Did the organization as a controlled entity within the meaning of secton 512(b)(13)?       35a       X         34       Was the organization axe a controlled entity within the meaning of					
instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule M b C a 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M b Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I b Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I b Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I b Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 b Schedule Schedule C and trax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and b H erganization related to any tax-exempt for or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? b If "Yes," complete Schedule R, Part V, line 2 check if Schedule C and trave that any transfers to an exempt non-chantable related organization complete Schedule O contains a response or note to any line in this Part V check if Schedule O contains a response or note to any line in this Part V check if Schedule O contains a response or note to any line in this			27		X
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #       28a       X         **es, "complete Schedule L, Part IV       28b       X         b A family member of any individual described in line 28a? # 'Yes," complete Schedule L, Part IV       28b       X         *o A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? #       28b       X         *yes, " complete Schedule L, Part IV       28c       X         29 Did the organization receive more than \$25,000 in non-cash contributions? # "Yes," complete Schedule M       29       X         30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # "Yes," complete Schedule N, Part I       30       X         31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? # "Yes," complete Schedule N, Part I       31       X         32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? # "Yes," complete Schedule R, Part I       32       X         33 Did the organization now 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701:3 and 301.7701:3? # "Yes," complete Schedule R, Part V, line 1       34       X         34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         bit the organization hav	28				
"Yes," complete Schedule L, Part IV       28a       X         b A family member of any individual described in line 28a? // *Yes," complete Schedule L, Part IV       28b       X         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? // // *Yes," complete Schedule L, Part IV       28c       X         29       Did the organization receive more than \$25,000 in non-cash contributions? // *Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // *Yes," complete Schedule M       30       X         31       Did the organization sel, exchange, dispose of, or transfer more than 25% of its net assets? // *Yes," complete Schedule N, Part I       31       X         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? // *Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? // *Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(C)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       37       X	2				
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV       28b       X         c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If       28c       X         * Yes," complete Schedule L, Part IV       28b       X         20 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       33       X         34 Was the organization neare a controlled entity within the meaning of section 512(b)(13)?       35a       X       35a         bid the organization have a controlled entity of ine 28.       complete Schedule R, Part II, III, or IV, and Part V, line 1       35a       X         35a Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part IV, line 1       35a       X         36a Section 501(c)(3) organizations cecive any payment from or engage in any trans	a		28a		x
c       A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If       28c       X         ** yes, " complete Schedule L, Part IV       28c       X         30       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       30       X         31       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       32       X         34       Was the organization rown 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       33       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Bid the organization. Dave a controlled entity within the meaning of section 512(b)(13)?       35a       X         37       Did the organization nave a controlled entity within the meaning of section 512(b)(13)?       35a       X	b				
29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29       X         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I       30       X         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       30       X         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       35a       X         365       Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part V, line 2       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule Q and provide explanations on Schedule Q for Part VI, lines 11b and 19?       37       X         38       Did the organiza					
30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       30       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I       31       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-27 atf 301.7701-37 (ff "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       35a       X         35a       Did the organization station fractions f12(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35b       35a         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       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? If "Yes," complete Schedule R, Part VI       36       X         38       Did the organization complete Schedule O and provide explanations on Sc		"Yes," complete Schedule L, Part IV	28c		X
contributions? /f "Yes," complete Schedule M       30       X         31       Did the organization liquidate, terminate, or dissolve and cease operations? /f "Yes," complete Schedule N, Part I       31       X         32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? /f "yes," complete Schedule N, Part 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? /f "yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? /f "yes," complete Schedule R, Part I, III, or IV, and Part V, line 1       34       X         35a       Did the organization nave a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule R, Part V, line 2       36       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         39       Did the organization complete Schedule O       Twes," complete Schedule R, Part V       38       X         31       Was the organization conduct more than 5% of i	29		29	X	
31       Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       31       X         32       Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I       32       X         33       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I       33       X         34       Was the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization complete Schedule R, Part V, line 2       36       X         38       Did the organization complete Schedule C and provide explanations on Schedule C for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule C for Part VI, lines 11b and 19?       37       X	30				v
32       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete       32       X         33       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI line 2       36       X         37       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Yes if Schedule O contains a response or note to any line in this Part V         Inter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       81         Of the organization complety withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	24				
Schedule N, Part II       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? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization neated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization nave a controlled entity within the meaning of section 512(b)(13)?       35a       X         b       f" 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)? If "Yes," complete Schedule R, Part V, line 2       35b       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       36       X         37       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       X       X         Note: All Form 990 filers are required to complete Schedule O       Or Part VI, lines 11b and 19?       X       X         1a       Enter the number reported in box 3 of Form 1096. Enter -0· if not applicable			31		
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? /f "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? /f "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       34       X         35a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       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)? /f "Yes," complete Schedule R, Part V, line 2       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? /f "Yes," complete Schedule R, Part VI       36       X         37       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         38       Did the organization complete in box 3 of Form 1096. Enter -0- if not applicable       1a       81       1b       7         4       Yes       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1c       X         38       X       X       X       X       X         39       Did the organization complete Schedule O	52		32		x
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       33       X         34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1       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)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       36       X         37       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       38       X         Check if Schedule O contains a response or note to any line in this Part V       1a       81       1b       7         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       81       1b       7         c       Did the organization comply wi	33				
34       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and       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)? If "Yes," complete Schedule R, Part V, line 2       35b       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI       36       X         37       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       38       X         Check if Schedule O contains a response or note to any line in this Part V       1a       81       7         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       81       7         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1a       81       7         c			33		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)?       35a       X         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       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? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         9       Note: All Form 990 filers are required to complete Schedule O       Oreplate Schedule O       38       X         9       Statements Regarding Other IRS Filings and Tax Compliance       38       X         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       81       1b       7         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1c       X         1a       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       7	34				
b       If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?         38       Did the organization complete Schedule O 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       Ia         1a       81         b       To id the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming         (gambling) winnings to prize winners?       Ic<					
within the meaning of section 512(b)(13)? /f "Yes," complete Schedule R, Part V, line 2       35b         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       36       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance       38       X         Check if Schedule O contains a response or note to any line in this Part V       1       81       7         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1       1       81       7         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1       81       7         232004       12-13-22       Form 990 (2022)       Form 990 (2022)			35a		X
36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       36       X         37       Did the organization conduct more than 5% of its activities through an entity that is not a related organization       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O         Yes Note: All Form 990 filers are required to complete Schedule O         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       81       1b       7       Yes       No         c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X         232004       12-13-22	d		256		
If "Yes," complete Schedule R, Part V, line 2       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? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         Note: All Form 990 filers are required to complete Schedule O       Other IRS Filings and Tax Compliance       38       X         Check if Schedule O contains a response or note to any line in this Part V       Image: Schedule O contains a response or note to any line in this Part V       Image: 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       81       Image: Schedule O contains a response or reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       Ic       X         232004       12-13-22       Form 990 (2022)       Form 990 (2022)	36		350		
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? If "Yes," complete Schedule R, Part VI       37       X         38       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         98       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         98       Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?       38       X         98       Did the organization complete Schedule O complete Schedule O       38       X         990       Statements Regarding Other IRS Filings and Tax Compliance       38       X         98       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       81         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       7       7         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       1c       X         232004       12-13-22       Form 990 (2022)	50		36		x
38       Did the organization complete Schedule O and provide explanations on 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       Image: Check if Schedule O contains a response or note to any line in this Part V       Image: Check if Schedule O contains a response or note to any line in this Part V         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       Image: Check if Schedule O complete Schedule O in the splicable       Image: Check if Schedule O in the splicable         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Image: Check I in the splicable of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       Image: Check I in the splicable of the splicable of the splicable of the splicable of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming of the splicable of the splic	37				
Note: All Form 990 filers are required to complete Schedule 0       38       X         Part V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V       Image: Check if Schedule O contains a response or note to any line in this Part V         1a       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       81       Yes       No         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       7       Image: Check if Schedule gaming       Image: Check gamine g			37		X
Part V       Statements Regarding Other IRS Filings and Tax Compliance         Check if Schedule O contains a response or note to any line in this Part V         I a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       I a       81         b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Ib       7         c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       Ic X         232004 12-13-22	38				
Check if Schedule O contains a response or note to any line in this Part V         Yes No         1a       81         b       Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       81         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       7       Image: Color of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X         232004 12-13-22	Dar	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Ia       No         Ia       81         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       Ib       7         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       Ic       X         232004       12-13-22       Form 990 (2022)	rai				
1a       Bate and the number reported in box 3 of Form 1096. Enter -0- if not applicable       1a       81         b       Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable       1b       7         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       1c       X         232004       12-13-22       Form 990 (2022)		הופטת זו סטרופטעוב ט כטווגמוזה מ ופקטוזהב טו זוטנב נט מוץ ווופ ווז נדווה דמול ע	<u></u>	Vee	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 7 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c X (gambling) winnings to prize winners? 1c X 232004 12-13-22 Form 990 (2022)	1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		105	
c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming       I       I         (gambling) winnings to prize winners?       Ic       X       Ic       V         232004       12-13-22       Form 990 (2022)					
232004 12-13-22 Form <b>990</b> (2022)					
		(gambling) winnings to prize winners?			
	232004		Form	990	(2022)

Do

orm	THE FOODBANK OF MONMOUTH AND OCEAN COUNTIES, INC. D/B/A FULFILL		22-2622	522	F	Page \$
Par				-		uge
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	70			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b		
1a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	Iccoun	t)?	4a		X
	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	ts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
	If "Yes," did the organization include with every solicitation an express statement that such contribut	ons or	gifts			
	were not tax deductible?			6b		
	Organizations that may receive deductible contributions under section 170(c).			_	77	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	vices p	rovided to the payor?	7a	X	
				7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		lired			
	to file Form 8282?	1	I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		:?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9			
				8		
	Sponsoring organizations maintaining donor advised funds.					
				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter:	40-	l			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:		l			
	Gross income from members or shareholders	<u>11a</u>				
	Gross income from other sources. (Do not net amounts due or paid to other sources against	446				
	amounts due or received from them.) <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form	1041	)	10-		
		10414		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			154		
	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
		13D				
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	· · · · · ·		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14a 14b		<u> </u>
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			15		
	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	tincor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.		ne?			
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivition				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
				<b>–</b> "		1

232005	12-13-22	

Form **990** (2022)

09380314 131839 A355678

If "Yes," complete Form 6069.

Form 990 (2022)

## THE FOODBANK OF MONMOUTH AND OCEAN

## COUNTIES, INC. D/B/A FULFILL Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a 22			
	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 0.			
-	<b>5</b>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37
	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		Х
6	Did the organization have members or stockholders?	6		Х
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		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
Ň		7b		х
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
8		•	v	
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion 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	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>	12.0		
C		12c	х	
40	on Schedule O how this was done		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	Δ	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
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		Х
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		
Sec	tion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed			
17		anha	ovoilok	
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	oniy)	avalla	bie
	for public inspection. Indicate how you made these available. Check all that apply.			
	X       Own website       Another's website       X       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	finano	cial	
	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			
	ANDRE SOLOMON - (732)918-2600			
	3300 ROUTE 66, NEPTUNE, NJ 07753			
232006	12-13-22	Form	990	(2022)
	7			_

