EXTENDED TO NOVEMBER 15, 2021

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

A F	or the	2020 calendar year, or tax year beginning	and	ending					
B C	heck if pplicable	C Name of organization			D Employer identi	fication number			
	Addres	FOOD BANK OF SOUTH JERSEY, INC.							
	Name change	Doing business as	22-2623089						
	Initial return	Number and street (or P.O. box if mail is not delive	rered to street address)	Room/suite	E Telephone numb	per			
	Final return/	1501 JOHN TIPTON BLVD.			856-662-4884				
	termin- ated	City or town, state or province, country, and 2	IP or foreign postal code		G Gross receipts \$	42,591,544.			
	Ameno return	TENNOMONEN, NO 00103			H(a) Is this a group				
	Application	IF Name and address of principal officer: FREDER	RICK C WASIAK		for subordinate	es? Yes X No			
	pendin	SAME AS C ABOVE			H(b) Are all subordinates	s included? Yes No			
ΙT	ax-exe	mpt status: X 501(c)(3) 501(c) ()◀	(insert no.) 4947(a)(1)	or 527	If "No," attach	a list. See instructions			
J۷	Vebsit	e: WWW.FOODBANKSJ.ORG			H(c) Group exempt	ion number			
K F	orm of	organization: X Corporation Trust Ass	ociation Other >	∟ Year	of formation: 1985	M State of legal domicile; NJ			
Pa	rt I	Summary							
ø	1	Briefly describe the organization's mission or most s	significant activities: FOOD BA	ANK OF SC	OUTH JERSEY				
anc		PROVIDES FOOD AND DELIVERS HEALTH AND V	VELLNESS PROGRAMS TO II	MPROVE					
ern:	2	Check this box 🕨 📖 if the organization discon	tinued its operations or dispos	sed of more	than 25% of its net	assets.			
iove	3	Number of voting members of the governing body (Part VI, line 1a)						
& G	4	Number of independent voting members of the gov	erning body (Part VI, line 1b)		4				
es	5	Fotal number of individuals employed in calendar ye	ear 2020 (Part V, line 2a)		5	78			
iviti		Total number of volunteers (estimate if necessary) .				3327			
Activities & Governance	7 a `	Fotal unrelated business revenue from Part VIII, col	umn (C), line 12		78	0.			
	b	Net unrelated business taxable income from Form 9	90-T, Part I, line 11			b 0.			
				_	Prior Year	Current Year			
ne					23,145,525				
/en					1,222,093				
Revenue		nvestment income (Part VIII, column (A), lines 3, 4,			2,283				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			109,881				
		Total revenue - add lines 8 through 11 (must equal F			24,479,782				
		Grants and similar amounts paid (Part IX, column (A			0	`			
		Benefits paid to or for members (Part IX, column (A)		0	•				
Expenses		Salaries, other compensation, employee benefits (P		3,003,907					
ens		Professional fundraising fees (Part IX, column (A), lir			0	0.			
Ехр		Total fundraising expenses (Part IX, column (D), line			20,545,484	21 441 076			
		Other expenses (Part IX, column (A), lines 11a-11d,				 			
		Fotal expenses. Add lines 13-17 (must equal Part IX			23,549,391				
ır 3S	19	Revenue less expenses. Subtract line 18 from line 1	2		930,391				
Vet Assets or und Balances	.	Fotal assets (Port V. line 16)		Ве	ginning of Current Yea 8,806,045				
Asse Bal	20	Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)			3,472,974				
Net , Fund	21 22	Net assets or fund balances. Subtract line 21 from I	ino 20	······	5,333,071				
	rt II	Signature Block	IIIe 20		-,,				
		ties of perjury, I declare that I have examined this return, i	ncluding accompanying schedule	s and statem	ents, and to the best of	mv knowledge and belief, it is			
		, and complete. Declaration of preparer (other than officer			•	,,			
			,						
Sigr	,	Signature of officer			Date				
Here		FREDERICK C WASIAK, PRESIDENT & CE	0						
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature	1	Date Check	PTIN			
Paid		GLEN J. WALTON	. • • • • • • • • • • • • • • • • • • •		if self-empl	P01081348			
		Firm's name BOWMAN & COMPANY LLP	1	Firm's EIN					
-	Only	Firm's address 601 WHITE HORSE ROAD							
	-	VOORHEES, NJ 08043-2493			Phone no. (8	56)435-6200			
		S discuss this return with the preparer shown above			1 2 2 2	X Ves No			

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: THE FOOD BANK OF SOUTH JERSEY EXISTS TO PROVIDE AN IMMEDIATE SOLUTION	
	TO THE URGENT PROBLEM OF HUNGER BY PROVIDING FOOD TO PEOPLE IN NEED,	
	TEACHING THEM TO EAT NUTRITIOUSLY, AND HELPING THEM TO FIND	
	SUSTAINABLE WAYS TO IMPROVE THEIR LIVES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 33,391,574. including grants of \$) (Revenue \$	}
	THE FOOD BANK OF SJ OPERATES A DONATED FOOD CENTER THAT DISTRIBUTES	
	FOOD TO QUALIFYING NOT-FOR-PROFIT ORGANIZATIONS AND AGENCIES WHO	
	DISTRIBUTE FOOD TO THE POOR. DURING 2020 THE FOOD BANK DISTRIBUTED OVER	
	20.6 MILLION POUNDS OF FOOD. THE FOOD BANK ACCOMPLISHES THIS THROUGH	
	FEED MORE WHICH IS ITS CORE PROGRAM THROUGH WHICH THE ORGANIZATION	
	SOLICITS SURPLUS FOOD EACH YEAR FROM LOCAL, REGIONAL AND NATIONAL FOOD	
	SOURCES. MORE THAN 200 EMERGENCY FEEDING PROGRAMS ACCESS THIS FOOD	
	DAILY TO MEET THE FOOD NEEDS OF THE PEOPLE LIVING IN FOOD INSECURE	
	HOUSEHOLDS ACROSS THE 4 COUNTIES IT SERVES. THE EMERGENCY FOOD	
	ASSISTANCE PROGRAM IS FUNDED BY THE STATE OF NEW JERSEY THROUGH	
	DISTRIBUTION OF FUNDS FOR THE PURCHASE OF HEALTHY AND NUTRITIOUS FOODS	
	TO FEED PEOPLE AFFECTED BY HUNGER THROUGH PARTICIPATING AGENCIES. IN	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 33,391,574.	

