

Form **8868**
(Rev. January 2024)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. THE FOODBANK OF MONMOUTH AND OCEAN COUNTIES, INC. D/B/A FULFILL	Taxpayer identification number (TIN) 22-2622522
	Number, street, and room or suite no. If a P.O. box, see instructions. 3300 ROUTE 66	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEPTUNE, NJ 07753	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **ANDRE SOLOMON**
3300 ROUTE 66 - NEPTUNE, NJ 07753

Telephone No. **(732) 918-2600** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 ____ or
 tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	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.	3b	\$	0.
c 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.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 30, 2024

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

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Signature fields for Preparer (William A. Loughery) and Officer (Triada Stampas), including dates and titles.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

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

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
FULFILL ACCELERATES FOOD SECURITY THROUGHOUT MONMOUTH & OCEAN COUNTIES BY LEADING A COLLABORATIVE MOVEMENT THAT CONNECTS PEOPLE TO FOOD AND RELATED RESOURCES WHILE ALSO ADDRESSING SYSTEMIC BARRIERS TO 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 No
If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 29,687,855. including grants of \$ 25,200,022.) (Revenue \$ 0.)
FULFILL ACQUIRES NUTRITIOUS FOOD FOR DISTRIBUTION TO FAMILIES IN NEED IN MONMOUTH AND OCEAN COUNTIES. FULFILL PRIMARILY DELIVERS NUTRITIOUS FOOD THROUGH A NETWORK OF CHARITABLE AGENCIES, OUR MOBILE PANTRIES, AND KIDS' FEEDING PROGRAMS. SOURCES OF DONATED FOOD INCLUDE LOCAL FOOD DONATIONS, NATIONAL DONATIONS THROUGH FEEDING AMERICA, AND GOVERNMENT FOOD SUCH AS THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP). FULFILL SUPPLEMENTS DONATED FOOD AND PRODUCTS WITH SPECIFIC GROCERY ITEMS PURCHASED WITH FUNDING FROM THE STATE FOOD PURCHASE PROGRAM AND OTHER FUNDING.

4b (Code:) (Expenses \$ 974,562. including grants of \$ 0.) (Revenue \$ 6,725.)
THE CULINARY TRAINING PROGRAM PROVIDES HANDS-ON TRAINING IN AN ONSITE PRODUCTION KITCHEN FOR ADULTS IN NEED OF PERMANENT EMPLOYMENT. THE PROGRAM HELPS MEN AND WOMEN BECOME SELF-SUFFICIENT BY PROVIDING THE SKILLS THEY NEED TO OBTAIN BETTER-PAYING JOBS AND OPERATES OUT OF THE TOMS RIVER LOCATION. THE CULINARY TRAINING PROGRAM HELPS PREPARE HOT MEALS FOR THE AFTER-SCHOOL AND SUMMER FOOD PROGRAMS.

4c (Code:) (Expenses \$ 542,995. including grants of \$ 0.) (Revenue \$ 0.)
FULFILL IDENTIFIES OPPORTUNITIES AND RESOURCES DESIGNED TO REDUCE THE NEED AND KEEP OUR FAMILIES FOOD SECURE.
FULFILL ASSISTS HOUSEHOLDS TO ACCESS BENEFITS AND RESOURCES THAT WILL HELP THEM ADDRESS THE BUDGET SHORTFALL WHICH CAN CAUSE HUNGER AND PREVENT FOOD SECURITY. RESOURCES INCLUDE BUT ARE NOT LIMITED TO OUTREACH AND APPLICATION ASSISTANCE FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) AND AS NAVIGATORS IN APPLYING FOR HEALTH INSURANCE UNDER THE AFFORDABLE CARE ACT AND MEDICAID/NJ FAMILY CARE. ACTIVITIES ARE CONDUCTED LOCALLY AND AT AS MANY AS 25 COMMUNITY SITES EACH MONTH.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 576,714. including grants of \$ 0.) (Revenue \$ 0.)

4e Total program service expenses 31,782,126.

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 96	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 1	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts (2a), tax returns (2b), unrelated business income (3a), foreign accounts (4a), prohibited transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), section 501(c)(7) organizations (10), section 501(c)(12) organizations (11), section 4947(a)(1) trusts (12a-12b), section 501(c)(29) health insurance issuers (13a-13c), indoor tanning services (14a-14b), section 4960 tax (15), section 4968 excise tax (16), and section 501(c)(21) organizations (17).