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22-2622522

### THE FOODBANK OF MONMOUTH AND OCEAN

COUNTIES, INC. D/B/A FULFILL

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Form 990 (	2022)	COUNTIES,	INC.	D/B/A	FULFILL	22-
Part VII	Compensation	of Officers, Dir	ectors,	Trustees,	, Key Employees,	Highest Compensated
	Employees, an	d Independent	Contrac	ctors		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title         Average hours per body         Description body         Description body         Reportable compension body         Reportable compension from related organization from related organization         Estimated compension from related organization           (1)         TRIADA STAMPAS         40.00         X         191,644.         0.         4,507.           (2)         JAMES KROEZE         40.00         X         191,644.         0.         4,507.           (2)         JAMES KROEZE         40.00         X         191,644.         0.         4,507.           (2)         JAMES KROEZE         40.00         X         191,644.         0.         4,507.           (3)         ANDRE SOLOMON         40.00         X         X         109.0         0.         0.           (4)         LATRIN NOLMAN, CFA         4.00         X         X         0.         0.         0.           (5)         ARON LEVINE         1.00         X         X         0.         0.         0.           (6)         JARELE GRIFFITE         1.00         X         X         0.         0.         0.           (10)         SRUERAH         X         X         0.         0.         0.         0.         <	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per veck week (its any bours for pelated organizations         compensation for metade organizations         compensation for the organizations         compensation for metade organizations         amount of the organizations           (1) TRIADA STAMPAS         40.00         x         191,644.         0.         4,507.           (2) JAMES ROBEZE         40.00         x         191,644.         0.         4,507.           (3) ANDER SOLONON         40.00         x         191,644.         0.         4,507.           (3) ANDER SOLONON         40.00         x         191,644.         0.         0.           (4) LAUREN HOLEAN, CPA         40.00         x         44,516.         0.         0.           (5) AARON LEVINE         1.00         x         x         0.         0.         0.           (6) GARELE GRIFFITH         1.00         x         x         0.         0.         0.           (10) TREADA CHINGE         1.00         x         x         0.         0.         0.           (11) TYRE '22         0.         0.         0.         0.         0.         0.           (3) ANDER SOLONON         1.000         x         x         0.         0.         0.           (16) GARELE GRIFFITH <td>Name and title</td> <td>Average</td> <td>(do</td> <td>not cl</td> <td>Pos</td> <td>ition</td> <td>) than (</td> <td>ne</td> <td>Reportable</td> <td>Reportable</td> <td>Estimated</td>	Name and title	Average	(do	not cl	Pos	ition	) than (	ne	Reportable	Reportable	Estimated
Week Instance organizations (1) TRIADA STANEAS         Week Organizations (1) TRIADA STANEAS         Instance organizations (W2/1009-MISC)         Compensation (W2/1009-MISC)         Compensation (W2/1009-MISC)           (1) TRIADA STANEAS         40.00         x         191,644.         0.         4,507.           (2) JAMES KROEZE         40.00         x         191,644.         0.         4,507.           (3) ANDRE SOLOMON         40.00         x         111,446.         0.         0.           (4) LAREN ROMAN         20         x         1011,750.         0.         0.           (3) ANDRE SOLOMON         40.00         x         x         0.         0.         0.           (4) LAREN ROMAN, CPA         40.00         x         x         0.         0.         0.           (5) AARON LEVINE         1.000         x         x         0.         0.         0.           (6) JANEN'S , BROUGHTON         1.000         x         x         0.         0.         0.           (10) GRENN'S , BROUGHTON         1.000         x         x         0.         0.         0.           (13) ARAEN FOLLORITI         1.000         x         x         0.         0.         0.           (14) LAREN FOLINO <td></td> <td>hours per</td> <td>box</td> <td>, unles</td> <td>ss per</td> <td>son i</td> <td>s both</td> <td>n an</td> <td>compensation</td> <td>compensation</td> <td>amount of</td>		hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
(1) TRIADA STAMPAS       40.00       x       191,644.       0.       4,507.         (2) JAMSK RORDZE       40.00       x       111,446.       0.       11,750.         (3) ANDRE SOLOMON       40.00       x       111,446.       0.       11,750.         (3) ANDRE SOLOMON       40.00       x       111,446.       0.       0.       0.         (4) LAUREN HOLMAN, CPA       4.00       x       x       0.       0.       0.         (4) LAUREN HOLMAN, CPA       4.00       x       x       0.       0.       0.         (5) ANDRLE GRIFPTH       1.00       x       x       0.       0.       0.       0.         (7) JOSEPH STROPFOLINO III       4.00       x       x       0.       0.       0.       0.         (8) SANDY S. BROUGHTON       1.00       x       x       0.       0.       0.       0.         (10) KAREN DOLAN       1.00       x       0.       0.       0.       0.       0.         (11) TYNIESHA DOUGLAS       1.00       x       0.       0.       0.       0.       0.         (11) TYNIESHA DOUGLAS       1.00       x       0.       0.       0.       0.       <				cer an	aad	recto	r/trus	tee)			
(1) TRIADA STAMPAS       40.00       x       191,644.       0.       4,507.         (2) JAMSK RORDZE       40.00       x       111,446.       0.       11,750.         (3) ANDRE SOLOMON       40.00       x       111,446.       0.       11,750.         (3) ANDRE SOLOMON       40.00       x       111,446.       0.       0.       0.         (4) LAUREN HOLMAN, CPA       4.00       x       x       0.       0.       0.         (4) LAUREN HOLMAN, CPA       4.00       x       x       0.       0.       0.         (5) ANDRLE GRIFPTH       1.00       x       x       0.       0.       0.       0.         (7) JOSEPH STROPFOLINO III       4.00       x       x       0.       0.       0.       0.         (8) SANDY S. BROUGHTON       1.00       x       x       0.       0.       0.       0.         (10) KAREN DOLAN       1.00       x       0.       0.       0.       0.       0.         (11) TYNIESHA DOUGLAS       1.00       x       0.       0.       0.       0.       0.         (11) TYNIESHA DOUGLAS       1.00       x       0.       0.       0.       0.       <			recto							U U	
(1) TRIADA STAMPAS       40.00       x       191,644.       0.       4,507.         (2) JAMSK RORDZE       40.00       x       111,446.       0.       11,750.         (3) ANDRE SOLOMON       40.00       x       111,446.       0.       11,750.         (3) ANDRE SOLOMON       40.00       x       111,446.       0.       0.       0.         (4) LAUREN HOLMAN, CPA       4.00       x       x       0.       0.       0.         (4) LAUREN HOLMAN, CPA       4.00       x       x       0.       0.       0.         (5) ANDRLE GRIFPTH       1.00       x       x       0.       0.       0.       0.         (7) JOSEPH STROPFOLINO III       4.00       x       x       0.       0.       0.       0.         (8) SANDY S. BROUGHTON       1.00       x       x       0.       0.       0.       0.         (10) KAREN DOLAN       1.00       x       0.       0.       0.       0.       0.         (11) TYNIESHA DOUGLAS       1.00       x       0.       0.       0.       0.       0.         (11) TYNIESHA DOUGLAS       1.00       x       0.       0.       0.       0.       <			e or di	ee			sated		, and a second s	•	
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(1) TRIADA STAMPAS       40.00       x       191,644.       0.       4,507.         (2) JAMSK RORDZE       40.00       x       111,446.       0.       11,750.         (3) ANDRE SOLOMON       40.00       x       111,446.       0.       11,750.         (3) ANDRE SOLOMON       40.00       x       111,446.       0.       0.       0.         (4) LAUREN HOLMAN, CPA       4.00       x       x       0.       0.       0.         (4) LAUREN HOLMAN, CPA       4.00       x       x       0.       0.       0.         (5) ANDRLE GRIFPTH       1.00       x       x       0.       0.       0.       0.         (7) JOSEPH STROPFOLINO III       4.00       x       x       0.       0.       0.       0.         (8) SANDY S. BROUGHTON       1.00       x       x       0.       0.       0.       0.         (10) KAREN DOLAN       1.00       x       0.       0.       0.       0.       0.         (11) TYNIESHA DOUGLAS       1.00       x       0.       0.       0.       0.       0.         (11) TYNIESHA DOUGLAS       1.00       x       0.       0.       0.       0.       <			dual ti	itiona		nploy	st cor	-	1000 NEO		
(1) FRIADA STAMPAS       40.00       x       191,644.       0.       4,507.         PRESIDENT 4 CEO       x       191,644.       0.       4,507.         (2) JANSE KORZE       40.00       x       111,446.       0.       11,750.         (3) ANDRE SOLOMON       40.00       x       111,446.       0.       0.       0.         (3) ANDRE SOLOMON       40.00       x       44,516.       0.       0.       0.         (4) LUNEN HOLMAN, CPA       4.00       x       x       0.       0.       0.         (5) ARON LEVINE       1.00       x       x       0.       0.       0.       0.         (6) JANELE GRIFFITH       1.00       x       x       0.       0.       0.       0.         (7) JOSEPH STROFFOLINO III       4.00       x       x       0.       0.       0.       0.         (8) SANDY S. BROUGHTON       1.00       x       x       0.       0.       0.       0.         (10) KAREN DOLAN       1.00       x       0.       0.       0.       0.       0.         (11) TYNTESHA DUGLAS       1.00       x       0.       0.       0.       0.       0.			Individ	In stit t	Office	Key er	Highe	Forme			o gamzanono
(2) JAMES ERCEZE         40.00         x         111,446.         0.         11,750.           COD UNVIL JUNE '22         x         111,446.         0.         11,750.           (3) ANDER SOLOMON         40.00         x         44,516.         0.         0.           VP OF PINANCE AND ADMIN         x         44,516.         0.         0.         0.           (4) LAUREN HOLMAN, CPA         4.00         x         x         0.         0.         0.           (5) AARON LEVINE         1.00         x         0.         0.         0.         0.           (6) JARLE GRIFFITH         1.00         x         x         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.           (7) JOSEPH STROFFOLINO III         4.00         x         x         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.           (9) SHANDRA CHISOLM         1.000         X         0.         0.         0.         0.         0.         0.           (10) TRUSTEE         X         0.         0.         0.         0.	(1) TRIADA STAMPAS	40.00									
(2) JAMES ERCEZE         40.00         x         111,446.         0.         11,750.           COD UNVIL JUNE '22         x         111,446.         0.         11,750.           (3) ANDER SOLOMON         40.00         x         44,516.         0.         0.           VP OF PINANCE AND ADMIN         x         44,516.         0.         0.         0.           (4) LAUREN HOLMAN, CPA         4.00         x         x         0.         0.         0.           (5) AARON LEVINE         1.00         x         0.         0.         0.         0.           (6) JARLE GRIFFITH         1.00         x         x         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.           (7) JOSEPH STROFFOLINO III         4.00         x         x         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.           (9) SHANDRA CHISOLM         1.000         X         0.         0.         0.         0.         0.         0.           (10) TRUSTEE         X         0.         0.         0.         0.	PRESIDENT & CEO		1		х				191,644.	Ο.	4,507.
(3) ANDRE SOLONON       40.00       x       44,516.       0.       0.         VP OF PINANCE AND ADMIN       x       x       44,516.       0.       0.         CHAIR       x       x       0.       0.       0.       0.         CHAIR       x       x       0.       0.       0.       0.         CHAIR       x       x       0.       0.       0.       0.         CIC CHAIR       x       x       0.       0.       0.       0.         SECERTARY       x       x       0.       0.       0.       0.       0.         (7) JOSEPH STROFPOLINO III       4.000       x       x       0.       0.       0.       0.         (7) JOSEPH STROFPOLINO III       4.000       x       x       0.       0.       0.       0.         (7) JOSEPH STROFPOLINO III       4.000       x       0. <td< td=""><td>(2) JAMES KROEZE</td><td>40.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(2) JAMES KROEZE	40.00									
VP OF FINANCE AND ADMIN         X         44,516.         0.         0.           (4) LAUREN HOLMAN, CPA         4.00         X         X         0.         0.         0.           CHAIR         X         X         0.         0.         0.         0.         0.           VICE CHAIR         X         X         0.         0.         0.         0.         0.           (6) JANELLE GRIFFITH         1.00         X         X         0.         0.         0.           (7) JOSEPH STROFFOLINO III         4.00         X         X         0.         0.         0.           (8) SANDY S. BROUGHTON         1.00         X         X         0.         0.         0.           (9) SHANDRA CHISOLM         1.00         X         0.         0.         0.         0.           (10) KAREN DOLAN         1.00         X         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.         0.           TRUSTEE         X         0.	COO UNTIL JUNE '22						Х		111,446.	0.	11,750.
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CHAIR         X         X         X         X         0.         0.         0.           (5)         ARON LEVINE         1.00         X         X         0.         0.         0.           VICE CHAIR         X         X         0.         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.	VP OF FINANCE AND ADMIN				Х				44,516.	0.	0.
(5) AARON LEVINE       1.00       x       x       x       0.       0.       0.         (6) JANELLE GRIFFITH       1.00       x       x       x       0.       0.       0.         (7) JOSEPH STROFFOLINO III       4.00       x       x       0.       0.       0.         (7) JOSEPH STROFFOLINO III       4.00       x       x       0.       0.       0.         (8) SANDY S. BROUGHTON       1.00       x       0.       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.       0.         (9) SHANDRA CHISOLM       1.00       x       0.       0.       0.       0.       0.         TRUSTEE       x       0.       0.       0.       0.       0.       0.       0.         TRUSTEE       x       0. <td>(4) LAUREN HOLMAN, CPA</td> <td>4.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(4) LAUREN HOLMAN, CPA	4.00									
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(7) JOSEPH STROFFOLINO III       4.00       X       X       X       0.       0.       0.         TREASURER       X       X       0.       0.       0.       0.       0.         (8) SANDY S. BROUGHTON       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (9) SHANDRA CHISOLM       1.00       X       0.       0.       0.       0.       0.         (10) KAREN DOLAN       1.00       X       0.       0.       0.       0.       0.         (11) TYNIESHA DOUGLAS       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.	(6) JANELLE GRIFFITH	1.00									
TREASURER         X         X         X         0         0.         0.           (8) SANDY S. BROUGHTON         1.00         X         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.           (9) SHANDRA CHISOLM         1.00         X         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.           (10) KAREN DOLAN         1.00         X         0.         0.         0.         0.           (11) TYNIESHA DOUGLAS         1.00         X         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.           (12) DREW EITNER         1.00         X         0.         0.         0.         0.         0.         0.           (13) KAREN FRANKLIN         1.00         X         0.         0.         0.         0.         0.         0.           TRUSTEE         X         0.         0.         0.         0.         0.         0.         0.         0.			Х		Х				0.	0.	0.
(8) SANDY S. BROUGHTON       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (9) SHANDRA CHISOLM       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (10) KAREN DOLAN       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (11) TYNIESHA DOUGLAS       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (12) DREW EITNER       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (13) KAREN FRANKLIN       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (14) JEAN GARDNER, ESQ.       1.00       X       0.       0.       0.       0.       0.       0.       0. </td <td></td> <td>4.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		4.00									
TRUSTEE       X       0.       0.       0.       0.         (9) SHANDRA CHISOLM       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (10) KAREN DOLAN       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (11) TYNIESHA DOUGLAS       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (12) DREW EITNER       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (13) KAREN FRANKLIN       1.00       X       0.			Х		Х				0.	0.	0.
(9)       SHANDRA CHISOLM       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (10)       KAREN DOLAN       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (11)       TYNIESHA DOUGLAS       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (12)       DEW EITNER       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (13)       KAREN FRANKLIN       1.00       X       0.       0.       0.       0.       0.       0.         (14)       JEAN GARDNER, ESQ.       1.00       X       0.		1.00									-
TRUSTEE       X       I       O.       O.       O.         (10) KAREN DOLAN       1.00       X       O.       O.       O.         TRUSTEE       X       O.       O.       O.       O.         (11) TYNIESHA DOUGLAS       1.00       X       O.       O.       O.         TRUSTEE       X       O.       O.       O.       O.         (12) DREW EITNER       1.00       X       O.       O.       O.         TRUSTEE       X       O.       O.       O.       O.         (12) DREW EITNER       1.00       X       O.       O.       O.         TRUSTEE       X       O.       O.       O.       O.         (13) KAREN FRANKLIN       1.00       X       O.       O.       O.         TRUSTEE       X       O.       O.       O.       O.       O.         (14) JEAN GARDNER, ESQ.       1.00       X       O.       O.       O.       O.         TRUSTEE       X       O.       O.       O.       O.       O.       O.         (15) JEREMY GRUNIN       1.00       X       O.       O.       O.       O.       O.			Х						0.	0.	0.
(10) KAREN DOLAN       1.00       X       0.0.0.0.         TRUSTEE       X       0.0.0.0.       0.0.0.         (11) TYNIESHA DOUGLAS       1.00       0.0.0.0.       0.0.0.         TRUSTEE       X       0.0.0.0.       0.0.0.         (12) DREW EITNER       1.00       0.0.0.0.       0.0.0.         TRUSTEE       X       0.0.0.0.       0.0.0.         (13) KAREN FRANKLIN       1.00       0.0.0.0.       0.0.0.         TRUSTEE       X       0.0.0.0.0.       0.0.0.         (14) JEAN GARDNER, ESQ.       1.00       0.0.0.0.       0.0.0.         TRUSTEE       X       0.0.0.0.0.       0.0.0.         (15) JEREMY GRUNIN       1.00       0.0.0.0.       0.0.0.         TRUSTEE       X       0.0.0.0.       0.0.0.         (16) SUSAN DOCTORIAN KYRILLOS       1.00       0.0.0.0.       0.0.0.         TRUSTEE       X       0.0.0.0.       0.0.0.       0.0.         (17) RENA LEVINE LEVY       1.00       0.0.0.0.       0.0.0.       0.0.	( )	1.00									-
TRUSTEE       X       0.       0.       0.       0.         (11) TYNIESHA DOUGLAS       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (12) DREW EITNER       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (13) KAREN FRANKLIN       1.00       X       0.       0.       0.       0.       0.         (14) JEAN GARDNER, ESQ.       1.00       X       0.       0.       0.       0.       0.         (15) JEREMY GRUNIN       1.00       X       0.       0.       0.       0.       0.       0.       0.         (16) SUSAN DOCTORIAN KYRILLOS       1.00       X       0.       0.       0.       0.       0.       0.         (17) RENA LEVINE LEVY       1.00       X       0.			Х						0.	0.	0.
(11) TYNIESHA DOUGLAS       1.00       X       0.       0.       0.         TRUSTEE       1.00       X       0.       0.       0.       0.         (12) DREW EITNER       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (13) KAREN FRANKLIN       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (14) JEAN GARDNER, ESQ.       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.       0.       0.         (15) JEREMY GRUNIN       1.00       X       0.		1.00									-
TRUSTEE       X       0.       0.       0.       0.         (12) DREW EITNER       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (13) KAREN FRANKLIN       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.         (14) JEAN GARDNER, ESQ.       1.00       X       0. <td< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></td<>			Х						0.	0.	0.
(12) DREW EITNER       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (13) KAREN FRANKLIN       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (14) JEAN GARDNER, ESQ.       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (15) JEREMY GRUNIN       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (16) SUSAN DOCTORIAN KYRILLOS       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (17) RENA LEVINE LEVY       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.		1.00									-
TRUSTEE       X       0.       0.       0.       0.         (13) KAREN FRANKLIN       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (14) JEAN GARDNER, ESQ.       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (15) JEREMY GRUNIN       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (16) SUSAN DOCTORIAN KYRILLOS       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (17) RENA LEVINE LEVY       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.			Х						0.	0.	0.
(13) KAREN FRANKLIN       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (14) JEAN GARDNER, ESQ.       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (15) JEREMY GRUNIN       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (16) SUSAN DOCTORIAN KYRILLOS       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (17) RENA LEVINE LEVY       1.00       X       0.       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.       0.		1.00									-
TRUSTEE       X       0.       0.       0.         (14) JEAN GARDNER, ESQ.       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (15) JEREMY GRUNIN       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (16) SUSAN DOCTORIAN KYRILLOS       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (17) RENA LEVINE LEVY       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.		1	Х						0.	0.	0.
(14) JEAN GARDNER, ESQ.       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (15) JEREMY GRUNIN       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (16) SUSAN DOCTORIAN KYRILLOS       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (17) RENA LEVINE LEVY       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.		1.00								•	•
TRUSTEE       X       0.       0.       0.         (15) JEREMY GRUNIN       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (16) SUSAN DOCTORIAN KYRILLOS       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.         (17) RENA LEVINE LEVY       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.		1	Х						0.	0.	0.
(15) JEREMY GRUNIN       1.00       X       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.         (16) SUSAN DOCTORIAN KYRILLOS       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.       0.         (17) RENA LEVINE LEVY       1.00       X       0.       0.       0.       0.         TRUSTEE       X       0.       0.       0.       0.       0.	•	1.00								•	•
TRUSTEE     X     0.     0.     0.       (16) SUSAN DOCTORIAN KYRILLOS     1.00     .     .     .       TRUSTEE     X     0.     0.     0.       (17) RENA LEVINE LEVY     1.00     .     .     .       TRUSTEE     X     0.     0.     0.		1	Х						0.	0.	0.
(16) SUSAN DOCTORIAN KYRILLOS1.000.0.TRUSTEEX0.0.0.(17) RENA LEVINE LEVY1.00X0.0.TRUSTEEX0.0.0.		1.00								•	•
TRUSTEE         X         0. <th< td=""><td></td><td>1 00</td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>		1 00	Х						0.	0.	0.
(17) RENA LEVINE LEVY         1.00         X         0.<		1.00								•	<u>^</u>
TRUSTEE X 0. 0. 0.		1 00	X				<u> </u>		0.	0.	0.
		1.00								•	<b>^</b>
			Х						0.	υ.	