Form 990 (2020) FOOD BANK OF SOUTH 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)?		х	
2	If "Yes," complete Schedule A	2	21	х
2		2		^
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		х
4	public office? If "Yes," complete Schedule C, Part I	3		Α
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</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ŭ	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
·	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Iu		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
Ĭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21		х

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Form 990 (2020) FOOD BANK OF SOUTH JERSEY,

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			х
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete			
	Schedule L, Part I	25b		Х
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%	00		Х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Α
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? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
352	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	E		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 19 Takes the number of Forms W.O. included in line 10. Factor 0. if not applicable 19 The number of Forms W.O. included in line 10. Factor 0. if not applicable 19 The number of Forms W.O. included in line 10. Factor 0. if not applicable 19 The number of Forms W.O. included in line 10. Factor 0. if not applicable 19 The number of Forms W.O. included in line 10. Factor 0. if not applicable 19 The number of Forms W.O. included in line 10. Factor 0. if not applicable 19 The number of Forms W.O. included in line 10. Factor 0. if not applicable 19 The number of Forms W.O. included in line 10. Factor 0. if not applicable 19 The number of Forms W.O. included in line 10. Factor 0. if not applicable 19 The number of Forms W.O. included in line 10. Factor 0. if not applicable 19 The number of Forms W.O. included in line 10. Factor 0. if not applicable 19 The number of Forms W.O. included in line 10. Factor 0. if not applicable 19 The number of Forms W.O. included in line 10. Factor 0. if not applicable 19 The number of Forms W.O. included in line 10. Factor 0. if not applicable 19 The number of Forms W.O. included in line 10. Factor 0. if not applicable 19 The number of Forms W.O. included in line 10. Factor 0. if not applicable 19 The number of Forms W.O. included in line 10. Factor 0. if not applicable 19 The number of Forms W.O. included in line 10. Factor 0. if not applicable 19 The number of Forms W.O. included in line 10. Factor 0. In line 10. In line			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	Х	
	(gambling) winnings to prize winners?	1c		ı

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Form 990 (2020) FOOD BANK OF SOUTH JERSEY, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have uncertained business gross income of \$1,000 or more outring the year? 3a At any time during the calendar year, did the organization have uncertained business gross income of \$1,000 or more outring the year? 3a At any time during the calendar year, did the organization have un interest in, or a signature or other authority over, a financial account in a foreign country [with the year of the properties of the year of th	s No
If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3b 1d the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b 1f "Yes," has it filled a Form 990.T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 3b 3d 3d 3d 3d 3d 3d	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a bid the organization have unrelated business gross isonome of \$1,000 or more during the year? 3a bif 16 14 See, 15 at 16 al a form 990-T for this year? If 'No' to line's b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (volt has a bank account, or a signature or other authority over, a financial account in a foreign country ▶ 5e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization for you to a prohibited tax shelter transaction at any time during the tax year? 5a bid any taxable party notify the organization file Form 8886-T? 5c if 'Yes' to line 5a or 5b, did the organization file Form 8886-T? 5c of Yes' to line 5a or 5b, did the organization Form 8886-T? 5c of Yes' to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c of Dost the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 bid the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 bif 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 c of life Form 8882? 7 d If 'Yes,' indicate the number of Forms 8282 filed during the year 9 bid the organization received a contribution of clark by or indirectly, to pay premiums on a personal benefit contract? 7 c of life Form 8882? 9 Sponsoring organizations make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable	
3a 3a 3a 3a 3a 3b 3f Yes, *has it filled a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O 3b 3b 3b 3b 3f Yes, *has it filled a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O 4a 4t any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account()? 4a 4a 4b 1f Yes, *to line 1 and	
b 1"Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account? 4b 1"Yes," enter the name of the foreign country ▶ 5ce instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 1"Yes' to line 5a or 5b, of the organization file Form 888617 5c 20 Soes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible exhibitions and party to a prohibited tax shelter transaction solicit any contributions that were not tax deductible exhibitions and party to a prohibited tax shelter transaction solicit any contributions that were not tax deductible as charitable contributions and party for goods and services provided to the payor? 5c 1"Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c 1"Yes," did the organization shall nay receive deductible contributions under section 170(c). 5d 1"Yes," did the organization shall nay receive deductible contributions under section 170(c). 5d 1"Yes," did the organization shall nay receive deductible contributions under section 170(c). 5d 1"Yes," did the organization shall nay receive deductible contributions under section 170(c). 5d 1"Yes," did the organization shall nay receive deductible forms 8282 filed during the year 5d 1"Yes," did the organization receive any funds, directly or indirectly, to pay	
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a bit 1/*es* the tre harms of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If *Yes** to line 5 a or 5b, did the organization file Form 8886-T? 6a Does the organization are annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a Did the organization receive a payment in excess of \$75 made partly as a contributions? 6b If *Yes**, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). 8b If *Yes**, did the organization notify the donor of the value of the goods or services provided 7 to the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822? 7c Did the organization exceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 77 If Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9c If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 77 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization salt a	Х
b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinicNEN Form 114, Report of Foreign Bank and Financial account; (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did Pyes* to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that themse not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization that in excess of 575 made partly as a contribution and partly for goods and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of tanglible personal property for which it was required to file Form 8282? 6c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7d If the organization have excess business holdings at any time during the year? 9s Sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make any taxable distribution under section 4966? 9a Sponsoring organization make a	
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	Х
is the diganization subject to the section 4000 tax on payment(s) of more than \$\psi_1,000,000 in remaindration of	
excess parachute payment(s) during the year?	х
If "Yes," see instructions and file Form 4720, Schedule N.	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?16	Х
If "Yes," complete Form 4720, Schedule O.	