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	20	
b	Enter the number of voting members included on line 1a, above, who are independent	20	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

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

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

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TRIADA STAMPAS PRESIDENT & CEO	40.00			X			218,343.	0.	28,969.	
(2) ANDRE SOLOMON VP OF FINANCE & ADMINISTRATION	40.00			X			159,394.	0.	22,124.	
(3) JONATHAN R. ROWE VP OF OPERATIONS	40.00					X	130,478.	0.	37,682.	
(4) KELLY WATTS VP OF DEVELOPMENT (UNTIL 11/2023)	40.00					X	138,240.	0.	14,701.	
(5) JANELLE GARCIA VP OF COMMUNITY IMPACT	40.00					X	135,316.	0.	14,506.	
(6) LAUREN HOLMAN, CPA CHAIR	4.00	X		X			0.	0.	0.	
(7) SUSAN DOCTORIAN KYRILLOS VICE CHAIR (SINCE 10/2023)	1.00	X		X			0.	0.	0.	
(8) AARON LEVINE VICE CHAIR (UNTIL 10/2023)	1.00	X		X			0.	0.	0.	
(9) JOSEPH STROFFOLINO TREASURER	4.00	X		X			0.	0.	0.	
(10) JANELLE GRIFFITH SECRETARY	1.00	X		X			0.	0.	0.	
(11) REV. ROSEMARIE BRODERICK TRUSTEE	1.00	X					0.	0.	0.	
(12) SANDY BROUGHTON TRUSTEE (UNTIL 05/2024)	1.00	X					0.	0.	0.	
(13) SHANDRA CHISOLM TRUSTEE	1.00	X					0.	0.	0.	
(14) KAREN DOLAN TRUSTEE	1.00	X					0.	0.	0.	
(15) TYNIESHA DOUGLAS TRUSTEE (UNTIL 04/2024)	1.00	X					0.	0.	0.	
(16) DREW EITNER TRUSTEE	1.00	X					0.	0.	0.	
(17) KAREN FRANKLIN TRUSTEE	1.00	X					0.	0.	0.	

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

Form 990 (2023)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JEAN GARDNER, ESQ. TRUSTEE (UNTIL 06/2024)	1.00	X						0.	0.	0.
(19) JEREMY GRUNIN TRUSTEE (UNTIL 06/2024)	1.00	X						0.	0.	0.
(20) RENA LEVINE LEVY TRUSTEE (UNTIL 10/2023)	1.00	X						0.	0.	0.
(21) KEN MAROWITZ TRUSTEE (UNTIL 06/2024)	1.00	X						0.	0.	0.
(22) BILL MAYO TRUSTEE	1.00	X						0.	0.	0.
(23) SUZANNE PARCHMENT TRUSTEE	1.00	X						0.	0.	0.
(24) NICHOLEE PEGUESE TRUSTEE	1.00	X						0.	0.	0.
(25) RABBI AARON SCHONBRUN TRUSTEE (SINCE 06/2024)	1.00	X						0.	0.	0.
(26) CHRIS SULLENS TRUSTEE	1.00	X						0.	0.	0.
1b Subtotal								781,771.	0.	117,982.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								781,771.	0.	117,982.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
YOUR PART-TIME CONTROLLER PO BOX 7247, PHILADELPHIA, PA 19170	OUTSOURCED ACCOUNTING	344,050.
REDCOM DESIGN & CONSTRUCTION LLC 433 NORTH AVE., EAST, WESTFIELD, NJ 07009	BUILDING DESIGN & CONSTRUCTION	251,952.
KARSON FOOD SERVICE 3409 ROSE AVENUE, OCEAN, NJ 07712	FOOD SERVICE	200,440.
AMERICAN INSULATED PANEL CO., LLC 75 JOHN HANCOCK ROAD, TAUNTON, MA 02780	REFRIGERATION PANELING SERVICES	192,878.
CREATIVE WORKFORCE SOLUTIONS, LLC, 17 BROADWAY - GROUND FLOOR, FLORHAM PARK, NJ	HR CONSULTING	139,716.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 10

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Form 990 (2023)