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232007 12-13-22

Form 990 (2022)

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## THE FOODBANK OF MONMOUTH AND OCEAN

Form 990 (2022) COUNTIES	<u>, INC. I</u>	)/E	3/A	F	UL.	FI	սե		22-2622	522 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	l Hig	phest	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours per					than or both		compensation	compensation	amount of
	week					r/truste		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				eq		organization	(W-2/1099-MISC/	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trus	nal tr		oyee	duo		1099-NEC)		and related
	below	ndividual trustee or director	In stitutional trustee	cer	<ey employee<="" td=""><td>Highest compensated employee</td><td>Former</td><td></td><td></td><td>organizations</td></ey>	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	emp	Богг			
(18) DEAN LIN	1.00									
TRUSTEE		Х						0.	0.	0.
(19) KEN MAROWITZ	1.00									
TRUSTEE		Х						0.	0.	0.
(20) SUZANNE PARCHMENT	1.00									
TRUSTEE		х						0.	0.	0.
(21) NICHOELE PEGUESE	1.00							• •	• •	
TRUSTEE		х						0.	0.	0.
(22) PETER ROSARIO	1.00									
TRUSTEE (UNTIL 10/2022)	<u> </u>	x						0.	0.	0.
(23) SAMMY STEINLIGHT	1.00				$\vdash$			· · ·	0.	U.
TRUSTEE	1.00	x						0.	0.	0.
	1 00	<b>^</b>						0.	0.	0.
(24) CHRIS SULLENS	1.00	.,						0	0	
TRUSTEE	1 00	х						0.	0.	0.
(25) ALEX TAYLOR	1.00									
TRUSTEE		Х						0.	0.	0.
(26) CHARLES T. WOOLSTON	1.00									
TRUSTEE		Х						0.	0.	0.
1b Subtotal								347,606.	0.	16,257.
c Total from continuation sheets to Part V								0.	0.	0.
d Total (add lines 1b and 1c)								347,606.	0.	16,257.
2 Total number of individuals (including but r							o re		000 of reportable	
compensation from the organization					,	,				2
componention nom and organization										Yes No
<b>3</b> Did the organization list any <b>former</b> officer	director trust	مم لا		mnl	0.000	orl	hial	hest compensated empl		
5			•	•			Ŭ			3 X
line 1a? If "Yes," complete Schedule J for s										
4 For any individual listed on line 1a, is the su										
and related organizations greater than \$15										4 X
5 Did any person listed on line 1a receive or	•				-			•	lual for services	
rendered to the organization? If "Yes." con	nplete Schedule	e J fo	or su	ch r	perso	on				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	ictors	s th	at received more than \$	100,000 of compensa	ation from
the organization. Report compensation for	the calendar ye	ear e	endin	g w	ith o	r witl	hin	the organization's tax y	ear.	
(A)								(B)		(C)
Name and business	address							Description of s	ervices (	Compensation
ALLEGIANCE FUNDRAISING							Þ	DIRECT MAIL/I	DIRECT	
PO BOX 9132, FARGO, ND 58	3106							MARKETING		595,605.
YOUR PART-TIME CONTROLLER								OUTSOURCED		-
PO BOX 7247, PHILADELPHIA		17	0 - 0	00	01			ACCOUNTING		241,922.
THINK MEDIA LLC	-/						f			/-
27 MEADOWS LN, OCEAN, NJ	07712						h	PR & MARKETI	NG	103,562.
	5,,12						ť			100,002
							+			
			.,							
<ol> <li>Total number of independent contractors (independent contractors)</li> </ol>	ncluding but n	ot lin	nited	i to f	those	e list	ed	above) who received mo	ore than	

3 \$100,000 of compensation from the organization

Form **990** (2022)

Form 990 (2022)

## THE FOODBANK OF MONMOUTH AND OCEAN

## COUNTIES, INC. D/B/A FULFILL

22-2622522 Page 9

Pa	rt V	<u>/   </u>	Statement of Revenue					
			Check if Schedule O contains a respons	e or note to any line	e in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns 1a	5,763.				
, Grants mounts			Membership dues 1b					
, G		с	Fundraising events 1c	241,437.				
iifts ar A			Related organizations 1d					
s, G milå			Government grants (contributions)	12,542,725.				
ion			All other contributions, gifts, grants, and					
but			similar amounts not included above 1f	23,793,941.				
Contributions, Gifts, and Other Similar Ar		g	Noncash contributions included in lines 1a-1f	13,625,875.				
aŭ aŭ		h	Total. Add lines 1a-1f		36,583,866.			
				Business Code				
e	2	а	RENTAL INCOME	531120	11,760.	11,760.		
Program Service Revenue		b	CULINARY TRAINING	900099	9,745.	9,745.		
senu		С						
ram leve		d		-				
ро Б		е		_				
ē		f	All other program service revenue					
		g	Total. Add lines 2a-2f		21,505.			
	3		Investment income (including dividends, inte		EE2 021			EE2 021
			other similar amounts)		553,031.			553,031.
	4		Income from investment of tax-exempt bond					
	5		Royalties	(ii) Personal				
	6	_		(ii) i cisonai				
	6		Gross rents 6a Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)	-				
			Gross amount from sales of (i) Securities	(ii) Other				
	•		assets other than inventory <b>7a</b> 4,535,446	.,				
		b	Less: cost or other basis					
е			and sales expenses	).				
Revenue		с	Gain or (loss)	· .				
Rev			Net gain or (loss)		49,387.			49,387.
Jer	8	а	Gross income from fundraising events (not					
Othe			including \$ of					
			contributions reported on line 1c). See					
			/ · · · · · · · · · · · · · · · · · · ·	<b>a</b> 93,520.				
				<b>b</b> 110,949.				
			Net income or (loss) from fundraising events		-17,429.			-17,429.
	9	а	Gross income from gaming activities. See					
			· · · · · · · · · · · · · · · · · · ·	a				
				b				
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
		h		Da Db				
			Net income or (loss) from sales of inventory					
		0	Net meetine or (1033) from sales of inventory	Business Code				
snc	11	а	OTHER INCOME	900099	28,497.			28,497.
sellaneo evenue	-	b			•			
ella		с						
Miscellaneous Revenue		d	All other revenue					
2			Total. Add lines 11a-11d		28,497.			
	12		Total revenue. See instructions		37,218,857.	21,505.	0.	613,486.
23200	9 12-	13-	22					Form <b>990</b> (2022)

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22-2622522 Page 10

THE FOODBANK OF MONMOUTH AND OCEAN COUNTIES, INC. D/B/A FULFILL Form 990 (2022) 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 **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 170,119. 170,119. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 14,215,150. 14,215,150. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 212,119. 212,119. trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,825,248. 1,993,923. 421,936. 409,389. Other salaries and wages 7 8 Pension plan accruals and contributions (include 58,602. 36,703. 13,003. 8,896. section 401(k) and 403(b) employer contributions) 399,534. 127,658. 593,804. 66,612. Other employee benefits 9 245,919. 161,286. 51,586. 33,047. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 8,594. 5,675. 1,758. 1,161. b Legal 296,607. 449,200. 91,906. 60,687. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е 98,027. 98,027. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 413,870. 126,350. 583,626. 43,406. column (A), amount, list line 11g expenses on Sch 0.) 448,932. 122,421. 326,511. Advertising and promotion 12 777,259. 533,489. 50,862. 192,908. Office expenses 13 233,558. 129,734. 49,720. 54,104. Information technology 14 15 Royalties 541,214. 519,143. 9,694. 12,377. 16 Occupancy 229,980. 229,980. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 72,283. 15,419. 7,500. 49,364. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 564,184. 538,821. 8,734. 16,629. Depreciation, depletion, and amortization 22 122,447. 79,918. 24,615. 17,914. 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) 12,380,201. 12,380,201. FOOD PURCHASES а 320,898. 319,039. REPAIRS AND MAINTENANCE 642. 1,217. h 2,019. 188,315. 166,917. 19,379. FEES, PERMITS, AND LICE С 137,076. 137,076. CULINARY PROGRAM d е All other expenses 35,476,755. 32,734,072. 1,470,946. 1,271,737. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

Form 990 (2022)

Form 990 (2022)