22-2623089 F

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 it Schedule O contains a response or note to any line in this Part VI			Δ
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		77	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40	v	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14 15	Did the organization have a written document retention and destruction policy?	14	Λ	
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?			
2	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
, Ju	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
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) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	,		
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	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			
	FRED WASIAK, PRESIDENT & CEO - 856-662-4884			
	1501 JOHN TIPTON BLVD, PENNSAUKEN, NJ 08109			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	1 3		(((D)	(E)	(F)
Name and title	Average hours per week	Position (do not check more than one box, unless person is both ar officer and a director/trustee)					h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) FREDERICK C. WASIAK CEO	40.00			х				184,740.	0.	6,177.
(2) CHARLIE HOSIER	40.00							,		,
COO		1		х				115,751.	0.	11,408.
(3) LAVINIA AWOSANYA	40.00							,		· · · · · · · · · · · · · · · · · · ·
CDO		1		х				102,297.	0.	3,739.
(4) KATHLEEN HORTON	40.00							,		•
CFO				х				102,078.	0.	3,378.
(5) MEGAN D. SHEA	1.00									
CHAIRPERSON		Х		х				0.	0.	0.
(6) MICHAEL H. KINZLER	1.00									
VICE CHAIRPERSON		х		х				0.	0.	0.
(7) SUZANNE GHEE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(8) ALTHEIA LEDUC	1.00									
TREASURER		Х		Х				0.	0.	0.
(9) PAM BOYD	1.00									
TRUSTEE		Х						0.	0.	0.
(10) DIANNA L. HAUSSLING	1.00									
TRUSTEE		Х						0.	0.	0.
(11) SIOBHAN KEEFE	1.00									
TRUSTEE		Х						0.	0.	0.
(12) KATE A. LATIMER	1.00									
TRUSTEE		Х						0.	0.	0.
(13) DR. ABHIJEET RASTOGI	1.00]								
TRUSTEE		Х						0.	0.	0.
(14) NEAL D. WALTERS	1.00									
TRUSTEE		Х						0.	0.	0.
(15) DOUGLAS A. SCHAEFFER	1.00									
TRUSTEE		Х						0.	0.	0.
(16) PHILIP J. BARTHOLOMEW	1.00	ا ا								
TRUSTEE	4 22	Х				\vdash		0.	0.	0.
(17) FRANK C. PLUM, JR	1.00							_		_
TRUSTEE		Х						0.	0.	0.

Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C						
(A)	(B) Average					(D)	(E)		_	(F)			
Name and title	hours per		heck	more	than dis both		Reportable compensation	Reportable compensation			timate nount		
	week		officer and a director/trustee)					from	d		other		
	(list any	rector						the	organization			pensa	
	hours for related	Individual trustee or director	tee			Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		om th anizat	
	organizations	truste	al trus		ee/	mpen		(***-27 1099-141130)				d relat	
	below	idual	Institutional trustee	er	Key employee	est co Ioyee	Jer.					anizati	
	line)	Indi	Insti	Officer	Key (High emp	Former						
		-											
		1											
		1											
-													
		-											
1h Cubtatal								504,866.		0.		24	,702.
1b Subtotal c Total from continuation sheets to Part V	II Section A							0.		0.			0.
d Total (add lines 1b and 1c)								504,866.		0.		24	,702.
Total number of individuals (including but r								<u> </u>).000 of reportab	ole			
compensation from the organization						,		·	,				4
-												Yes	No
3 Did the organization list any former officer,	, director, trust	ee, k	кеу е	emp	loye	e, or	hig	ghest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
4 For any individual listed on line 1a, is the se													
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or	•				•		elat	ted organization or indiv	idual for services	3			
rendered to the organization? If "Yes," com Section B. Independent Contractors	nplete Schedul	e J f	or si	uch	pers	son .					5		Х
<u> </u>		al a .a .							\$100,000 of oor				
 Complete this table for your five highest co the organization. Report compensation for 		-								npens	ation i	rom	
(A)	trie caleridar y	ear	enai	ng v	VILII	OI W	10111	(B)	year.		(C	2)	
Name and business	address							Description of s	services	С	ompei		n
MCLANE HUNGER, 19002 CYPRESS STATION	DR,												
STE 200, HOUSTON , TX 77090	•						ļ	FOOD SERVICE PROVI	DER		2	,202	,756.
RED RABBIT													
1751 PARK AVE, NEW YORK, NY 10035							h	FOOD SERVICE PROVI	DER	i	1	270	357.

MCLANE HUNGER, 19002 CYPRESS STATION DR,

STE 200, HOUSTON, TX 77090

RED RABBIT

1751 PARK AVE, NEW YORK, NY 10035

MARAMOUNT CORP

PO BOX 74008675, CHICAGO, IL 60674

CIS, 22000 INDUSTRIAL BLVD, STE 400,

ROGERS, MN 55374

FOOD PURCHASES

166,841.

FOOD SERVICE PROVIDER

278,080.

TOOD BANK MIDDLE TN

331 GREAT CIRCLE ROAD, NASHVILLE, TN 37228

FOOD SERVICE PROVIDER

1,270,357.

FOOD PURCHASES

166,841.

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2020)

\$100,000 of compensation from the organization

Form 990 (2020) FOOD BANK OF SOUTH JERSEY, INC.