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	16,081.				
	1 b	Membership dues					
	1 c	Fundraising events	220,849.				
	1 d	Related organizations					
	1 e	Government grants (contributions)	13,863,890.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	24,780,121.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 16,886,499.				
	1 h	Total. Add lines 1a-1f	38,880,941.				
	Program Service Revenue	2 a	CULINARY TRAINING	900099	6,725.	6,725.	
2 b							
2 c							
2 d							
2 e							
2 f		All other program service revenue					
2 g		Total. Add lines 2a-2f		6,725.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		577,613.		577,613.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	11,760.			
			(ii) Personal				
	6 b	Less: rental expenses	0.				
	6 c	Rental income or (loss)	11,760.				
	6 d	Net rental income or (loss)		11,760.		11,760.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	18,397,891.	19,500.		
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses	18,418,431.	0.			
	7 c	Gain or (loss)	-20,540.	19,500.			
7 d	Net gain or (loss)		-1,040.		-1,040.		
8 a	Gross income from fundraising events (not including \$ 220,849. of contributions reported on line 1c). See Part IV, line 18		135,072.				
			141,926.				
8 b	Less: direct expenses						
8 c	Net income or (loss) from fundraising events		-6,854.		-6,854.		
9 a	Gross income from gaming activities. See Part IV, line 19		117,350.				
			67,933.				
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities		49,417.		49,417.		
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER INCOME	900099	25,454.		25,454.	
	11 b						
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d		25,454.			
12	Total revenue. See instructions		39,544,016.	6,725.	0.	656,350.	

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

Form 990 (2023)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	21,149,217.	21,149,217.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,050,805.	4,050,805.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	421,858.		421,858.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,195,989.	2,377,651.	331,531.	486,807.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	89,465.	69,495.	5,741.	14,229.
9 Other employee benefits	703,830.	474,318.	133,066.	96,446.
10 Payroll taxes	274,934.	184,042.	54,437.	36,455.
11 Fees for services (nonemployees):				
a Management				
b Legal	19,302.	12,779.	3,907.	2,616.
c Accounting	503,287.	333,198.	101,870.	68,219.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	142,009.		142,009.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	907,131.	433,748.	237,025.	236,358.
12 Advertising and promotion	520,736.	28,550.	3,324.	488,862.
13 Office expenses	548,122.	479,261.	53,556.	15,305.
14 Information technology	288,456.	176,266.	34,206.	77,984.
15 Royalties				
16 Occupancy	557,951.	533,922.	11,525.	12,504.
17 Travel	227,077.	227,077.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	119,396.	76,936.	29,389.	13,071.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	354,915.	339,757.	7,117.	8,041.
23 Insurance	253,529.	167,847.	51,317.	34,365.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	436,589.	434,666.	660.	1,263.
b CULINARY PROGRAM	230,384.	230,384.	0.	0.
c FEES, PERMITS, AND LICE	64,509.	2,207.	54,202.	8,100.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	35,059,491.	31,782,126.	1,676,740.	1,600,625.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

Form 990 (2023)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,334,374.	1	4,832,756.
	2 Savings and temporary cash investments	6,541,233.	2	1,160,262.
	3 Pledges and grants receivable, net		3	126,367.
	4 Accounts receivable, net	250,131.	4	31,756.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,078,561.	8	2,610,157.
	9 Prepaid expenses and deferred charges	30,373.	9	122,693.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,527,980.		
	b Less: accumulated depreciation	10b 7,388,183.	2,320,472.	10c 5,139,797.
	11 Investments - publicly traded securities	14,614,716.	11	20,685,141.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,106,481.	15	712,307.
16 Total assets. Add lines 1 through 15 (must equal line 33)	29,276,341.	16	35,421,236.	
Liabilities	17 Accounts payable and accrued expenses	1,640,828.	17	2,499,393.
	18 Grants payable		18	
	19 Deferred revenue	1,031,888.	19	517,905.
	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	990,307.	25	610,092.
	26 Total liabilities. Add lines 17 through 25	3,663,023.	26	3,627,390.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	24,530,588.	27	30,515,968.
	28 Net assets with donor restrictions	1,082,730.	28	1,277,878.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	25,613,318.	32	31,793,846.
33 Total liabilities and net assets/fund balances	29,276,341.	33	35,421,236.	