## THE FOODBANK OF MONMOUTH AND OCEAN

COUNTIES, INC. D/B/A FULFILL

22-2622522 Page 11

Check if Schedule O contains a response or note to any line in this Part X           Check if Schedule O contains a response or note to any line in this Part X         Beginning of year         End of year           1         Cash - non-interest bearing         1,122,191.1         1,3334.3         3         6,086,5334.2         6,541.2           2         Savings and temporary cash investments         72,201.3         6,086,5334.2         6,541.2           4         Accounts receivable, net         74,706.4         250,1           5         Loans and other receivables from any current or former officer, director, trustes, kay employee, creator or founder, substantial contributor, or 35% controled antity or tamily member of any of these persons         5           6         Loans and other receivables from other disqualified persons (as defined under section 4956(X)(8))         6           9         Prepaid expenses and defered charges         1,440,703.8         1,078,5           9         Prepaid expenses and defered charges         13,935,618.11         14,611.9           10a         7,483,036.1         1,364,321.1         0c.2,320,4           11         Investments- publicity traded securities         13,935,618.11         14,614,7           12         Investments- publicity traded securities         13,935,618.11         14,640,8           13         Other a	orm 990 Part X			<u> </u>	2622522 Page II	
Beginn giver         (A) Beginn giver         (B) End of year           1         Cash - non-interest-bearing         1,122,191.         1         3,334,3           2         Swings and temporary cash investments         6,086,534.         2         6,541,2           3         Predges and grants receivable, net         74,706.         4         250,1           5         Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%         5         5           6         Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%         5         6           6         Loans and other receivable, net         1,440,703.         8         1,078,5           9         Prepaid expense and deterred charges         1,364,321.         toc         2,320,4           10a         9,803,558.            13,935,618.         11         14,614,7           12         Investments - other sourties. See Part IV, line 11         13         13,935,618.         11         14,614,7           14         Intrasests. Add lines 1 through 15 finust equal line 33)         24,260,309.         16         29,276,3           17         Accounts Exped	αιτ					
2         Savings and temporary cash investments         6,086,534.         2         6,541.2           3         Pledges and grants receivable, net         72,201.         3           4         Accounts receivable, net         72,201.         3           5         Loans and other receivables from any current or former officer, director, trustes, key employee, creator of founder, substantial contributor, or 35% controlled entity or family member of any of these persons         5         6           6         Loans and other receivables from other disgualfiled persons (as defined under section 4956k(/3)(8)         6         4         250.1           9         Prepaid expenses and defered charges         1,440.703.8         1,078.5         41,611.9         30.3           10a         Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D         10a         9,803,558.1         13,364,321.10cc         2,320,4           1         Investments - publicity traded securities         10a         7,483,086.1         1,364,321.10cc         2,320,4           1         Investments - publicity traded securities         10a         7,483,086.1         1,364,321.10cc         2,320,4           1         Investments - publicity traded securities         10a         7,483,086.1         1,460,703.18         11,06,40.4           1         Investmen			(A)		(B)	
2         Swings and temporary cash investments         6,086,534.         2         6,541.2           3         Pledges and grants receivable, net         72,201.         3           4         Accounts receivable, net         72,201.         3           5         Loans and other receivables from any current or former officer, director, trustee, key employee, creator of conder, substantial contributor, or 35% controlled entity or family member of any of these persons         5         6           6         Loans and other receivables from other disgualfiled persons (as defined under section 4956b(/3)(8)         6         4         250,1           7         Notes and loans receivable, net         7         7         7           8         Inventhreis for sale or use         1,440,703.8         1,078,5           9         Prepaid expenses and defered charges         41,611.9         30,3           10a         2,803,558.         1,364,321.10cc         2,320,4           1         Investments - publicy traded securities         113,935,618.111         14,614,7           1         Investments - publicy traded securities         122,424.15         1,106,4           1         Investments - publicy traded securities         122,2242.41.15         1,006,4           14         Intangible assets         310.311.322.177         <	1	Cash - non-interest-bearing	1,122,191.	1	3,334,374.	
3         Pledges and grants receivable, net         72,201.3           4         Accounts receivable, net         74,706.4         250,1           5         Loans and other receivables from any current or former officer, director, truste, key employee, creator or founder, substantial contributor, or 85% controlled entity or family member of any of these persons         5           6         Loans and other receivables from other disqualified persons (as defined under section 49580(f(1)), and persons described in section 4958(c)(3)(8)         6           7         Notes and loans receivable, net         7         1,440,703.8         1,078,5           9         Prepaid expenses and deferred charges         41,611.9         30,3           10a         9,803,558.         13,935,618.11         14,614,7           1         Investments - publicly traded securities         13,935,618.11         14,614,7           1         Investments - program related. See Part IV, line 11         13         14         122,9,276,3           16         Total assets. Add lines 1 through 15 (must equal line 33)         231,392.17         1,640,8           18         Grants payable and accrued expenses         531,392.17         1,040,8           18         Grants payable and accrued expenses         531,392.17         1,040,8           19         Deferred revenue         957,480.19<	2		6,086,534.	2	6,541,233.	
4         Accounts receivable, net         74,706.4         250,1           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         5           6         Loans and other receivables from other disqualified persons (as defined under section 49580(10)), and persons described in section 49580(23)(8)         6         6           7         Notes and loans receivable, net         7         7           8         Inventories for sale or use         1,440,703.8         1,078,5           9         Prepaid expenses and deferred charges         41,611.9         30,3           10a         Lank, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D         10a         9,803,558.8           b Less: accumulated depreciation         13,935,618.1         11         14,614,7           11         Investments- publicity traded securities.         13,935,618.1         14,614,7           13         Investments- publicity traded securities.         13,932,618.1         14,614,7           14         Intagible assets.         10a         24,260,309.1         12,2,726,3           14         Intagible assets.         11,064,4         14         11.064,4           15	3					
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 sectivables, net excitables from other disqualified persons (as defined under sectivables, net excitables, net excitables, net excitables, net excitables, net excitables, net excitables, and deferred charges       7         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       7       8       1, 364, 321.       10c       2, 320, 4         11       Investments - other securities. See Part IV, line 11       10a       9, 803, 558.       1       13, 935, 618.       11       14, 611.       9       30, 3         12       Investments - other securities. See Part IV, line 11       10a       9, 803, 558.       1       13, 935, 618.       11       14, 614, 7         13       Investments - other securities. See Part IV, line 11       13       13       13       14       106.4       24, 260, 309.       16       29, 276, 3         14       Intrage sects. Add lines 1 through 15 (must equal line 33)       24, 260, 309.       16       29, 276, 3       31, 392.       17       1, 040, 8         19       Deterred revenue       957, 480.       19       10.031,	4				250,131	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (a defined under section 4958)((11)), and persons described in section 4958(c)(3)(B)         5           Thotas and other receivables from other disqualified persons (as defined under section 4958)((11)), and persons described in section 4958(c)(3)(B)         6           Thotas and other receivables from other disqualified persons (as defined under section 4958)((11)), and persons described in section 4958(c)(3)(B)         7           Notes and loans receivable, net           1, 440, 703. 8         1, 078, 5           1, 440, 703. 8         1, 078, 5           1, 440, 703. 8         1, 440, 703. 8           1, 440, 703. 8         1, 440, 703. 8           1, 440, 703. 8         1, 0, 0         2, 320, 4           10         9, 803, 558.           b less: accumulated depreciation         10, 0         2, 320, 4           10         100         9, 803, 558.           10         10, 400, 83           10         10         10, 400, 81           10         10, 400, 81           10	5					
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(r)(3)(B)         7           7         Notes and loans receivable, net         7           8         Inventories for sale or use         1,440,703. a           9         Prepaid expenses and deterred charges         1,440,703. a           10a         9,803,558.         21,232,44           11         Investments - publicly traded securities         13,935,618. 11           11         Investments - publicly traded securities         13,935,618. 11           11         Investments - publicly traded securities         13,935,618. 11           12         Investments - publicly traded securities         13,935,618. 11           11         Investments - publicly traded securities         13,106,4           12         Investments - publicly traded securities         12,2,424. 15           13         Investments - publicly traded securities         12,106,4           14         Ita - for assets. See Part IV, line 11         12           14         Ita - for assets. See Part V, line 11         12,2,424. 15           15         Other assets. See Part V, line 11         12,42,426,0,309. 16           16         Total assets. 42		-				
6         Loans and other receivables from other disqualified persons (as defined under section 4956)((11)), and persons described in section 4956)((3)(8)         6           7         Notes and loans receivable, net         7           7         Notes and loans receivable, net         7           7         Notes and deferred charges           1,440,703. 8         1,078,558.           7         Notes and deferred charges           1,364,321. 10c. 2,320,4           11,440,703. 8         1,440,703. 8           1,440,703. 8         1,078,558.           1,440,703. 8         1,078,558.           1,440,703. 8         1,078,558.           1,440,703. 8         1,078,558.           10. Exerce accurate Scartters. Sce Part IV, line 11         12           10. Exerce inters. publicly traded securities         12,42,426,13,32           17         Accounts payable and accrued expenses           531,392. 17         1,0640,8           18         Colspetrelation to folder pay ot these persons <td></td> <td></td> <td></td> <td>5</td> <td></td>				5		
group         under section 4958(r)(1), and persons described in section 4958(c)(3)(B)         6           7         Notes and loans receivable, net         7           8         Inventories for sale or use         1,440,703.8         1,078,5           9         Prepaid expenses and deferred charges         41,611.9         30,3           10a         Land, buildings, and equipment: cost or other         10a         9,803,558.         10c         2,320,4           11         Investments - publicly traded securities         10b         7,483,086.1,364,321.         10c         2,320,4           11         Investments - publicly traded securities         13,935,618.         11         14,614,7           13         Investments - program-related. See Part IV, line 11         13         12         14           14         Intagible assets         531,392.         17         1,640,8           16         Test assets. Add lines 1 through 15 (must equal line 33)         24,260,309.         16         29,276,3           17         Accounts payable and accrued expenses         531,392.         17         1,640,8           19         Deferred revenue         957,480.         19         1,031,8           20         Tax exempt bond liabilities         20         21         22	6			_		
98       7       Notes and loans receivable, net       7         9       Prepaid expenses and deferred charges       1,440,703. 8       1,078,5         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a       9,803,558.         10b       7,483,086.       1,364,321.       10c       2,320,4         11       Investments - publicly traded securities       13,935,618.       11       14,614,7         12       Investments - orbit securities. See Part IV, line 11       12       13       13         14       Intangible assets       44       14       14         15       Other assets. See Part IV, line 11       13       12       12,2,424.       15       1,106,4,4         16       Total assets. Adil Inses 1 through 15 (must equal line 33)       12,4,260,9       16       29,276,3         17       Accounts payable and accrued expenses       531,392.       17       1,640,8         19       Deferred revenue       20       21       22         21       Excorw or custodial account liability. Complete Part IV of Schedule D       21       22       22         22       Controlled entity or family member of any of these persons       22       22       23       24       24				6		
B         Inventories for sale or use         1,440,703.8         1,078,5           9         Prepaid expenses and deferred charges         41,611.9         30,3           10a         Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D         10a         9,803,558.         41,611.9         30,3           b         Less: accountated depreciation         10b         7,483,086.         1,364,321.         10c         2,320,4           11         Investments - publicly traded securities         10a         9,803,558.         13         13         14,614,7           12         Investments - other securities. See Part IV, line 11         11         13         14         14,614,7           14         Intragible assets         11         12,2,424.         15         1,106,4           15         Other assets. Acd lines 1 through 15 (must equal line 33)         24,260,309.         16         29,276,3           16         Total assets. Acd lines 1 through 15 (must equal line 33)         24,260,309.         16         29,276,3           17         Accounts payable and accrued expenses         511,392.         17         1,640,8           18         Grants payable and accrued expenses         511,392.         1,640,8         20           24 <td< td=""><td>ω 7</td><td></td><td></td><td></td><td></td></td<>	ω 7					
9       Prepare deprivement costs or other basis. Complete Part VI of Schedule D       10a       9, 803, 558.       1, 364, 321.       10c       2, 320, 4         11       Investments - publicly traded securities.       10b       7, 483, 086.       1, 364, 321.       10c       2, 320, 4         12       Investments - publicly traded securities.       10b       7, 483, 086.       1, 364, 321.       10c       2, 320, 4         11       Investments - publicly traded securities.       11a       11a <t< td=""><td>8 set</td><td></td><td>1,440,703.</td><td></td><td>1,078,561</td></t<>	8 set		1,440,703.		1,078,561	
10a         Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D         10a         9,803,558.           b         Less: accumulated depreciation         10b         7,483,086.         1,364,321.         10c         2,320,4           11         Investments - publicly traded securities         13,935,618.         11         14,614,7           12         Investments - other securities. See Part IV, line 11         13         13           13         Investments - program-related. See Part IV, line 11         13         14         11,06,4           15         Other assets. See Part IV, line 11         122,424.         15         1,106,4           16         Total assets. Add lines 1 through 15 (must equal line 33)         24,260,309.         16         29,276,3           17         Accounts payable and accrued expenses         5311,392.         1         1,040,8           18         Grants payable         957,480.         19         1,031,8           20         Tax exempt bond liabilities         20         21         22           21         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           23         Secured m	Asi 9				30,373	
basis. Complete Part VI of Schedule D         10a         9,803,558.           b Less: accumulated depreciation         10b         7,483,086.         1,364,321.         10c         2,320,4           11         Investments - publicly trade descurities.         113,935,618.         11         14,614,7           12         Investments - other securities. See Part IV, line 11         13         12         114           13         Investments - program-related. See Part IV, line 11         13         13           14         Intrastressets. See Part IV, line 11         13         122,2424.         15         1,106,4           16         Other assets. See Part IV, line 11         122,424.         15         1,106,4           17         Accounts payable and accrued expenses         531,392.         17         1,640,8           19         Deferred revenue         957,480.         19         1,031,8           21         Escow or custofial account liability. Complete Part IV of Schedule D         20         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		· · · · · · · · · · · · · · · · · · ·		_		
b         Less: accumulated depreciation         10b         7,483,086.         1,364,321.         10c         2,320,4           11         investments - publicly traded securities         13,935,618.         11         14,614,7           12         investments - program-related. See Part IV, line 11         13         13           13         investments - program-related. See Part IV, line 11         13         14           14         122,4244.         15         1,106,4           16         Other assets. See Part IV, line 11         122,4244.         15         1,106,4           16         Other assets. Add lines 1 through 15 (must equal line 33)         24,260,309.         16         29,276,3           17         Accounts payable and accrued expenses         531,392.         17         1,640,8           19         Deferred revonue         20         20         20         20           21         Escrow or custodial account liability. Complete Part IV of Schedule D         21         20         20           22         Loans and other payable to unrelated third parties         22         23         24         20           23         Secured notes and loans payable to unrelated third parties         24         24         20         23           <						