Part VIII Statement of Revenue

		Check if Schedule O co	ontains a	response	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इ इ	1 a	Federated campaigns		1a					
uni				1b					
ا ق		Fundraising events		1c	1,123,946.				
ifts ar A				1d	_,,				
B,9		Government grants (contrib		1e	21,389,096.				
Sign		All other contributions, gifts, g	,	10	, ,				
her	•	similar amounts not included a		1f	18,331,659.				
ᅙ를	a	Noncash contributions included in li		1g \$	21,791,327.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f				40,844,701.			
\neg					Business Code				
e l	2 a	GOVERNMENT AGENCY FE	ES		493000	1,522,800.	1,522,800.		
ا ﴿ خَ	b	SHARED MAINTENANCE F	EE		493000	64,946.	64,946.		
Program Service Revenue	С								
eve eve	d								
90 H	е								
ፈ	f	All other program service re	evenue						
\Box	g Total. Add lines 2a-2f				>	1,587,746.			
	3	Investment income (includi	•		· ·				
		other similar amounts)			▶	24,382.			24,382.
	4	Income from investment of			· •				
	5	Royalties							
			(i)	Real	(ii) Personal				
			6a						
		' ··· -	6b						
		· , _	6c						
		Net rental income or (loss)			(ii) Other				
	/ a	Gross amount from sales of		3,672.	(ii) Other				
		·	7a	3,072.					
<u>o</u>	b	Less: cost or other basis and sales expenses	7b	0.					
Other Revenue	•	T-	7c	3,672.					
Ş		Net gain or (loss)			>	3,672.	3,672.		
ē		Gross income from fundraising				, ,	,		
튐	o u	including \$ 1,1		l l					
		contributions reported on li							
		Part IV, line 18		۔ ا	25,756.				
	b	Less: direct expenses			25,756.				
		Net income or (loss) from fu				0.			
	9 a	Gross income from gaming	activities	. See					
		Part IV, line 19		9a					
	b	Less: direct expenses		9b					
	С	Net income or (loss) from g	aming ac	tivities					
	10 a	Gross sales of inventory, le	ess returns	s					
		and allowances							
		Less: cost of goods sold							
\rightarrow	С	Net income or (loss) from s	ales of inv	entory		4,614.	4,614.		
ရှု					Business Code				
le go		DELIVERY FEES			900099	13,615.	13,615.		
la l	b				900099	8,900.	8,900.		
Miscellaneous Revenue	_	EARNED REVENUE			900099	7,000.	7,000.		
Σ						20 515			
	<u>е</u> 12	Total. Add lines 11a-11d Total revenue. See instruction			·····	29,515. 42,494,630.		0.	24,382.
	14	I JUNE I LEVELING. OFF HISH HELIUH	i d			, O J U .	<u> </u>		4-,004.

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).

3601	Check if Schodulo O contains a respon	•	H: B + 11/		
Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to domestic organizations		onponioso	general expenses	ол , р от 1000
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,055,417.	2,375,016.	211,070.	469,331.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	F	44 * * * * *	25 222	02.22
9	Other employee benefits	535,742.	416,440.	37,009.	82,293.
10	Payroll taxes	295,161.	229,433.	20,390.	45,338.
11	Fees for services (nonemployees):				
_	Management				
b	Legal				
	Accounting				
d	, , , , , , , , , , , , , , , , , , , ,				
_	Professional fundraising services. See Part IV, line 17				
f	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	52,482.	189.	1,115.	51,178.
13	Office expenses	261,352.	227,594.	20,437.	13,321.
14	Information technology	, -	, -	, -	, -
15	Royalties				
16	Occupancy	265,280.	224,502.	10,552.	30,226.
17	Travel	9,787.	7,857.	1,680.	250.
18	Payments of travel or entertainment expenses	·	·		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	56,161.	26,125.	26,310.	3,726.
20	Interest	100,323.	80,101.	6,670.	13,552.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	307,538.		307,538.	
23	Insurance	29,922.	20,328.	5,015.	4,579.
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.)	10.005.553	10.005.55		
a	CONTRIBUTED FOOD - GOVE	12,886,629.	12,886,629.		
b	CONTRIBUTED FOOD - DONA	9,259,664.	9,259,664.		
C	FOOD PURCHASES CONCULTATION AND TEMPORAR	6,534,942.	6,534,942.	7/ 110	22 004
d	CONSULTING AND TEMPORAR	410,123.	313,001.	74,118.	23,004.
	All other expenses	1,267,773. 35,328,296.	789,753. 33,391,574.	155,765. 877,669.	322,255. 1,059,053.
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	33,320,230.	33,371,374.	077,003.	1,009,000.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	11 00 00 10 10 10 10 10 10 10 10 10 10 1				Earm 990 (2020)

22-2623089

Form 990 (2020) Part X Balance Sheet

Pal	ιλ	Balance Sneet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X	(A)		
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,010,780.	1	9,043,789.
	2	Savings and temporary cash investments	15,854.	2	15,859.		
	3	Pledges and grants receivable, net		3	·		
	4	Accounts receivable, net	1,348,531.	4	1,362,138.		
	5	Loans and other receivables from any currer		· ·			
		trustee, key employee, creator or founder, si					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descri				6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			2,302,097.	8	2,830,597.
Ä	9	Prepaid expenses and deferred charges			77,162.	9	166,845.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	3,034,714.	4,051,621.	10c	4,454,588.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, I		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must	equal line	33)	8,806,045.	16	17,873,816.
	17	Accounts payable and accrued expenses			384,105.	17	1,366,874.
	18	Grants payable		18			
	19	Deferred revenue			575,965.	19	1,156,746.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or	former off	icer, director,			
Liabilities		trustee, key employee, creator or founder, se	ubstantial	contributor, or 35%			
jab.		controlled entity or family member of any of	these per	sons		22	
_	23	Secured mortgages and notes payable to ur	related th	nird parties	2,483,443.	23	2,389,791.
	24	Unsecured notes and loans payable to unre				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on I	ines 17-24	4). Complete Part X			
		of Schedule D			29,461.		461,000.
	26	Total liabilities. Add lines 17 through 25			3,472,974.	26	5,374,411.
S		Organizations that follow FASB ASC 958,	check he	re 🕨 🔼			
ŭ		and complete lines 27, 28, 32, and 33.			5,248,071.	0=	11 244 716
sala	27	Net assets without donor restrictions				27	11,344,716.
<u>P</u>	28	Net assets with donor restrictions			85,000.	28	1,154,689.
Ξ		Organizations that do not follow FASB AS	6C 958, cr	neck nere			
ō		and complete lines 29 through 33.				00	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur			29		
٩ss	30	Paid-in or capital surplus, or land, building, or				30	
et/	31 32	Retained earnings, endowment, accumulate			5,333,071.	31	12,499,405.
Z	33	Total liabilities and net assets/fund balances			8,806,045.	33	17,873,816.
	J	Total liabilities and net assets/fund balances			3,000,043.	JJ	Farm 990 (2020)