Form 990 (2023)

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

Form 990 (2023)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	39,544,016.
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,059,491.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,484,525.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,613,318.
5	Net unrealized gains (losses) on investments	5	1,683,953.
6	Donated services and use of facilities	6	12,050.
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	31,793,846.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form **990** (2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

- 1 [] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [] A school described in section 170(b)(1)(A)(ii).
3 [] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 [] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 [] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 [] A community trust described in section 170(b)(1)(A)(vi).
9 [] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 [] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 [] An organization organized and operated exclusively to test for public safety.
12 [] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a [] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b [] Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d [] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e [] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations []
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

Schedule A (Form 990) 2023

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	32607174.	40031478.	31114558.	36583866.	38880941.	179218017
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	32607174.	40031478.	31114558.	36583866.	38880941.	179218017
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)						2883488.
6 Public support. Subtract line 5 from line 4.						176334529

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	32607174.	40031478.	31114558.	36583866.	38880941.	179218017
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	262,378.	278,477.	440,872.	553,031.	589,373.	2124131.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			11,788.	28,497.	25,454.	65,739.
11 Total support. Add lines 7 through 10						181407887
12 Gross receipts from related activities, etc. (see instructions)					12	695,262.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	97.20	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	96.72	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990) 2023

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

Schedule A (Form 990) 2023

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3; 7b Amounts included on lines 2 and 3 from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.

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

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

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

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

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

Schedule A (Form 990) 2023

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

Schedule A (Form 990) 2023

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

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

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

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

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

Schedule A (Form 990) 2023

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

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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

Schedule A (Form 990) 2023

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

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

MISCELLANEOUS INCOME

2021 AMOUNT: \$ 11,788.

2022 AMOUNT: \$ 28,497.

2023 AMOUNT: \$ 25,454.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization THE FOODBANK OF MONMOUTH AND OCEAN COUNTIES, INC. D/B/A FULFILL	Employer identification number 22-2622522
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2023)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>21,561,657.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>938,878.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,416,083.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,159,030.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>879,516.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD _____ _____ _____	\$ <u>6,491,667.</u>	_____
2	FOOD _____ _____ _____	\$ <u>938,878.</u>	_____
3	FOOD _____ _____ _____	\$ <u>1,416,083.</u>	_____
4	FOOD _____ _____ _____	\$ <u>1,159,030.</u>	_____
5	FOOD _____ _____ _____	\$ <u>879,516.</u>	_____
	_____ _____ _____	\$ _____	_____

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

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included on line 2a, d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

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

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

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, line 13, col. (B))		

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, line 15, col. (B))	

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	610,092.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	610,092.

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

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

Schedule D (Form 990) 2023

22-2622522 Page 4

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

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

1	Total revenue, gains, and other support per audited financial statements		1	41,307,869.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,683,953.	
b	Donated services and use of facilities	2b	12,050.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	1,696,003.	
3	Subtract line 2e from line 1	3	39,611,866.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	142,009.	
b	Other (Describe in Part XIII.)	4b	-209,859.	
c	Add lines 4a and 4b	4c	-67,850.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	39,544,016.	

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	35,127,341.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	209,859.	
e	Add lines 2a through 2d	2e	209,859.	
3	Subtract line 2e from line 1	3	34,917,482.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	142,009.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	142,009.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	35,059,491.	

Part XIII Supplemental Information

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

PART X, LINE 2:

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

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

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

Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES	-141,926.
DIRECT GAMING EXPENSES	-67,933.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-209,859.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES	141,926.
DIRECT GAMING EXPENSES	67,933.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	209,859.

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

Schedule G (Form 990) 2023

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SHORE TO ROCK HUNGER (event type)	DRIVE OUT HUNGER (event type)	NONE (total number)	
Revenue	1	Gross receipts	203,825.	152,096.	355,921.
	2	Less: Contributions	127,391.	93,458.	220,849.
	3	Gross income (line 1 minus line 2)	76,434.	58,638.	135,072.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	362.	4,391.	4,753.
	6	Rent/facility costs	8,510.	55,904.	64,414.
	7	Food and beverages	25,760.		25,760.
	8	Entertainment	8,000.		8,000.
	9	Other direct expenses	35,220.	3,779.	38,999.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-6,854.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes		23,175.	23,175.
	3	Noncash prizes		35,480.	35,480.
	4	Rent/facility costs			
	5	Other direct expenses		9,278.	9,278.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 63.00 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				67,933.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				49,417.