11       Investments - publicly traded securities       13,935,618.       11       14,614,7         13       Investments - other securities. See Part IV, line 11       13       13         14       Intangible assets       14       13         15       Other assets. See Part IV, line 11       122,424.       15       1,106,4         16       Total assets. Add lines 1 through 15 (must equal line 33)       24,260,309.       16       29,276,3         17       Accounts payable and accrued expenses       531,392.       17       1,640,8         19       Deferred revenue       957,480.       19       1,031,8         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       21         22       Loans and other payables to any ourner of 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         24       Unsecured mortagaes and notes payable to unrelated third parties       23       24       24         25       Other liabilities not included on lines 17.24). Complete Part X of Schedule D       21,570,149,27       24,530,5         27       Net assets withod noor restrictions       21,570,149,27       24,530,5       1,201,288.28       1,082,7		Less: accumulated depreciation 10b 7,483,086.	1,364,321.	10c	2,320,472	
12       Investments - other securities. See Part IV, line 11       12         13       Investments - program-related. See Part IV, line 11       13         14       Intagible assets       14         15       Other assets. See Part IV, line 11       122, 424.       15       1, 106, 4         16       Total assets. Add lines 1 through 15 (must equal line 33)       24, 260, 309.       16       29, 276, 3         17       Accounts payable and accrued expenses       531, 392.       17       1, 640, 8         18       Grants payable       957, 480.       19       1, 031, 8         20       Tax-exempt bond liabilities       20       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       22         22       Lons and other payables to any current of former officer(or, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       22         24       Unsecured notes and lones payable to unrelated third parties       24       24         25       Other liabilities not included on lines 17:24). Complete Part X of Schedule D       21, 570, 149.       27         27       Net assets with donor restrictions       21, 570, 149.       27       24, 530, 53         28       Net asse					14,614,716	
13       Investments - program-related. See Part IV, line 11       13         14       Intangible assets       14         15       Other assets. See Part IV, line 11       122,424.       15       1,106,4         16       Total assets. Add lines 1 through 15 (must equal line 33)       24,260,309.       16       29,276,3         17       Accounts payable and accrued expenses       531,392.       17       1,640,8         19       Deferred revenue       957,480.       19       1,031,8         20       Tax-exempt bond liabilities       20       21       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       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 morts and loans payable to unrelated third parties       24       24         24       Unsecured notes and loans payable to unrelated third parties       24       24       25         25       Other liabilities (notiludies for through 25       1,488,872.       26       3,663,0         0       cgs 990,3       1,488,872.       26       3,663,0       21,570,149.       27 <td></td> <td></td> <td></td> <td></td> <td></td>						
14       Intangible assets       14         15       Other assets. See Part IV, line 11       122,424.       15       1,106,4         16       Total assets. Add lines 1 through 15 (must equal line 33)       24,260,309.       16       29,276,3         17       Accounts payable and accrued expenses       531,392.       17       1,640,8         18       Grants payable       18       11,031,8         20       Tax-exempt bond liabilities       20       20         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       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         24       Unsecured notes and loans payable to unrelated third parties       24       24         25       Other liabilities not included on lines 17:24). Complete Part X of Schedule D       25       990,3         27       Net assets without donor restrictions       21,570,149.       27       24,530,5         28       Total liabilities. Add lines 17 through 25.       1,488,872.       26       3,663,0	13					
15       Other assets. See Part IV, line 11       122,424.15       1,106,4         16       Total assets. Add lines 1 through 15 (must equal line 33)       24,260,309.16       29,276,3         17       Accounts payable and accrued expenses       531,392.17       1,640,8         18       Grants payable       18         19       Deferred revenue       957,480.19       1,031,8         20       Tax-exempt bond liabilities       20       21         21       Escrew or custodial account liability. Complete Part IV of Schedule D       21       20         22       Loas 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       24       24         24       Unsecured notes and loans payable to unrelated third parties       24       24         25       Other liabilities, fincluling federal income tax, payables to related third parties       21,488,872,26       3,663,0         27       Net assets without donor restrictions       21,570,149,27       24,530,5         21,201,288,28       28       1,082,7       24,530,5         28       Capital stock or trust principal, or current funds	14			14		
16 Total assets. Add lines 1 through 15 (must equal line 33)         24,260,309. 16         29,276,3           17 Accounts payable and accrued expenses         531,392. 17         1,640,8           18 Grants payable         18           9         531,392. 17         1,640,8           19         Deferred revenue         957,480. 19         1,031,8           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 motts and loans payable to unrelated third parties         24           24         Unsecured notes and loans payable to unrelated third parties         24           25         Other liabilities. Add lines 17 through 25         1,488,872. 26         3,663,0           Organizations that follow FASB ASC 958, check here and complete lines 27,28, 32, and 33.         21,21,570,149. 27 <th cols<="" td=""><td>15</td><td></td><td>122,424.</td><td>15</td><td>1,106,481</td></th>	<td>15</td> <td></td> <td>122,424.</td> <td>15</td> <td>1,106,481</td>	15		122,424.	15	1,106,481
17       Accounts payable and accrued expenses       531,392.17       1,640,8         18       Grants payable       18       19         19       Deferred revenue       957,480.19       1,031,8         20       Tax-exempt bond liabilities       20       21         21       Escrow or custodial account liability. Complete Part IV of Schedule D       21       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         24       Unsecured notes and loans payable to unrelated third parties       23       24       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       21       24         26       Total liabilities. Add lines 17 through 25       1,488,872.26       3,663,0         27       Net assets with donor restrictions       21,570,149.27       24,530,5         28       Net assets with donor restrictions       21,2570,149.27       24,530,5         29       Capital stock or trust principal, or current funds       29       29       30         30       Paid-in or capital suplus, or land, building, or equipment fund <td>16</td> <td></td> <td>24,260,309.</td> <td>16</td> <td>29,276,341</td>	16		24,260,309.	16	29,276,341	
18       Grants payable       18         19       Deferred revenue       957,480.19       1,031,8         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       24         25       Other liabilities not included on lines 17-24). Complete Part X of Schedule D       0.25       990,3         26       Total liabilities. Add lines 17 through 25       1,488,872.26       3,663,0         Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       21,570,149.27       24,530,5         27       Net assets with donor restrictions       21,201,288.28       1,082,7         0       restrictions       29       29         30       Paid-in or capital stock or trust principal, or current funds       30       31         29       Capital stock or trust principal, or current funds       31       31         31       <	17		531,392.	17	1,640,828	
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       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       0. 25       990, 3         26       Total liabilities. Add lines 17 through 25       1,488,872. 26       3,663,0         Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       21,570,149. 27       24,530,5         27       Net assets with donor restrictions       21,570,149. 27       24,530,5         28       Net assets with donor restrictions       21,570,149. 27       24,530,5         29	18	Grants payable		18		
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       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       0. 25       990, 3         26       Total liabilities. Add lines 17 through 25       1,488,872. 26       3,663,0         0rganizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       21,570,149. 27       24,530,5         27       Net assets with donor restrictions       21,570,149. 27       24,530,5         28       Net assets with donor restrictions       21,0201,288. 28       1,082,7         29       and complete lines 29 through 33.       29       29         29       30       Paid-in or capital surplus, or land, building, or equipment fund       30       30         30       Paid-in or capital surplus, or land, building, or equipment f	19	Deferred revenue	957,480.	19	1,031,888	
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       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       0. 25       990, 3         26       Total liabilities. Add lines 17 through 25       1,488,872. 26       3,663,0         0rganizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       21,570,149. 27       24,530,5         27       Net assets with donor restrictions       21,570,149. 27       24,530,5         28       Net assets with donor restrictions       21,201,288. 28       1,082,7         0       Capital stock or trust principal, or current funds       29         29       Capital stock or trust principal, or current funds       30         30       Paid-in or capital surplus, or land, building, or equipment fund       30         31       Total net assets or fund balances       22,771,437, 32 <t< td=""><td>20</td><td></td><td></td><td>20</td><td></td></t<>	20			20		
grigging       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       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       0. 25       990, 3         26       Total liabilities. Add lines 17 through 25       1,488,872. 26       3,663,0         Organizations that follow FASB ASC 958, check here X       1,201,288. 28       1,082,7         27       Net assets with donor restrictions       21,570,149. 27       24,530,5         28       Net assets with donor restrictions       21,201,288. 28       1,082,7         29       Paid-in or capital stock or trust principal, or current funds       29         21       Otal net assets or fund balances       31         30       Retained earnings, endowment, accumulated income, or other funds       31         32       Total liabilities and net assets/fund balances       24,260,309. 33       29,276,3	21			21		
23       Secured moregages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       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       0. 25       990,3         26       Total liabilities. Add lines 17 through 25       1,488,872. 26       3,663,0         Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       21,570,149. 27       24,530,5         28       Net assets with donor restrictions       21,201,288. 28       1,082,7         Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       29       29         29       Capital stock or trust principal, or current funds       29         29       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       24,260,309, 33       29,276,3	<sub>0</sub> 22	Loans and other payables to any current or former officer, director,				
23       Secured moregages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       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       0. 25       990, 3         26       Total liabilities. Add lines 17 through 25       1,488,872. 26       3,663,0         Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       21,570,149. 27       24,530,5         27       Net assets without donor restrictions       21,201,288. 28       1,082,7         0       organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       29       29         28       Net assets with donor restrictions       21,271,437. 32       25,613,3         29       Paid-in or capital surplus, or land, building, or equipment fund       30         30       Retained earnings, endowment, accumulated income, or other funds       31         32       Total net assets or fund balances       24,260,309. 33       29,276,3	litie	trustee, key employee, creator or founder, substantial contributor, or 35%				
23       Secured moregages and notes payable to unrelated third parties       23         24       Unsecured notes and loans payable to unrelated third parties       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       0. 25       990,3         26       Total liabilities. Add lines 17 through 25       1,488,872. 26       3,663,0         Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.       21,570,149. 27       24,530,5         28       Net assets with donor restrictions       21,201,288. 28       1,082,7         Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       29       29         29       Capital stock or trust principal, or current funds       29         29       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       24,260,309, 33       29,276,3	abi	controlled entity or family member of any of these persons		22		
25       Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D       0. 25       990, 3         26       Total liabilities. Add lines 17 through 25       1,488,872. 26       3,663,0         Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.         27       Net assets without donor restrictions       21,570,149. 27       24,530,5         28       Net assets with donor restrictions       1,201,288. 28       1,082,7         Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.       29       Capital stock or trust principal, or current funds       29         29       Paid-in or capital surplus, or land, building, or equipment fund       30       31       Retained earnings, endowment, accumulated income, or other funds       31       22,771,437. 32       25,613,3         30       Total liabilities and net assets/fund balances       24,260,309. 33       29,276,3	⊐   <sub>23</sub>	Secured mortgages and notes payable to unrelated third parties		23		
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D0. 25990, 326Total liabilities. Add lines 17 through 251,488,872.263,663,0Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.21,570,149.2724,530,527Net assets without donor restrictions1,201,288.281,082,7Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.29Capital stock or trust principal, or current funds2930Paid-in or capital surplus, or land, building, or equipment fund 323031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances24,260,309.3329,276,3	24	Unsecured notes and loans payable to unrelated third parties		24		
of Schedule D       0. 25       990,3         26 Total liabilities. Add lines 17 through 25         Organizations that follow FASB ASC 958, check here         X         and complete lines 27, 28, 32, and 33.         27       Net assets without donor restrictions       21,570,149.       27       24,530,5         28       Net assets with donor restrictions       1,201,288.       28       1,082,7         Organizations that do not follow FASB ASC 958, check here         and complete lines 29 through 33.       29       Capital stock or trust principal, or current funds       29         Statistics or trust principal, or current funds         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       22,771,437.       32       25,613,3         33       Total liabilities and net assets/fund balances       24,260,309.       33       29,276,3	25	Other liabilities (including federal income tax, payables to related third				
26Total liabilities. Add lines 17 through 251,488,872.263,663,0Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.21,570,149.2724,530,527Net assets without donor restrictions21,201,288.281,082,728Net assets with donor restrictions1,201,288.281,082,7Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.29Capital stock or trust principal, or current funds2929Capital stock or trust principal, or current funds303131Retained earnings, endowment, accumulated income, or other funds3122,771,437.3225,613,333Total liabilities and net assets/fund balances24,260,309.3329,276,3		parties, and other liabilities not included on lines 17-24). Complete Part X				
Source and complete lines 27, 28, 32, and 33.XX27Net assets without donor restrictions21,570,149.2728Net assets with donor restrictions1,201,288.2828Net assets with donor restrictions1,201,288.280rganizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.292929Capital stock or trust principal, or current funds2930Paid-in or capital surplus, or land, building, or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances22,771,437.3233Total liabilities and net assets/fund balances24,260,309.33		of Schedule D		25	990,307	
and complete lines 27, 28, 32, and 33.21, 570, 149.2724, 530, 527Net assets without donor restrictions1, 201, 288.281, 082, 728Net assets with donor restrictions1, 201, 288.281, 082, 7Organizations that do not follow FASB ASC 958, check here1201, 288.29and complete lines 29 through 33.292929Capital stock or trust principal, or current funds3030Paid-in or capital surplus, or land, building, or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances22, 771, 437.3233Total liabilities and net assets/fund balances24, 260, 309.33	26		1,488,872.	26	3,663,023	
33 Total liabilities and net assets/fund balances		Organizations that follow FASB ASC 958, check here				
33 Total liabilities and net assets/fund balances	Ces	and complete lines 27, 28, 32, and 33.				
33 Total liabilities and net assets/fund balances	<u>la</u> 27				24,530,588	
33 Total liabilities and net assets/fund balances	8 28		1,201,288.	28	1,082,730	
33 Total liabilities and net assets/fund balances	n					
33 Total liabilities and net assets/fund balances	Lí S					
33 Total liabilities and net assets/fund balances	្ខ្   29					
33 Total liabilities and net assets/fund balances	es   30					
33 Total liabilities and net assets/fund balances	₹ 31 ₹					
	_					
AAA	33	Total liabilities and net assets/fund balances	24,260,309.	33	Even 129,276,341.	