Form **990** (2020)

Neconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	Form	990 (2020) FOOD BANK OF SOUTH JERSEY, INC.	22-262308	9	Pag	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12)	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis						
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5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 11 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2 ao r 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. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set fort in the Single Audit Act and OMB Cir	3	Revenue less expenses. Subtract line 2 from line 1	3	7	,166	,334.
6 Donated services and use of facilities 6 7 Investment expenses 7 7 7 7 7 7 7 7 7 7	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5	,333	,071.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0.0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 12 , 499 , 405 Part XII Financial Statements and Reporting The column (B) The c	5	Net unrealized gains (losses) on investments	5			
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0.0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 12 , 499 , 405 Part XII Financial Statements and Reporting The column (B) The c	6		6			
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Check if Schedule O contains a response or note to any line in this Part XII	10					
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Yes No 1 Accounting method used to prepare the Form 990:	Pa	rt XII Financial Statements and Reporting				
Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII				Х
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Separate basis		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		separate basis, consolidated basis, or both:				
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Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		Act and OMB Circular A-133?		3a	Х	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

Form **990** (2020)

SCHEDULE A

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Department of the Treasury

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

Open to Public Inspection

Employer identification number Name of the organization FOOD BANK OF SOUTH JERSEY INC. 22-2623089 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")	4,192,679.	5,112,443.	469,275.	5,395,134.	17,929,428.	33,098,959.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,192,679.	5,112,443.	469,275.	5,395,134.	17,929,428.	33,098,959.
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)						
	Public support. Subtract line 5 from line 4.						33,098,959.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	4,192,679.	5,112,443.	469,275.	5,395,134.	17,929,428.	33,098,959.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	1,657.	1,810.	1,643.	2,283.	24,382.	31,775.
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.)	99,934.	123,314.	102,634.	109,882.	34,129.	469,893.
11	Total support. Add lines 7 through 10						33,600,627.
12	Gross receipts from related activities,	•	,			12	5,258,293.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	501(c)(3)	
_	organization, check this box and stor						>
Sec	ction C. Computation of Publ						00.51
14	11 1 5					14	98.51 %
15	Public support percentage from 2019					15	97.24 %
16a	33 1/3% support test - 2020. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	· ·					
	and if the organization meets the fact					VI how the organiza	ation
_	meets the facts-and-circumstances to	· ·	•				
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the						. —
	organization meets the facts-and-circ				•		
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ▶∟∟

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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

Sec	qualify under the tests listed be ction A. Public Support	low, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(b) 2017	(6) 2018	(u) 2019	(e) 2020	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf				+		
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
/ 8	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
L	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				1		<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						>
	ction C. Computation of Publi						
15	Public support percentage for 2020 (li	ne 8, column (f), a	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					, ,	
	Investment income percentage for 202					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box an	ıd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	▶□
k	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, check	ck this box and st	t op here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	>

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
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Pa	rt IV Supporting Organizations (continued)			.gc c
	Continued)		Yes	No
44	Has the organization accepted a gift or contribution from any of the following persons?		162	NO
11	, , , , , , , , , , , , , , , , , , , ,			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	44-		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion b. Type i Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		i
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	The state of the s			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		5 4		
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2020

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

instructions).

6

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continu	ied)	r ugo i
	ion D - Distributions	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Continu	,ou,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	· · · ·			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	3	
4	Amounts paid to acquire exempt-use assets	<u> </u>		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which to	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
ее	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 FOOD BANK OF SOUTH JERSEY, INC.	22-2623089	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lir 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; F Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ad (See instructions.)	nes 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa	n C,

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 Open to Public Inspection

Name of the organization

FOOD BANK OF SOUTH JERSEY INC.

Employer identification number 22-2623089

Pai	t I Organizations Maintaining Donor Advise		s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		2
	o.gaao ao	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	``,	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		ead funds
J	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
J	for charitable purposes and not for the benefit of the donor o		
	have a small a did by a subject a linear of the		V ₂ N ₂
Pai		uanization answered "Yes" on Form 990	
1	Purpose(s) of conservation easements held by the organization		1 (11)
•	Preservation of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space	i roservation o	Ta doranea motorio diractare
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.	ica conservation contribution in the form	Held at the End of the Tax Year
а	Total number of conservation easements		
b			
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		I
3	Number of conservation easements modified, transferred, rel		
_	year ▶	,g,	g
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in t	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 95	8, 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 fur	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