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LACEY FOOD BANK PO BOX 625 FORKED RIVER, NJ 08731	02-0554678	501(C)(3)	2,656.	35,896.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
KEYPORT MINISTERIUM 42 ELIZABETH STREET KEYPORT, NJ 07735	04-3613483	501(C)(3)	4,906.	564,309.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
TOMCHEI SHABBOS DLAKEWOOD INC. 575 PROSPECT STREET SUITE 264 LAKWOOD, NJ 08701	04-3731340	501(C)(3)	0.	31,763.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
THE GENERAL SYNOD OF THE REFORMED CHURCH OF AMERICA - 475 RIVERSIDE DRIVE - NEW YORK, NY 10115	13-3204416	501(C)(3)	1,231.	182,709.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
THE SALVATION ARMY 440 WEST NYACK ROAD NYACK, NY 10994	13-5562351	501(C)(3)	4,395.	106,700.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
AMERICAN BAPTIST CHURCHES OF USA 12 LINCOLN AVE CRANSTON, RI 02920	13-5563018	501(C)(3)	0.	242,472.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 78.

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

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

Schedule I (Form 990) 2023

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

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DESTINY COMMUNITY DEV. CORP 242 BRICK BLVD. BRICK, NJ 08723	20-0203845	501(C)(3)	0.	293,340.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
THE HOPE CENTER 253 CHESTNUT STREET TOMS RIVER, NJ 08755	20-2206374	501(C)(3)	3,105.	416,173.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
CONGREGATION FOREST GLEN INC. 23 CARLTON AVE. LAKEWOOD, NJ 08701	20-2967855	501(C)(3)	0.	414,577.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
CALVARY LIGHTHOUSE 1133 EAST COUNTY RD LAKEWOOD, NJ 08701	20-5989151	501(C)(3)	0.	78,239.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
ST. GREGORY'S PANTRY 804 BAY AVE. POINT PLEASANT BEACH, NJ 08742	20-8689666	501(C)(3)	0.	11,442.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
THE EPISCOPAL DIOCESE OF NEW JERSEY - 808 W STATE ST. - TRENTON, NJ 08618	21-0634592	501(C)(3)	51,954.	2,084,618.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
CENTER FOR VOCATIONAL REHABILITATION INC. - 10 ELIZABETH PKWY. - EATONTOWN, NJ 07724	21-0689134	501(C)(3)	0.	41,249.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
COLONY OF MERCY 601 ROUTE 530 WHITING, NJ 08759	21-0715335	501(C)(3)	1,231.	41,366.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
OCEAN MENTAL HEALTH SERVICES 687 ROUTE 9 BAYVILLE, NJ 08753	21-0722291	501(C)(3)	0.	28,613.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NJ INSTITUTE FOR DISABILITIES 10A OAK DRIVE EDISON, NJ 08837	22-1554528	501(C)(3)	0.	7,287.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
CHRIST UNITED METHODIST 678 FIFTH ST. LAKEWOOD, NJ 08701	22-1920923	501(C)(3)	0.	11,842.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
NEW HOPE INTEGRATED BEHAVIORIAL HEALTH CARE INC. - 80 CONOVER ROAD - MARLBORO, NJ 07746	22-2116914	501(C)(3)	0.	89,684.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
180" TURNING LIVES AROUND" 1 BETHANY RD. HAZLET, NJ 07730	22-2130220	501(C)(3)	0.	11,632.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
SIXTH STREET BAPTIST PANTRY 23 SIXTH STREET LAKEWOOD, NJ 08701	22-2144910	501(C)(3)	3,052.	159,691.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
JEWISH FAMILY & CHILDREN'S SER 705 SUMMERFIELD AVE. ASBURY PARK, NJ 07712	22-2158627	501(C)(3)	6,918.	247,986.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
CALVARY BAPTIST 850 RAILROAD DRIVE LITTLE EGG HARBOR, NJ 08087	22-2161755	501(C)(3)	0.	91,880.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
PREFERRED BEHAVIORAL HEALTH OF NJ, INC. - 700 AIRPORT ROAD, PO BOX 2036 - LAKEWOOD, NJ 08701	22-2196988	501(C)(3)	0.	25,398.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
SONG OF SOLOMON, INC.(CHURCH OF GRACE & PEACE) - 877 WESTMINSTER DRIVE - TOMS RIVER, NJ 08755	22-2298071	501(C)(3)	0.	19,291.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OCEAN CHRISTIAN P.O. BOX 352 TOMS RIVER, NJ 08754	22-2315021	501(C)(3)	0.	15,473.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
CEDAR CREEK COMMUNITY CHURCH 370 NIXON AVE. BAYVILLE, NJ 08721	22-2350066	501(C)(3)	0.	312,177.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
GREATER EMANUEL P.O. BOX 974 NEPTUNE, NJ 07754	22-2409907	501(C)(3)	0.	13,421.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
LUNCH BREAK 121 DRS. JAMES PARKER BLVD. RED BANK, NJ 07701	22-2440028	501(C)(3)	0.	1,135,055.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
JACKSON WOMEN OF TODAY PO BOX 1042 JACKSON, NJ 08527	22-2471452	501(C)(3)	52,315.	89,701.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
DISCOVERY INSTITUTE PO BOX 177 MARLBORO, NJ 07746	22-2511830	501(C)(3)	0.	123,301.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
ABUNDANT GRACE CHURCH 108 INDIAN HEAD RD. TOMS RIVER, NJ 08753	22-2525097	501(C)(3)	0.	65,851.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
COLLABORATIVE SUPPORT PR 11 SPRING STREET FREEHOLD, NJ 07728	22-2589018	501(C)(3)	0.	9,965.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
UNITED FELLOWSHIP BAPTIST CHURCH 603 THIRD AVENUE ASBURY PARK, NJ 07712	22-2659754	501(C)(3)	909.	24,307.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY CENTER FOOD PANTRY 1106 MAIN ST. ASBURY PARK, NJ 07712	22-2664472	501(C)(3)	0.	1,712,271.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