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Sign	Envelope ID: BF58F76E-A36E-4A2C-9D11-BA13C0BC3299				
	THE FOODBANK OF MONMOUTH AND OCEAN990 (2022)COUNTIES, INC. D/B/A FULFILL	22-26	22522	Paç	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	37,218		
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,476		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,742		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,771		
5	Net unrealized gains (losses) on investments	5	1,099	) <u>, 7'</u>	<u>79.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	25,613	3,31	18.
Pa	rt 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: Cash X Accrual Other		-		
_	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X	
	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:				
_	X Separate basis Consolidated basis Both consolidated and separate basis	P4			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			x	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	^	
0.	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	equie O.			
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			x	
F	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	~	
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require and describe any steps taken to undergo such audits.		24	v	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<b>3b</b>	X	

Form 990 (2022)

232012 12-13-22

SCH	EDULE A		Dublic Cha	rity Status an	d Duk	lia Su	innort		OMB No. 1545-0047
(Form	990)			nization is a section 501					2022
				47(a)(1) nonexempt cha					ZUZZ
	ent of the Treasury evenue Service			ttach to Form 990 or Fo					Open to Public
				Form990 for instruction			ormation.	<b>F</b> aralanaa	
Name	of the organizati			F MONMOUTH AN D/B/A FULFII		SAN			identification number 2-2622522
Part	I Reason			(All organizations must c		nis nart ) S	ee instruction		2-2022322
				For lines 1 through 12, cl				3.	
1 <b>1</b>			•	on of churches described		,	IVAVi)		
2				Attach Schedule E (Form			יאָראַיי		
3	_			anization described in se		(b)(1)(A)(ii	i).		
4	_ ·	•		njunction with a hospital			•	(iii). Enter	the hospital's name,
	city, and state	e:							
5	An organizati	on operated fo	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
_	section 170	b)(1)(A)(iv).(	Complete Part II.)						
6		te, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 2	_ 0		-	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	public described in
•			Complete Part II.)						
8 [	-, ·			(1)(A)(vi). (Complete Parl		ad in aaniu	notion with a	land grant	
9 🗌	-	-	-	in section 170(b)(1)(A)(i ulture (see instructions).		-		-	-
	university:	n a non-land-ç	grant conege of agric			name, orty	, and state of	the college	
10		on that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, and	d aross receipts from
				t to certain exceptions; a					
	income and ι	nrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
_	See section	5 <b>09(a)(2).</b> (Co	mplete Part III.)						
11		-	-	ively to test for public saf	•				
12 🗌	-	-	-	ively for the benefit of, to				•	
			-	d in section 509(a)(1) o					Check the box on
a		-	•••	f supporting organizatior upervised, or controlled				-	aivina
a				gularly appoint or elect a	• • • •	-			
		-	complete Part IV, Se						
b			-	l or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	ring
	control or n	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	oorted
		( )	st complete Part IV,						
C				g organization operated				ly integrate	d with,
		•	.,.	). You must complete F					
d		-		porting organization oper ation generally must sati				0	
			•	nplete Part IV, Sections	•		•	anallenin	611655
e	'	·	,	written determination from				I. Type III	
				nally integrated supportir			JI 7 JI	, ,,	
fΕ	Inter the number								
<b>g</b> F			n about the supporte		(iv) to the error	pization listed			
	(i) Name of support organization		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern		(v) Amount of support (see ir		(vi) Amount of other support (see instructions)
	organization			above (see instructions))	Yes	No			
									<u> </u>
Total									

	Т	HE FOODBAI	NK OF MON	MOUTH AND	OCEAN		
Sch		OUNTIES,				22-262	2522 Page 2
Pa	art II Support Schedule for	Organizations	Described in	Sections 170(I	b)(1)(A)(iv) and	170(b)(1)(A)(v	i)
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I o	r if the organizatior	n failed to qualify u	inder Part III. If the	organization
	fails to qualify under the tests	listed below, pleas	se complete Part I	II.)			
Sec	ction A. Public Support				r		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	22596603.	32607174.	40031478.	<u>31114558.</u>	<u>36583866.</u>	162933679
2	Tax revenues levied for the organ-						
	ization'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	22596603.	32607174.	40031478.	<u>31114558.</u>	<u>36583866.</u>	162933679
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)						3430975.
	Public support. Subtract line 5 from line 4.						159502704
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·					
	ndar year (or fiscal year beginning in)	(a) 2018 22596603.	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
		22390003.	5260/1/4.	400314/8.	51114558.	20202000.	1029330/9
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	225,594.	262,378.	278 477	110 872	553 031	1760352.
~	and income from similar sources	225,594.	202,570.	2/0,4//.	440,072.	555,051.	1700352.
9	Net income from unrelated business						
	activities, whether or not the	175,728.					175,728.
10	business is regularly carried on Other income. Do not include gain	115,120.					175,720.
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	8.			11,788.	28,497.	40,293.
11	Total support. Add lines 7 through 10				,		164910052
	Gross receipts from related activities,	etc. (see instructio	l (ne)				,283,347.
	First 5 years. If the Form 990 is for th		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	fourth or fifth tax y			/200/01/0
	organization, check this box and <b>sto</b>						
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	96.72 %
15	Public support percentage from 2021					15	96.54 %
16a	33 1/3% support test - 2022. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	<b>33 1/3% support test - 2021.</b> If the o						
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	0 10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and <b>st</b>	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	

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

Schedule A (Form 990) 2022

232022 12-09-22

### THE FOODBANK OF MONMOUTH AND OCEAN

22-2622522 Page 3

Schedule A (Form 990) 2022	COUNTIES,	INC.	D/B/A	FULFILL	22-
Part III Support Schedule	for Organization	s Descril	oed in Se	ction 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	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.)						
Sec	ction B. Total Support			1	-		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
	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						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the						nization,
_	check this box and stop here						
	ction C. Computation of Publi						
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves						
17	1 0			ine 13, column (f))		17	%
18						18	%
19a	33 1/3% support tests - 2022. If the						ine 17 is not
	more than 33 1/3%, check this box ar						
b	<b>33 1/3% support tests - 2021.</b> If the						
	line 18 is not more than 33 1/3%, che						ition
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
23202	23 12-09-22		16			Sched	lule A (Form 990) 2022

<sup>2022.05060</sup> THE FOODBANK OF MONMOUTH A3556781

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

1

2

3a

3b

3c

Yes No

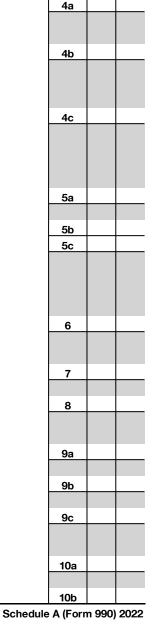
### Schedule A (Form 990) 2022 Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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?
- 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? If "Yes." provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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## THE FOODBANK OF MONMOUTH AND OCEAN

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Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
0	<sub>detail in</sub> Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type I Supporting Organizations			<u> </u>
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		L
000				
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
~	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructio	 ns).		
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	instruction	s)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

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Зb Schedule A (Form 990) 2022

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THE FOODBANK OF MONMOUTH AND OCEAN

22-2622522

	dule A (Form 990) 2022 COUNTIES, INC. D/B/A FU	JLFILL		22-2622522 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	T
Sect	ion 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		
Sect	ion 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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2022

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### THE FOODBANK OF MONMOUTH AND OCEAN

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Sche Par		D/B/A FULFILI (a)(3) Supporting Orga	ni-ations		2-2622522 Page 7
	on D - Distributions		nizations (continu	jeaj	Current Year
1	Amounts paid to supported organizations to accomplish exer	mot purposes		1	Ourrent real
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			-	
2	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets		5	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovido dotailo in Part VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive		· ·	
•	(provide details in <b>Part VI</b> ). See instructions.	le organization le resperieire		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	1	(i)	(ii)		(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A (Form 990) 2022

## THE FOODBANK OF MONMOUTH AND OCEAN 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:

2018 AMOUNT: \$	8.
2021 AMOUNT: \$	11,788.
2022 AMOUNT: \$	28,497.
232028 12-09-22	Schedule A (Form 990) 20

Schedule B	Schedule of Contributors	OMB No. 1545-0047
(Form 990)	Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.	2022
Department of the Treasury Internal Revenue Service		
Name of the organization		Employer identification number
	HE FOODBANK OF MONMOUTH AND OCEAN DUNTIES, INC. D/B/A FULFILL	22-2622522
Organization type (check of	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

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

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

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

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

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

Schedule B (Form 990) (2022)

Name of o	B (Form 990) (2022) organization	Emple	Page <b>2</b> byer identification number
	OODBANK OF MONMOUTH AND OCEAN IES, INC. D/B/A FULFILL	2:	2-2622522
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if ac		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1</u>		\$18,931,445.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,207,493.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$898,820.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$895,043.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,261,232.</u>	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$799,957.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Schedule I	B (Form 990) (2022)		F	Page 3
	rganization		Employer identification num	nber
	OODBANK OF MONMOUTH AND OCEAN IES, INC. D/B/A FULFILL		22-2622522	
			•	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	l.	
(a)		(c)		
No.	(b)	FMV (or estimate	e) (d)	
from Part I	Description of noncash property given	(See instructions.		
	FOOD			
1		-		
		_		
		_ \$ 3,971,7	58.	_
(a) No.	(b)	(c)	.) (d)	
from	Description of noncash property given	FMV (or estimate	<sup>2)</sup> Data received	
Part I		(See instructions.	.)	
	FOOD	_		
2		_		
			93	
		_ 5 _ 1,207,4	<u> </u>	_
(a)				
No.	(b)	(c) FMV (or estimate	) (d)	
from Dort I	Description of noncash property given	(See instructions.		
Part I	FOOD			
3		-		
		-		
		\$\$	20.	_
(a) No.	(b)	(c)	(4)	
from	(b) Description of noncash property given	FMV (or estimate	Date received	
Part I		(See instructions.	.)	
	FOOD	_		
4		_		
			13	
		_   \$895,0	<del></del>	_
(a)				
No.	(b)	(c) FMV (or estimate	a) (d)	
from Part I	Description of noncash property given	(See instructions.		
Parti	FOOD			
5		-		
		\$1,261,2	32.	_
(a) No.		(c)	(L.)	
from	(b) Description of noncash property given	FMV (or estimate		
Part I		(See instructions.	.)	
		_		
		_		
		—		
		\$		

24

223453 11-15-22

Schedule B (Form 990) (2022)

Schedule I	B (Form 990) (2022)		Page 4			
	rganization		Employer identification number			
	OODBANK OF MONMOUTH AND IES, INC. D/B/A FULFILL	OCEAN	22-2622522			
Part III	Exclusively religious, charitable, etc., contributi		ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious.	) through (e) and the following line entricharitable, etc., contributions of \$1,000 or le	ry. For organizations ess for the year. (Enter this info. once.)			
	Use duplicate copies of Part III if additional	space is needed.				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
-		e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
		[				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
·		(a) Transfer of sif				
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
		[				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
		(e) Transfer of gift				
		()				
	Transferee's name, address, a	nd 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	t			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
		[				

Schedule B (Form 990) (2022)

25 2022.05060 THE FOODBANK OF MONMOUTH A3556781

			al Financial Statements anization answered "Yes" on Form 990,	OMB No. 1545-0047	
Depart	n 990) ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	Open to Public	
			90 for instructions and the latest information NMOIITH AND OCEAN	n. Inspection Employer identification number	
Name of the organization THE FOODBANK OF MONMOUTH AND OCEAN Employer ider COUNTIES, INC. D/B/A FULFILL 22-					
Pa	rt I Organiza		ed Funds or Other Similar Funds or		
		answered "Yes" on Form 990, Part IV, li			
	-		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at en	d of year			
2		contributions to (during year)			
3		grants from (during year)			
4		end of year			
5			writing that the assets held in donor advised f	unds	
-	-		exclusive legal control?		
6			advisors in writing that grant funds can be use		
	•	•	or donor advisor, or for any other purpose con	•	
	impermissible priva				
Pa			rganization answered "Yes" on Form 990, Part		
1		ervation easements held by the organizat		,	
		of land for public use (for example, recrea		istorically important land area	
		natural habitat	,	ertified historic structure	
	Preservation	of open space			
2		• •	ified conservation contribution in the form of a	conservation easement on the last	
	day of the tax year.	<b>o o</b> .		Held at the End of the Tax Year	
а				2a	
b					
c	-		ructure included in (a)		
d		ation easements included in (c) acquired			
				2d	
3			leased, extinguished, or terminated by the org		
	year			C C	
4	-	where property subject to conservation early a subject to c	sement is located		
5			riodic monitoring, inspection, handling of		
		prcement of the conservation easements		Yes No	
6	Staff and volunteer	hours devoted to monitoring, inspecting	, handling of violations, and enforcing conserva		
7	Amount of expense	es incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	easements during the year	
8	Does each conserv	ation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4	)(B)(i)	
	and section 170(h)	4)(B)(ii)?		Yes 🗌 No	
9	In Part XIII, describ	e how the organization reports conservat	ion easements in its revenue and expense stat	tement and	
	balance sheet, and	include, if applicable, the text of the foot	note to the organization's financial statements	that describes the	
	organization's acco	ounting for conservation easements.			
Pa	rt III Organiza	tions Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.	
	Complete if	the organization answered "Yes" on Forr	n 990, Part IV, line 8.		
<b>1</b> a	If the organization	elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and I	balance sheet works	
	of art, historical tre	asures, or other similar assets held for pu	blic exhibition, education, or research in furthe	erance of public	
	service, provide in	Part XIII the text of the footnote to its fina	ncial statements that describes these items.		
b	If the organization	elected, as permitted under FASB ASC 9	58, to report in its revenue statement and bala	nce sheet works of	
	art, historical treas	ures, or other similar assets held for publi	c exhibition, education, or research in furthera	nce of public service,	
	provide the followir	ng amounts relating to these items:			
	(i) Revenue includ	led on Form 990, Part VIII, line 1		\$	
2	If the organization	received or held works of art, historical tre	easures, or other similar assets for financial ga	in, provide	
		nts required to be reported under FASB /			
а	Revenue included	on Form 990, Part VIII, line 1		\$	
LHA	For Paperwork Re	duction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022	
23205	1 09-01-22				
			26		