	edule D (Form 9	90) 2020 FOOD BANK (OF SOUTH JERSEY,	INC.			22-26230	189	Pag	je 2
Pa	rt III Orgai	nizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Otl	ner Sim	nilar Asse	ts (contin	ued)	
3	Using the orga	anization's acquisition, accessi	on, and other record	s, check any of the	following that make	significa	nt use of its			
	collection item	ns (check all that apply):								
а	Public e	xhibition	d	Loan or excl	hange program					
b	Scholarl	ly research	е	Other						
С	Preserva	ation for future generations								
4	Provide a des	cription of the organization's c	ollections and explair	n how they further th	ne organization's ex	cempt pu	rpose in Par	t XIII.		
5	During the year	ar, did the organization solicit c	or receive donations of	of art, historical treas	sures, or other simi	lar assets		_		
		aise funds rather than to be m	aintained as part of t	he organization's co	llection?			Yes		No
Pa	rt IV Escro	ow and Custodial Arran	gements. Comple	ete if the organization	n answered "Yes" o	on Form 9	990, Part IV,	line 9, or		
	reporte	ed an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organiza	ation an agent, trustee, custod	ian or other intermed	liary for contribution	s or other assets n	ot include	ed	_		
	on Form 990,	Part X?						Yes		No
b	If "Yes," expla	in the arrangement in Part XIII	and complete the fol	llowing table:						
								Amount		
С	Beginning bala	ance				1c	;			
d	Additions duri	ng the year				10	i			
е		during the year					•			
f		e				1f	:			
2a		zation include an amount on F				bility?		Yes		No
b	If "Yes," expla	in the arrangement in Part XIII.	. Check here if the ex	planation has been	provided on Part X	III				
Pa	rt V Endo	wment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part IV, line	e 10.				
			(a) Current year	(b) Prior year	(c) Two years back	(d) Thre	e years back	(e) Four	years ba	ack
1a	Beginning of y	vear balance	25,035.							
b	Contributions			25,000.						
С		nt earnings, gains, and losses		35.						
d	Grants or scho	olarships								
е	Other expend	itures for facilities								
	and programs									
f	Administrative	expenses								
g	End of year ba		25,035.	25,035.						
2	Provide the es	stimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:					
а	Board designa	ated or quasi-endowment		%						
b	Permanent en	dowment >	%	_						
С	Term endowm	nent >	%							
	The percentag	ges on lines 2a, 2b, and 2c sho	ould equal 100%.							
За	Are there ende	owment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the orga	ınization			
	by:							-	Yes N	No
	(i) Unrelated	organizations						3a(i)		X
		rganizations						3a(ii)	:	Х
b	If "Yes" on line	e 3a(ii), are the related organiza	ations listed as requir	ed on Schedule R?				3b		
4	Describe in Pa	art XIII the intended uses of the	e organization's endo	wment funds.						
Pa	rt VI Land	, Buildings, and Equipn	nent.							
	Comple	ete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part	X, line 10				
	Desc	cription of property	(a) Cost or of	ther (b) Cost	or other (c)	Accumul	ated	(d) Book	value	
		· · ·	basis (investm			epreciati		-		
1a	Land				435,462.				435,4	62.
				5	,283,133.	1,99	2,472.		290,6	
		provements								
				1	,770,707.	1,04	2,242.		728,4	65.
		through 1e. (Column (d) must e		X, column (B), line 1	0c.)		▶	4,	454,5	88.

Schedu	ule D (Form 990) 2020 FOOD BANK OF SOU	TH JERSEY, INC.	22	-2623089	Page 3
	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) De	escription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year marke	et value
		, ,			
	sely held equity interests			·	
(3) Oth	ner				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
	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 er	nd-of-year marke	et value
(1)	., .	+ ` '	· · ·		
(2)				·	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part	IX Other Assets.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
	(a)	Description		(b) Book	value
(1)					
(2)					
(3)					
(4)					
(5)				+	
(6)				+	
(7)				 	
(8)					
(9)					
	Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)	>	•	
Part					
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2		
1.	(a) Description of liability			(b) Book	value
(1)	Federal income taxes				
(2)	PAYROLL PROTECTION LOAN				461,000
(3)					
(4)					
(5)					
(6)				1	
(7)				+	
				+	
(8)				+	
(9) Table	(Column (h) must equal Form 990, Part X, col. (R) lin	25)	_	+	461 000
INTAL /	Communication relation and Part X COL (R) lir	IH / 7 I			-OT 000

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

22-2623089

Part	XI Reconciliation of Revenue per Audited Financial Statem		Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				42 501 544
	otal revenue, gains, and other support per audited financial statements			1	42,591,544.
	mounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مما			
	let unrealized gains (losses) on investments				
	onated services and use of facilities				
	decoveries of prior year grants		96,914.		
	other (Describe in Part XIII.) add lines 2a through 2d		,	20	96,914.
				2e 3	42,494,630.
	subtract line 2e from line 1 smounts included on Form 990. Part VIII, line 12. but not on line 1:			3	12,131,030.
	ovestment expenses not included on Form 990, Part VIII, line 7b	140			
	other (Describe in Part XIII.) add lines 4a and 4b			40	0.
				4c 5	42,494,630.
	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) XII Reconciliation of Expenses per Audited Financial Staten			_	
ı art	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		Expenses per	netum	•
4 7	otal expenses and losses per audited financial statements			1	35,425,210.
	mounts included on line 1 but not on Form 990, Part IX, line 25:			-	33,423,210.
		2a			
	Onated services and use of facilities				
	rior year adjustments				
	Other losses	·	96,914.		
	Other (Describe in Part XIII.)		,	20	96,914.
	dd lines 2a through 2d			2e 3	35,328,296.
	subtract line 2e from line 1 smounts included on Form 990, Part IX, line 25, but not on line 1:			3	33,320,230.
	ovestment expenses not included on Form 990, Part VIII, line 7b	140			
	other (Describe in Part XIII.) dd lines 4a and 4b			40	0.
				4c 5	35,328,296.
	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.			5	33,320,230.
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional to the complete this part to the complete the co			4; Part X,	line 2; Part XI,
PART :	K, LINE 2:				
THE O	RGANIZATION CLAIMS EXEMPTION FROM FEDERAL AND STATE INCOME TO	AXES			
UNDER	SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND ACCORDIN	NGLY, DO			
NOT R	SCORD A PROVISION FOR INCOME TAXES ON RELATED INCOME.				
THE O	RGANIZATION REGULARLY REVIEWS AND EVALUATES ITS TAX POSITIONS	S TAKEN			
IN PR	EVIOUSLY FILED INFORMATION RETURNS AND AS REFLECTED IN ITS F	INANCIAL			
STATE	MENTS, WITH REGARD TO ISSUES AFFECTING ITS TAX EXEMPT STATUS	,			
	ATED BUSINESS INCOME, AND RELATED MATTERS. THE ORGANIZATION				
	IN THE EVENT OF AN EXAMINATION BY TAXING AUTHORITIES, THE				
	IZATION'S POSITIONS WOULD PREVAIL BASED UPON THE TECHNICAL M	ERTTS OF			
SUCH	POSITIONS. THEREFORE, THE ORGANIZATION HAS CONCLUDED THAT NO	TAX			

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2020

Name of the organization **Employer identification number** FOOD BANK OF SOUTH JERSEY, INC. 22-2623089 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

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 FBSJ GALA HUNGER GAMES 13 col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 143,408 47,270. 959,024. 1,149,702. 949,160. 2 Less: Contributions 128,296 46,490. 1,123,946. 780 9,864. **3** Gross income (line 1 minus line 2) 15,112 25,756. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 15,112. 780. 9,864. 25,756. 25,756. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 0. 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 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:

Sch	medule G (Form 990 or 990-EZ) 2020 FOOD BANK OF SOUTH JERSEY, INC. 22-26	23089	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		☐ No
12	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:	1es	
		13a	%
	a The organization's facility		%
	o An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130	70
14	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
Ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
	of "Yes," enter name and address of the third party:		
	Name ▶ _		
16	Address Gaming manager information:		
16			
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lines 9	, 9b, 10b,
	100, 100, 10, and 170, as applicable. Also provide any additional information. See instructions.		