OCEAN'S HARBOR HOUSE II 808 CONIFER ST TOMS RIVER, NJ 08753	22-2672209	501(C)(3)	14,812.	1,044.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
SAMARITAN CENTER, INC. PO BOX 218 TENNETT, NJ 07763	22-2775503	501(C)(3)	1,275.	46,364.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
FREEHOLD AREA OPEN DOOR INC. 39 THROCKMORTON STREET FREEHOLD, NJ 07728	22-2796807	501(C)(3)	0.	922,347.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
HOPE'S CROSSING 1 VAN'S WAY TOMS RIVER, NJ 08755	22-2823254	501(C)(3)	0.	20,804.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
GREATER TUCKERTON FOOD PANTRY ATTN: MARYANN GABOARDI TUCKERTON, NJ 08087	22-2875904	501(C)(3)	0.	135,758.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
REBIRTH CHURCH CHICKEN COOP 142 DEWITT AVE. ASBURY PARK, NJ 07712	22-2896129	501(C)(3)	0.	16,928.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
PROVIDENCE BAPTIST CHURCH 49 KENNEDY AVE. CLIFFWOOD, NJ 07721	22-2921469	501(C)(3)	0.	65,038.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
ZICHRON SCHNEUR, C/O MIRIAM STEINBERG - 230 AUTUMN ROAD - LAKEWOOD, NJ 08701	22-2927266	501(C)(3)	0.	242,184.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELIVERANCE TEMPLE FOOD PANTRY 504 PROSPECT AVENUE ASBURY PARK, NJ 07712	22-3067168	501(C)(3)	0.	48,834.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
PROJECT PAUL 211 CARR AVE. KEANSBURG, NJ 07734	22-3067740	501(C)(3)	0.	104,300.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
AFFORDABLE HOUSING ALLIANCE 117 DUTCH LANE ROAD FREEHOLD, NJ 07728	22-3114280	501(C)(3)	0.	10,539.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
HOWELL EMERGENCY FOOD PANTRY 449 ADELPHIA ROAD HOWELL, NJ 07731	22-3213382	501(C)(3)	0.	24,083.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
THE CENTER PO BOX 832 ASBURY PARK, NJ 07712	22-3253558	501(C)(3)	0.	18,793.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
OCEAN HOUSING ALLIANCE 605 BAY AVENUE PT. PLEASANT BEACH, NJ 08742	22-3254015	501(C)(3)	0.	15,062.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
ARC OF NEW JERSEY 1158 WAYSIDE ROAD TINTON FALLS, NJ 07712	22-3271049	501(C)(3)	0.	9,929.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
CHRIST CHURCH 71 OAK GLEN RD. HOWELL, NJ 07731	22-3420451	501(C)(3)	0.	19,384.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
CHURCH OF GRACE & PEACE 1563 OLD FREEHOLD ROAD TOMS RIVER, NJ 08755	22-3602867	501(C)(3)	9,803.	1,197,453.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALICO CAT PANTRY P.O. BOX 4041 MIDDLETOWN, NJ 07748	22-3689974	501(C)(3)	2,060.	71,814.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
MIDDLETOWN HELPS ITS OWN P.O. BOX 105 PORT MONMOUTH, NJ 07758	22-6084037	501(C)(3)	0.	33,535.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
BETHEL AME PO BOX 823 NEPTUNE, NJ 07754	23-1352413	501(C)(3)	0.	69,779.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
PRESBYTERIAN CHURCH USA 100 WITHERSPOON STREET LOUISVILLE, KY 40202	23-6393377	501(C)(3)	300.	1,162,245.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
MONMOUTH DAY CARE CENTER PANTRY 9 DRS JAMES PARKER BLVD. RED BANK, NJ 07701	23-7039307	501(C)(3)	3,105.	41,053.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
OCEANS FAMILY SUCCESS CENTER 4 WALTER FORAN BLVD. FLEMINGTON, NJ 08822	23-7215126	501(C)(3)	0.	13,807.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
SBH PANTRY 200 NORWOOD AVENUE OAKHURST, NJ 07755	23-7406410	501(C)(3)	0.	65,566.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
MACEDONIA-FREEHOLD CHURCH PANTRY 163 THROCKMORTON STREET FREEHOLD, NJ 07728	26-1931365	501(C)(3)	0.	15,527.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
GENERAL COUNCIL OF FINANCE & ADMIN OF THE UNITED METHODIST CHURCH - 924 MIDDLETOWN-LINCROFT RD. - MIDDLETOWN, NJ 07748	31-1813333	501(C)(3)	60,067.	1,322,372.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PENTECOSTAL CHURCH PO BOX 229 NEPTUNE, NJ 07753	31-6089084	501(C)(3)	0.	78,830.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
ST. JOHN'S LAKEHURST 619 CHESTNUT STREET LAKEHURST, NJ 08733	36-4562957	501(C)(3)	10,807.	41,631.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
EVANGELICAL LUTHERAN CHURCH IN AMERICA - 8765 WEST HIGGINS ROAD - CHICAGO, IL 60631	41-1568278	501(C)(3)	1,500.	692,115.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
SIMON'S KITCHEN 2430 WINDSOR AVENUE TOMS RIVER, NJ 08753	41-2182534	501(C)(3)	6,477.	7,887.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
HOPE COMMUNITY CHURCH 23 TAYLOR AVE. (RT.71) MANASQUAN, NJ 08736	44-0552034	501(C)(3)	0.	12,851.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
GENERAL COUNCIL OF THE ASSEMBLIES OF GOD - 1445 N. BOONVILLE AVE. - SPRINGFIELD, MO 65802	44-0577787	501(C)(3)	4,642.	805,897.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
JERSEY SHORE DREAM CENTER 3600 HIGHWAY 33 NEPTUNE, NJ 07753	45-4840107	501(C)(3)	0.	164,975.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
VIN GOPAL CIVIC ASSOCIATION 224 SHREWSBURY AVE RED BANK, NJ 07701	46-2701460	501(C)(3)	0.	22,322.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
INSPIRE-NJ 1330 HWY 70 WHITING, NJ 08759	46-5648418	501(C)(3)	0.	78,386.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE