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		DBANK OF M				ſ					
		S, INC. D/						22-26			
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Other	<sup>-</sup> Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	< any of the f	ollowing that	make si	gnificant ı	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	d 🗌	Loan or exc	hange progra	am					
b	Scholarly research	e	e 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical treas	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	the organ	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran								ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.		•							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	s or other ass	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII							·····			
									Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
f	Distributions during the year										
	Ending balance Did the organization include an amount on F								Yes		No
	-						• · · · · · ·	······ L		F	
	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete										
		(a) Current year		Prior year	(c) Two year	T		/ears back	(e) Fou	r voaro	hack
				nor year		3 Dack			(e) i ou	i yoara	Dack
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur		e (line 10	g, column (a)	) held as:						
а	Board designated or quasi-endowment	•	%		,						
b	Permanent endowment	%									
- C		%									
Ŭ	The percentages on lines 2a, 2b, and 2c sho	•									
30	Are there endowment funds not in the posse		ation tha	at are held ar	nd administer	ad for th	0				
Ja	organization by:			at are neiu ai			C			Yes	No
									20(1)		
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		<u> </u>
	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment f	funds.							
Fai	t VI Land, Buildings, and Equipm			/ l'a . 11 . 0	<b>.</b>	Denty	1 <b>1</b> 0				
	Complete if the organization answere										
	Description of property	(a) Cost or o		• •	or other	• •	ccumulate		<b>(d)</b> Boo	k valu	le
		basis (investr	ment)		(other)	de	oreciation				
1a	Land				7,500.						00.
	Buildings				7,588.		215,2				46.
	Leasehold improvements			-	3,200.		944,7				47.
	Equipment			2,68	1,416.	2,5	514,6	62.	16	6,7	54.
	Other				3,854.		308,4		1,33	5,4	25.
	Add lines 1a through 1e. (Column (d) must e		X colun	•				1	2,32		
		igaan onn oou, i dit			vv./			Schedule			
								2054416	- ,, ,, ,,		,

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

Schedule D (Form 990) 2022 C Part VII Investments - Other	OUNTIES, INC	
Part VII Investments - Othe	r 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)	OPERATING LEASE LIABLITIES	990,307.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	990,307.

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 ... X

Schedule D (Form 990) 2022

232053 09-01-22

_	THE FOODBANK OF MONMOUTH A dule D (Form 990) 2022 COUNTIES, INC. D/B/A FULFI	LL			2622522 Page 4
Par	<b>t XI</b> Reconciliation of Revenue per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		n Revenue per Re	turn.	
1				1	38,406,510.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
- a	Net unrealized gains (losses) on investments	2a	1,099,779.		
b	Donated services and use of facilities		74,952.		
c	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	1,174,731.
3	Subtract line <b>2e</b> from line <b>1</b>			3	37,231,779.
4	Amounts included on Form 990. Part VIII. line 12, but not on line 1:				· · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	98,027.		
b	Other (Describe in Part XIII.)		-110,949.		
	Add lines 4a and 4b			4c	-12,922.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	37,218,857.
Pa	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	35,564,629.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	74,952.		
b	Prior year adjustments				
с	Other losses	2c			
d	Other (Describe in Part XIII.)		110,949.		
е	Add lines 2a through 2d			2e	185,901.
3	Subtract line 2e from line 1			3	35,378,728.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	98,027.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	98,027.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	35,476,755.
Pa	rt 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

29

FEDERAL AND STATE AUTHORITIES.

232054 09-01-22

Schedule D (Form 990) 2022

Sign Envelope ID: BF58F76E-A36E-4A2C-9D11-BA13C0BC3299	
THE FOODBANK OF MONMOUTH AND OCEAN	22-2622522 Page 5
Schedule D (Form 990) 2022         COUNTIES, INC. D/B/A FULFILL           Part XIII         Supplemental Information (continued)	22-2022322 Page
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EVENT EXPENSES	-110,949.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EVENT EXPENSES	110,949.
	Schedule D (Form 990) 202
32055 09-01-22	

30 2022.05060 THE FOODBANK OF MONMOUTH A3556781

09380314 131839 A355678

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19, or if the	2022
Department of the Treasury		Attach to Form 990 o	r Forn	n <b>990</b> -	EZ.		Open to Public
Internal Revenue Service Name of the organizatior		o www.irs.gov/Form990 for instruc					Inspection identification number
Name of the organization		DBANK OF MONMOUTH 2 S, INC. D/B/A FULF		001	LAIN	22-26	
Part I Fundrais		Complete if the organization answe		es" or	Form 990, Part IV, I		
required to	complete this part	t					
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	ions email solicitations tations licitations on have a written o ed in Form 990, Pa	f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with pr	ion of ion of fundra (incluc	non-g gover iising e ling of onal fu	overnment grants nment grants events ficers, directors, trus indraising services?		Yes 🗌 No
<b>b</b> If "Yes," list the 10 compensated at le	0	viduals or entities (fundraisers) pursua	ant to	agreer	nents under which th	ne fundraiser is t	o be
(i) Name and addres or entity (func	s of individual	(ii) Activity	(iii) fundr have ci or con contribu	aiser ustody trol of	(iv) Gross receipts from activity	(v) Amount pa to (or retained b fundraiser listed in col. (	by) to (or retained by)
			Yes	No			
Total							
	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt fror	n registration

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

Schedule G (Form 990) 2022

232081 10-27-22

### Doc

	edule G (Form 990) 2022 COUNTI rt II Fundraising Events. Complete if t	ES, INC. D/B/2	"Yes" on Form 990, Par	22- t IV, line 18, or reported	
	of fundraising event contributions and g	(a) Event #1 SHORE TO ROCK HUNGER	EZ, lines 1 and 6b. List e (b) Event #2 (event type)	vents with gross receip (c) Other events NONE (total number)	ts greater than \$5,000. (d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	(event type) 334,957.	(event type)	(total humber)	334,957
	2 Less: Contributions	241,437.			241,437
	3 Gross income (line 1 minus line 2)	93,520.			93,520
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
חוובתו באחמו ומפס	7 Food and beverages	72,396.			72,396
	<ul><li>8 Entertainment</li><li>9 Other direct expenses</li></ul>				9,702 28,851
1	<ul><li>10 Direct expense summary. Add lines 4 throug</li><li>11 Net income summary. Subtract line 10 from</li></ul>	h 9 in column (d) line 3, column (d)			110,949 -17,429
'ar	rt III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
heveriue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
	1 Gross revenue				
00010	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			<u> </u>	
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 throug	gh 5 in column (d)			
	8 Net gaming income summary. Subtract line	7 from line 1, column (d)			
a I	Enter the state(s) in which the organization cond Is the organization licensed to conduct gaming a If "No," explain:	activities in each of these s	tates?		YesN
	Were any of the organization's gaming licenses I			/ear?	Yes N
-					

Saha	dule G (Form 990) 2022	THE FOODE COUNTIES,				EAN	22-2	622	500	Page <b>3</b>
	Does the organization conduct gar	,							Yes	
<b>12</b>	s the organization a grantor, bene	ficiary or trustee of	a trust, or a n	nember of a par	tnership or othe	er entity formed			Yes	
	o administer charitable gaming? ndicate the percentage of gaming								162	
	The organization's facility							13a		%
	An outside facility							13b		%
14	Enter the name and address of the	e person who prepa	res the organ	ization's gaming	g/special events	books and reco	rds:			
I	Name									
/	Address									
<b>1</b> 5a I	Does the organization have a cont	ract with a third par	ty from whon	n the organizatio	on receives gan	ning revenue?			Yes	🗌 No
	f "Yes," enter the amount of gamin of gaming revenue retained by the					and the a	mount			
	f "Yes," enter name and address of									
I	Name									
,	Address									
16 (	Gaming manager information:									
I	Name									
(	Gaming manager compensation	\$								
I	Description of services provided									
				1						
	Director/officer	Employee		Independent o	contractor					
	Mandatory distributions: s the organization required under	state law to make c	haritable dist	ributions from t	he gaming proc	eads to				
	etain the state gaming license?								Yes	🗌 No
	Enter the amount of distributions r	required under state	law to be dis				in the			
Par	organization's own exempt activitie IV Supplemental Inform			ns required by I	Part Lline 2h. c	olumns (iii) and (v	i): and Par	t III lin	<u>0 0 0</u>	2h 10h
	15b, 15c, 16, and 17b, as						n, and i a	,		55, 105,
232083	10-27-22			33			Sched	ule G (	Form	990) 2022

THE FOODE	BANK OF	MONM	DUTH	AND	OCEAN
COUNTIES,	INC.	D/B/A	FULI	FILL	

chedule G (Form 990) COUNTIES, INC. D/B/A FULFILL	22-2622522 Page 4
COUNTIES, INC. D/B/A FULFILL         Part IV       Supplemental Information (continued)	
	Schedule G (Form 990

232084 04-01-22

SCHEDULE I (Form 990)	Go	Frants and Oth vernments, an ete if the organization	nd Individual	s in the Ŭn on Form 990, Pa	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Form a.gov/Form990 for		ation.		Open to Public Inspection
		NMOUTH AND ( /A FULFILL	•				Employer identification number 22-2622522
Part I General Information on Grants a							
<b>1</b> Does the organization maintain records							
criteria used to award the grants or assis 2 Describe in Part IV the organization's pro-	stance?	arian the use of grant	funda in tha United				X Yes N
Part II Grants and Other Assistance to recipient that received more than s	Domestic Organiz	zations and Domestic	Governments. C	complete if the org	anization answered "	Yes" on Form 990, Parl	t IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BY FAITH MINISTRIES PANTRY 322 E. 5TH ST. LAKEWOOD, NJ 08701	62-0484177	501(C)(3)	7,201.	1,404.	FMV	COOLER AND SHIPPING	FOOD AND RELATED PANTRY
CHURCH OF GRACE & PEACE 1563 OLD FREEHOLD RD TOMS RIVER, NJ 08755	22-3602867	501(C)(3)	15,000.	0.	FMV		FOOD AND RELATED PANTRY
, COLLABORATIVE SUPPORT PROGRAMS 11 SPRING STREET FREEHOLD, NJ 07728	22-2589018	501(C)(3)	9,131.	1,125.	FMV	COFFEEMAKER AND CABINETS	FOOD AND RELATED PANTRY ASSISTANCE
DESTINY FOOD PANTRY 236 BRICK BLVD BRICK, NJ 08723	20-0203845	501(C)(3)	15,528.	0.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
MERCY CENTER 1106 MAIN STREET ASBURY PARK, NJ 07712	22-2664472	501(C)(3)	15,000.	0.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
OPEN DOOR 39 THROCKMORTON ST FREEHOLD, NJ 07728	22-2796807	501(C)(3)	22,843.	0.	FMV		FOOD AND RELATED PANTRY ASSISTANCE
FREEHOLD, NJ 07728         2       Enter total number of section 501(c)(3) a         3       Enter total number of other organization	nd government org	ganizations listed in the	,	0.	FMV		ASSISTANCE1(