Schedule 6	(Form 990 or 990-EZ) FOOD BANK OF SOUTH JERSEY, INC.	22-2623089	Page 4
Part IV	(Form 990 or 990-EZ) FOOD BANK OF SOUTH JERSEY, INC. Supplemental Information (continued)		
·			

SCHEDULE J (Form 990)

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

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

FOOD BANK OF SOUTH JERSEY, INC.

Employer identification number 22-2623089

P	art I Questions Regarding Compensation				
	accusing components		Yes	No	
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		100	110	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments				
	Discretionary spending account Personal services (such as maid, chauffeur, chef)				
	Discretionary Sportaing account:				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		ĺ	
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.				
	 ▼ Compensation committee ▼ Written employment contract 				
	Independent compensation consultant X Compensation survey or study				
	Form 990 of other organizations X Approval by the board or compensation committee				
	Tom 550 of other organizations				
4	4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				
а	a Receive a severance payment or change-of-control payment?			х	
_	b Participate in or receive payment from a supplemental nonqualified retirement plan?			х	
	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					
	contingent on the revenues of:				
а	a The organization?			Х	
b	b Any related organization?			Х	
	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:				
а				Х	
b	Any related organization?			Х	
	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	. 8		Х	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?	. 9			

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Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)·(J)(B)	in column (B) reported as deferred on prior Form 990
(1) FREDERICK C. WASIAK	(i)	175,990.	8,750.	0	5,667.	510.	190,917.	0
CEO	(E)	0	0	0	0	0	0	0
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(II)							
	Ξ							
	(II)							
	Ξ							
	(E)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

FOOD BANK OF SOUTH JERSEY, INC.

Employer identification number 22-2623089

Paı							
	t 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) determining bution amoun	ıts
l	Art - Works of art						
2	Art - Historical treasures						
	Art - Fractional interests						
	Books and publications						
	Clothing and household goods						
	Cars and other vehicles						
	Boats and planes						
	Intellectual property						
	Securities - Publicly traded						
	Securities - Closely held stock						
	Securities - Partnership, LLC, or						
	trust interests						
	Securities - Miscellaneous						
	Qualified conservation contribution -						
	Historic structures						
	Qualified conservation contribution - Other						
	Real estate - Residential						
	Real estate - Commercial						
	Real estate - Other						
	Collectibles			21 791 327	USDA COMMODITY	FILE REPT	
	Food inventory	Х		21,791,327.	USDA COMMODITY	FILE REPT	
	Food inventory Drugs and medical supplies			21,791,327.	USDA COMMODITY	FILE REPT	
	Food inventory Drugs and medical supplies Taxidermy			21,791,327.	USDA COMMODITY	FILE REPT	
	Food inventory Drugs and medical supplies Taxidermy Historical artifacts			21,791,327.	USDA COMMODITY	FILE REPT	
	Food inventory Drugs and medical supplies Taxidermy Historical artifacts Scientific specimens			21,791,327.	USDA COMMODITY	FILE REPT	
	Food inventory Drugs and medical supplies Taxidermy Historical artifacts Scientific specimens Archeological artifacts			21,791,327.	USDA COMMODITY	FILE REPT	
	Food inventory Drugs and medical supplies Taxidermy Historical artifacts Scientific specimens Archeological artifacts Other			21,791,327.	USDA COMMODITY	FILE REPT	
	Food inventory Drugs and medical supplies Taxidermy Historical artifacts Scientific specimens Archeological artifacts Other			21,791,327.	USDA COMMODITY	FILE REPT	
	Food inventory Drugs and medical supplies Taxidermy Historical artifacts Scientific specimens Archeological artifacts Other			21,791,327.	USDA COMMODITY	FILE REPT	
	Food inventory Drugs and medical supplies Taxidermy Historical artifacts Scientific specimens Archeological artifacts Other	X			USDA COMMODITY	FILE REPT	
	Food inventory Drugs and medical supplies Taxidermy Historical artifacts Scientific specimens Archeological artifacts Other	x ization durin	-	contributions	USDA COMMODITY	FILE REPT	
	Food inventory Drugs and medical supplies Taxidermy Historical artifacts Scientific specimens Archeological artifacts Other	x ization durin	-	contributions	USDA COMMODITY		
	Food inventory Drugs and medical supplies Taxidermy Historical artifacts Scientific specimens Archeological artifacts Other	ization durin	Donee Acknowledg	contributions gement 29		FILE REPT	
_	Food inventory Drugs and medical supplies Taxidermy Historical artifacts Scientific specimens Archeological artifacts Other	ization during 83, Part V, [Donee Acknowledg	contributions gement 29	gh 28, that it		
	Food inventory Drugs and medical supplies Taxidermy Historical artifacts Scientific specimens Archeological artifacts Other	ization during 183, Part V, Dept. Contribution of the initial	Donee Acknowledgon any property repart contribution, and	contributions gement	gh 28, that it sed for	Yes	
	Food inventory Drugs and medical supplies Taxidermy Historical artifacts Scientific specimens Archeological artifacts Other	ization during 183, Part V, Dept. Contribution of the initial	Donee Acknowledgon any property repart contribution, and	contributions gement	gh 28, that it sed for	Yes	
	Food inventory Drugs and medical supplies Taxidermy Historical artifacts Scientific specimens Archeological artifacts Other	ization during 183, Part V, East of the initial?	Donee Acknowledgon any property repair contribution, and	contributions gement	gh 28, that it sed for	Yes 30a	
	Food inventory Drugs and medical supplies Taxidermy Historical artifacts Scientific specimens Archeological artifacts Other	ization durin 183, Part V, I 19y contribution 19y contrib	Donee Acknowledgen any property repairs contribution, and equires the review	contributions gement 29 corted in Part I, lines 1 through which isn't required to be used of any nonstandard contributions.	gh 28, that it sed for	Yes 30a	
כ	Food inventory Drugs and medical supplies Taxidermy Historical artifacts Scientific specimens Archeological artifacts Other	ization durin 183, Part V, I 19y contribution 19y contrib	Donee Acknowledgen any property repairs contribution, and equires the review	contributions gement 29 corted in Part I, lines 1 through which isn't required to be used of any nonstandard contributions.	gh 28, that it sed for	Yes 30a	
o	Food inventory Drugs and medical supplies Taxidermy Historical artifacts Scientific specimens Archeological artifacts Other	ization during 183, Part V, E 199 contribution to the initial section of the initial sectin	Donee Acknowledgen any property repaired to contribution, and contribution	contributions gement 29 corted in Part I, lines 1 through which isn't required to be used of any nonstandard contribution, process, or sell noncash	gh 28, that it sed for	Yes 30a 31	
o a	Food inventory Drugs and medical supplies Taxidermy Historical artifacts Scientific specimens Archeological artifacts Other	ization during the state of the initial policy that representation or related on the state of th	Donee Acknowledgen any property repaired all contribution, and the contribution are contributed as a contribution are contributed as a contribution and the contribution are contributed as a co	contributions gement 29 corted in Part I, lines 1 through which isn't required to be used of any nonstandard contribution, process, or sell noncash	gh 28, that it sed for	Yes 30a 31	
b a	Food inventory Drugs and medical supplies Taxidermy Historical artifacts Scientific specimens Archeological artifacts Other	ization during the state of the initial policy that representation or related on the state of th	Donee Acknowledgen any property repaired all contribution, and the contribution are contributed as a contribution are contributed as a contribution and the contribution are contributed as a co	contributions gement 29 corted in Part I, lines 1 through which isn't required to be used of any nonstandard contribution, process, or sell noncash	gh 28, that it sed for	Yes 30a 31	