Schedule I (Form 990)

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

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENERAL CONFERENCE OF SEVEN DAY ADVENTIST - 1251 OLD COLUMBIA PIKE - SILVER SPRING, MD 20904	52-0643036	501(C)(3)	0.	134,367.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
HABCORE - COFFEY HOUSE PO BOX 2361 RED BANK, NJ 07701	52-1596165	501(C)(3)	0.	15,493.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
UNITED STATES CONFERENCE OF CATHOLIC BISHOPS - 3211 4TH STREET NE - WASHINGTON, DC 20017	53-0196617	501(C)(3)	60,376.	2,875,504.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
STARVE POVERTY INTERNATIONAL FOOD PANTRY - 99 HIGHWAY 72 - BARNEGAT, NJ 08005	56-2557796	501(C)(3)	0.	102,887.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
BY FAITH MINISTRIES FOOD PANTR PO BOX 338 LAKEWOOD, NJ 08701	62-0484177	501(C)(3)	0.	27,214.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
TRUE VINE PANTRY 340 U.S HIGHWAY 9 BAYVILLE, NJ 08721	82-1066961	501(C)(3)	10,523.	4,107.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
FAITH FELLOWSHIP OUTREACH MIN. 10 TOGO ROAD TOMS RIVER, NJ 08757	82-3113377	501(C)(3)	0.	287,885.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
A NEED WE FEED INC. 574 LOXLEY DR TOMS RIVER, NJ 08753	82-3856159	501(C)(3)	2,475.	983,404.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE
MT. CARMEL PANTRY 1201 ASBURY AVE. ASBURY PARK, NJ 07712	88-0952091	501(C)(3)	0.	47,956.	FMV	FOOD AND RELATED PANTRY ASSISTANCE	FOOD AND RELATED PANTRY ASSISTANCE