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

Schedule I (Form 990) 2022

## THE FOODBANK OF MONMOUTH AND OCEAN

Schedule I (Form 990) COUNTIES, INC. D/B/A FULFILL

L 22-2622522

organization or governmentif applicablecash grantinoncash assistancevaluation (book, FMV, appraisal, other)non-cash assistanceor assistanceSIMON'S SOUP KITCHEN41-2182534501(C)(3)10,935.0. FMVFOOD AND RELATED PANT68 GRANT AVE41-2182534501(C)(3)10,935.0. FMVASSISTANCEST. MARK'S CCR41-2182534501(C)(3)6,000.0. FMVASSISTANCEY.T. MARK'S CCR21-0634592501(C)(3)6,000.0. FMVASSISTANCEYARM HEARTS FOOD PANTRY21-0634592501(C)(3)6,000.0. FMVASSISTANCEYOMS RIVER, NJ 0875782-3113377501(C)(3)8,014.1,055. FMVFRIDGE/FREEZERST. JOHN'S HAZLET3000 FLORENCE AVES010 FLORENCE AVES010 FLORENCE AVES010 FLORENCE AVES010 FLORENCE AVE			A FULFILL					22-2022322 Pag
organization or governmentif applicablecash grantnoncash assistancevaluation (book, FMV, appraisal, other)non-cash assistanceor assistanceIMON'S SOUP KITCHEN68 GRANT AVE41-2182534501(C)(3)10,935.0. FMVFOOD AND RELATED PANT68 GRANT AVE41-2182534501(C)(3)10,935.0. FMVASSISTANCET. MARK'S CCR41-2182534501(C)(3)6,000.0. FMVASSISTANCE47 CARR AVE21-0634592501(C)(3)6,000.0. FMVASSISTANCEEANSBURG, NJ 0773421-0634592501(C)(3)6,000.0. FMVASSISTANCEARM HEARTS FOOD PANTRY 0 TOGO RD OMS RIVER, NJ 0875782-3113377501(C)(3)8,014.1,055. FMVFRIDGE/FREEZERT. JOHN'S HAZLET 000 FLORENCE AVE82-3113377501(C)(3)8,014.1,055. FMVFRIDGE/FREEZERASSISTANCE	Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	
68 GRANT AVE       41-2182534       501(C)(3)       10,935.       0. FMV       SOL AND RELATED PANY         47. CARR AVE       21-0634592       501(C)(3)       6,000.       0. FMV       FOOD AND RELATED PANY         47. CARR AVE       21-0634592       501(C)(3)       6,000.       0. FMV       SOL AND RELATED PANY         10. FMV       21-0634592       501(C)(3)       6,000.       0. FMV       SOL AND RELATED PANY         0. TOGO RD       21-0634592       501(C)(3)       6,000.       0. FMV       SOL AND RELATED PANY         0. TOGO RD       21-0634592       501(C)(3)       8,014.       1,055. FMV       FRIDGE/FREEZER       FOOD AND RELATED PANY         0. TOGO RD       82-3113377       501(C)(3)       8,014.       1,055. FMV       FRIDGE/FREEZER       ASSISTANCE         T. JOHN'S HAZLET       000 FLORENCE AVE       VE       VE       VE       FOOD AND RELATED PANY	(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	noncash	valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEASIDE HEIGHTS, NJ 08751 41-2182534 501(C)(3) 10,935. 0. FMV ASSISTANCE ST. MARK'S CCR 247 CARR AVE KEANSBURG, NJ 07734 21-0634592 501(C)(3) 6,000. 0. FMV ASSISTANCE KEANSBURG, NJ 07734 21-0634592 501(C)(3) 6,000. 0. FMV FMV FMV ASSISTANCE KEANSBURG, NJ 07734 21-0634592 501(C)(3) 6,000. 0. FMV FMV FMV ASSISTANCE ST. JOHN'S HAZLET 2000 FLORENCE AVE	SIMON'S SOUP KITCHEN							
ST. MARK'S CCR 247 CARR AVE EEANSBURG, NJ 07734 21-0634592 501(C)(3) 6,000. 0.FMV FOOD AND RELATED PANY ASSISTANCE MARM HEARTS FOOD PANTRY 0 TOGO RD COMS RIVER, NJ 08757 82-3113377 501(C)(3) 8,014. 1,055.FMV FRIDGE/FREEZER ASSISTANCE ST. JOHN'S HAZLET 2000 FLORENCE AVE	.68 GRANT AVE							FOOD AND RELATED PANTRY
A47 CARR AVE EANSBURG, NJ 07734 21-0634592 501(C)(3) 6,000. 0. FMV FND ASSISTANCE FOOD AND RELATED PANY ASSISTANCE FOOD AND RELATED PANY ASSISTANCE FOOD AND RELATED PANY ASSISTANCE FOOD AND RELATED PANY ASSISTANCE FOOD AND RELATED PANY FOOD AND RELATED PANY	EASIDE HEIGHTS, NJ 08751	41-2182534	501(C)(3)	10,935.	0.	FMV		ASSISTANCE
447 CARR AVE       21-0634592       501(C)(3)       6,000.       0. FMV       FOOD AND RELATED PANY ASSISTANCE         VARM HEARTS FOOD PANTRY .0 TOGO RD OMS RIVER, NJ 08757       82-3113377       501(C)(3)       8,014.       1,055. FMV       FRIDGE/FREEZER       FOOD AND RELATED PANY ASSISTANCE         ST. JOHN'S HAZLET 0000 FLORENCE AVE	T. MARK'S CCR							
VARM HEARTS FOOD PANTRY .0 TOGO RD COMS RIVER, NJ 08757 82-3113377 501(C)(3) 8,014. 1,055. FMV FRIDGE/FREEZER ASSISTANCE FOOD AND RELATED PANY ST. JOHN'S HAZLET 2000 FLORENCE AVE								FOOD AND RELATED PANTRY
0 TOGO RD 20MS RIVER, NJ 08757 82-3113377 501(C)(3) 8,014. 1,055. FMV FRIDGE/FREEZER ASSISTANCE T. JOHN'S HAZLET 2000 FLORENCE AVE		21-0634592	501(C)(3)	6,000.	0.	FMV		
10 TOGO RD ROMS RIVER, NJ 08757 82-3113377 501(C)(3) 8,014. 1,055. FMV FRIDGE/FREEZER ASSISTANCE ST. JOHN'S HAZLET 2000 FLORENCE AVE	NON URADER FOOD DANEEV							
FOMS RIVER, NJ 08757       82-3113377       501(C)(3)       8,014.       1,055.       FMV       FRIDGE/FREEZER       ASSISTANCE         ST. JOHN'S HAZLET       2000 FLORENCE AVE								
ST. JOHN'S HAZLET 2000 FLORENCE AVE FOOD AND RELATED PANY		82-3113377	501(C)(3)	8 014	1 055	FMV	FRIDGE/FREEZER	
		02 0110077	501(0)(0)	0,011.	1,000.			
	ST. JOHN'S HAZLET							
HAZLET, NJ 07730       31-1813333 501(C) (3)       7,544.       5,002. FNV       TABLES       ASSISTANCE         IANDO       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	2000 FLORENCE AVE							FOOD AND RELATED PANTRY
Image: Second	HAZLET, NJ 07730	31-1813333	501(C)(3)	7,544.	5,002.	FMV	TABLES	ASSISTANCE
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Schedule I (Form 990)

Page 1

## THE FOODBANK OF MONMOUTH AND OCEAN

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) 2022

Part III

COUNTIES, INC. D/B/A FULFILL

Part III can be duplicated if additional space is needed. (c) Amount of (a) Type of grant or assistance (b) Number of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance NUTRITIOUS FOOD TO FAMILIES AND INDIVIDUALS IN NUTRITIOUS FOOD TO FAMILIES NEED 115050 0. 14,215,150.FMV AND INDIVIDUALS IN NEED

**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.

22-2622522 Page 2

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

 Schedule I (Form 990)
 COUNTIES,

 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 I (Form 990)

SC	HEDULE J   Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		20	<b>77</b>	,
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				
	tment of the Treasury Attach to Form 990.		Open to		ic
	al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.	Employer ide	Inspe		mbor
INdii	e of the organization THE FOODBANK OF MONMOUTH AND OCEAN COUNTIES, INC. D/B/A FULFILL	22-26			nber
Pa	rt I Questions Regarding Compensation	22-20	04434	4	
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99	90.		103	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	,			
	First-class or charter travel Housing allowance or residence for persona	al use			
	Travel for companions Payments for business use of personal resid	dence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account 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		. 1b		
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?		. 2		
-					
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	i to			
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	X     Compensation committee       X     Written employment contract				
	X       Independent compensation consultant       X       Compensation survey or study         X       Form 990 of other organizations       X       Approval by the board or compensation cor	mmittaa			
		mmillee			
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:				
а	Receive a severance payment or change-of-control payment?		4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?		41		X
	Participate in or receive payment from an equity-based compensation arrangement?				X
	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:				
а	The organization?		<u>5</u> a		X
b	Any related organization?		5b		X
	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:				v
a	The organization?		<u>6a</u>		X X
b	Any related organization?		6b		^
7	If "Yes" on line 6a or 6b, describe in Part III.				
'	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		x
٥	not described on lines 5 and 6? If "Yes," describe in Part III		7		Λ
8			8		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		O		
3	Regulations section 53.4958-6(c)?		9		
ΙΗΔ	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedul		n 990)	2022
- 1/1		Joneuu			

232111 10-18-22

Schedule J (Form 990) 2022

### THE FOODBANK OF MONMOUTH AND OCEAN

COUNTIES, INC. D/B/A FULFILL

22-2622522

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.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	compensation		reported as deferred on prior Form 990
(1) TRIADA STAMPAS	(i)	191,644.	0.	0.	4,165.	342.	196,151.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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

Schedule J (Form 990) 2022

22-2622522 Page 3

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.

Schedule J (Form 990) 2022

sc	HEDULE M		Nonc	ash Contri	ibutions	l	OMB No. 1	545-004	7
(Fo	rm 990)						20	22	)
		Complete if the org	anizations		n Form 990, Part IV, lines 2	9 or 30.			
	ment of the Treasury I Revenue Service	Go to www.ir		Attach to Form 9	90. Is and the latest informatio	n	Open to Inspe		С
Nam	e of the organization						identificatio		nber
	· · · · · · · · · · · · · · · · · ·	COUNTIES, IN					2-2622		
Pa	rt I Types of			,					
	•		(a)	(b)	(c)		(d)		
			Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g		of determin ntribution ar		5
1	Art - Works of art								
2	Art - Historical treas	sures							
3	Art - Fractional inte	rests							
4	Books and publicat	tions							
5	Clothing and house	ehold goods							
6	Cars and other veh	nicles							
7	Boats and planes								
8	Intellectual propert	у							
9	Securities - Publicly	y traded	X	1	179,890.	FMV OF DO	ONATED	STO	DCK
10	Securities - Closely	held stock							
11	Securities - Partner	rship, LLC, or							
	trust interests								
12	Securities - Miscella	aneous							
13	Qualified conservat	tion contribution -							
	Historic structures								
14	Qualified conservat	tion contribution - Other $_{\dots}$							
15	Real estate - Reside								
16	Real estate - Comn	nercial							
17	Real estate - Other								
18	Collectibles								
19	Food inventory		X	7,602,130	13,445,985.	WHOLESAL	E VALU	2	
20	Drugs and medical	supplies							
21	• • • • • • • • • • • • • • • • • • • •								
22									
23	Scientific specimer	าร							
24	Archeological artifa	acts							
25	Other (	)							
26	Other (	)							
27	Other (	)							
28	Other (	)							
29		3283 received by the organiz						0	
	for which the organ	nization completed Form 828	33, Part V, D	onee Acknowledge	ement 29			0	
								Yes	No
30a					orted in Part I, lines 1 throug				
					ch isn't required to be used				v
		or the entire holding period?					<u>30a</u>		<u> </u>
b		he arrangement in Part II.			f on a nonoton development	ionol		v	
31	-	• · ·	-	-	of any nonstandard contribut		31	X	
32a		ion hire or use third parties		-					v
		- David II					<u>32a</u>		X
	,		aluma (-) f-		for which column (a) is -t	lad			
33		uiun t report an amount in c	olumn (C) foi	r a type of property	for which column (a) is cheo	ckea,			
	describe in Part II.	Poduction Act Nation	the leaters	tions for Earns 000		Cab	ulo M (Ferr	000	2022
LHA		Reduction Act Notice, see				Sched	lule M (Forn	1 990)	2022

Schedule M (Form 990) 2022

## THE FOODBANK OF MONMOUTH AND OCEAN

### COUNTIES, INC. D/B/A FULFILL

**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

Schedule M (Form 990) 2022

232142 09-09-22

22-2622522 Page 2

#### OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (Form 990) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service THE FOODBANK OF MONMOUTH AND OCEAN Employer identification number Name of the organization 22-2622522 COUNTIES INC. D/B/A FULFILL

FORM 990, PART VI, SECTION A, LINE 1A:

ALL COMMITTEE MEMBERS ARE ON THE GOVERNING BODY.

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 PRESIDENT AND CEO 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 DECEMBER 2021. DURING THE HIRING

A SALARY RANGE WAS DETERMINED BASED ON EXPERIENCE WITH THE PROCESS.

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

44

IN THE BOARD AND EXECUTIVE COMMITTEE MINUTES.

Name of the organization THE FOODBANK OF MONMOUTH AND OCEAN COUNTIES, INC. D/B/A FULFILL	Employer identification numbe
FORM 990, PART VI, SECTION B, LINE 15B:	
THE HUMAN RESOURCES COMMITTEE AND PRESIDENT AND CEO WORKED	WITH AN OUTSIDE
CONSULTANT TO DEVELOP SALARY BANDS FOR EACH POSITION BASED	ON INDUSTRY
STANDARDS, COMPARABILITY DATA, AND JOB DESCRIPTIONS. THE E	XECUTIVE
	XECUTIVE

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.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2022

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.

Form	8868
(Rev.	January 2022)

## Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury				
Internal Revenue Service				

### File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. THE FOODBANK OF MONMOUTH AND OCEAN COUNTIES, INC. D/B/A FULFILL				Taxpayer identification number (TIN)			
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.							
return. See instructions.								
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			01		
Application		Return	Application			Return		
ls For		Code	Is For			Code		
Form 990 or Form 990-EZ		01	Form 1041-A			08		
Form 4720 (individual)		03	Form 4720 (other than individual)			09		
Form 990-PF		04	Form 5227			10		
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	-T (trust other than above)	06	Form 8870			12		
Form 990	-T (corporation) ANDRE SOLOMON	07						
<ul> <li>If the c</li> <li>If this i</li> <li>box ▶ [</li> <li>1 I req</li> <li>the</li> <li>▶ [</li> <li>2 If th</li> </ul>	one No. ► (732)918-2600 organization does not have an office or place of business s for a Group Return, enter the organization's four digit ( . If it is for part of the group, check this box ► ( quest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization and above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization and above. The extension and above and above and above and above and above above and above and above and above abov	Group Exe and atta MAX anization's , an heck reasc	mption Number (GEN) <u>ch a list with the names and TINs or</u> <u>X</u> 15, 2024, to fil         return for:         d ending	If this is fo all memb	r the whole ers the extern npt organiza	group, check this		
<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less <u>any nonrefundable credits. See instructions.</u>					\$	0.		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.					\$	0.		
<b>c</b> Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.					\$	0.		
instructio	If you are going to make an electronic funds withdrawal ns. or Privacy Act and Paperwork Reduction Act Notice.			453-TE an		9-TE for payment 8868 (Rev. 1-2022)		