Schedule I (Form 990)

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

Schedule I (Form 990) 2023

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
NUTRITIOUS FOOD TO FAMILIES AND INDIVIDUALS IN NEED	184121	0.	4,050,805.	FMV	NUTRITIOUS FOOD TO FAMILIES 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.

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

Schedule I (Form 990)

Part IV Supplemental Information

THE BEAT CENTER IS OPERATED IN PARTNERSHIP WITH THE JON BON JOVI SOUL
FOUNDATION. COSTS INCURRED BY THIS ORGANIZATION 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.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

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

22-2622522

Schedule J (Form 990) 2023

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TRIADA STAMPAS PRESIDENT & CEO	(i)	218,343.	0.	0.	22,500.	6,469.	247,312.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANDRE SOLOMON VP OF FINANCE & ADMINISTRATION	(i)	159,394.	0.	0.	7,655.	14,469.	181,518.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JONATHAN R. ROWE VP OF OPERATIONS	(i)	130,478.	0.	0.	9,528.	28,154.	168,160.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KELLY WATTS VP OF DEVELOPMENT (UNTIL 11/2023)	(i)	138,240.	0.	0.	8,672.	6,029.	152,941.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

Schedule J (Form 990) 2023

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Part III Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	82,802.	FMV OF DONATED STOCK
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	8,970,535	16,803,697.	WHOLESALE VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2023

THE FOODBANK OF MONMOUTH AND OCEAN

Schedule M (Form 990) 2023

COUNTIES, INC. D/B/A FULFILL

22-2622522

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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 O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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

FULFILL'S COMMUNITY IMPACT PROGRAM OFFERS VITAL SERVICES THAT AIM TO
 REDUCE HUNGER AND IMPROVE THE QUALITY OF LIFE FOR INDIVIDUALS AND
 FAMILIES IN NEED. THESE PROGRAMS TAKE A COLLECTIVE IMPACT APPROACH TO
 SOLVING HUNGER THROUGH FOOD SECURITY INITIATIVES AND PARTNERSHIPS WITH
 LOCAL ORGANIZATIONS TO ADDRESS THE ROOT CAUSES OF HUNGER. THEY ALSO
 FOCUS ON FOSTERING COMMUNITY ENGAGEMENT, PROMOTING AWARENESS, AND
 EMPOWERING INDIVIDUALS THROUGH RESOURCES SUCH AS NUTRITION EDUCATION,
 JOB TRAINING, AND HEALTH SERVICES. FOR EXAMPLE, FULFILL HAS DEVELOPED
 A GIVING GARDEN NETWORK OF NEW AND ESTABLISHED GARDENS AROUND MONMOUTH
 AND OCEAN COUNTIES AT OUR PARTNER PANTRIES, SOUP KITCHEN, SHELTERS AND
 OTHER AGENCIES.

EXPENSES \$ 576,714. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization THE FOODBANK OF MONMOUTH AND OCEAN COUNTIES, INC. D/B/A FULFILL	Employer identification number 22-2622522
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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 CONTRACT WITH THE PRESIDENT AND CEO, DATED DECEMBER 2021, WAS RENEWED MAY 2024. THE SALARY CONTINUES TO BE WITHIN THE RANGE ESTABLISHED BY THE LOCAL MARKETPLACE AND BENCHMARKING WITH FEEDING AMERICA. COMPENSATION IS DETERMINED AND APPROVED BY THE EXECUTIVE COMMITTEE. THIS PROCESS WAS TIMELY DOCUMENTED IN THE BOARD AND EXECUTIVE COMMITTEE MINUTES.

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

THE HUMAN RESOURCES COMMITTEE AND PRESIDENT AND CEO WORKED WITH AN OUTSIDE CONSULTANT TO DEVELOP SALARY BANDS FOR EACH POSITION BASED ON INDUSTRY STANDARDS, COMPARABILITY DATA, AND JOB DESCRIPTIONS. 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 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.