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Schedule M (Form 990) 2020

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number 22-2623089

FOOD BANK OF SOUTH JERSEY, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PEOPLE'S LIVES. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: JANUARY 2020, THE WORLD HEALTH ORGANIZATION DECLARED THE OUTBREAK OF A NOVEL CORONAVIRUS (COVID-19) AS A "PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN, " WHICH CONTINUES TO SPREAD THROUGHOUT THE WORLD AND HAS ADVERSELY IMPACTED GLOBAL COMMERCIAL ACTIVITY AND CONTRIBUTED TO SIGNIFICANT DECLINES AND VOLATILITY IN FINANCIAL MARKETS. THE CORONAVIRUS OUTBREAK AND GOVERNMENT RESPONSES ARE CREATING DISRUPTION IN GLOBAL SUPPLY CHAINS AND ADVERSELY IMPACTING MANY INDUSTRIES. THE OUTBREAK COULD CONTINUE TO HAVE A CONTINUED MATERIAL ADVERSE IMPACT ON ECONOMIC AND MARKET CONDITIONS AND TRIGGER A PERIOD OF GLOBAL ECONOMIC SLOWDOWN. THE RAPID DEVELOPMENT AND FLUIDITY OF THIS SITUATION PRECLUDES ANY PREDICTION AS TO THE ULTIMATE MATERIAL ADVERSE IMPACT OF THE CORONAVIRUS OUTBREAK. THE ORGANIZATION HAS SEEN A HIGH LEVEL OF SUPPORT DURING THE PANDEMIC ENDING THIS YEAR WITH A SURPLUS OF \$7,166,336 AND CASH OF \$9,043,789. PART OF THE INCREASE IN SUPPORT WAS USED THIS YEAR TO RESPOND TO THE ECONOMIC IMPACT OF THE PANDEMIC. THE ORGANIZATION SAW A SPIKE IN THE NUMBER OF THOSE FACING HUNGER AS A RESULT OF THE ECONOMY SHUTTING DOWN AND THE SLOW ECONOMIC RECOVERY FOR THOSE HARDEST HIT. INDIVIDUALS WHO CAME TO THE ORGANIZATION'S DISTRIBUTIONS WERE FIRST-TIME RECIPIENTS. ALSO IMPACTED ARE CHILDREN WHO LOST ACCESS TO SCHOOL MEALS AND ISOLATED SENIORS. IN 2020, THE ORGANIZATION

Name of the organization FOOD BANK OF SOUTH JERSEY, INC.	22-2623089
DISTRIBUTED 45% MORE GROCERIES AND 998,991 CHILDREN'S MEALS. THE	
ORGANIZATION EXPECTS TO USE MOST OF THE CURRENT SURPLUS TO SUPPORT THE	
COVID-19 RESPONSE FOR THE NEXT 18 TO 24 MONTHS. SEVERAL FACTORS HAVE	
AND WILL CONTINUE TO REQUIRE THE ORGANIZATION TO PURCHASE HUGE	
QUANTITIES OF FOOD IN THE COMING MONTHS TO MEET INCREASED NEED IN THE	
COMMUNITIES. ANTICIPATED EXPENSES TO PURCHASE FOOD IN THE NEAR TERM	
MAY TRIPLE HISTORICAL REQUIREMENTS. FINANCIAL ASSETS ON HAND WILL HELP	
THE ORGANIZATION MEET EXTRAORDINARY NEEDS. THE CONCERN REMAINS ON	
FUNDING THE ANTICIPATED HIGHER NEED IN THE YEARS BEYOND. THE PREVIOUS	
DOWNTURN TOOK NEARLY A DECADE TO SEE AN ECONOMIC RECOVERY FOR THE	
ORGANIZATION'S CLIENT POPULATION. HOWEVER, THE PANDEMIC REMAINS A	
RAPIDLY EVOLVING SITUATION. THE EXTENT OF THE IMPACT OF COVID-19 ON	
COMMUNITY FINANCIAL SUPPORT AND DEMAND FOR THE ORGANIZATION'S SERVICES	
AND RESOURCES WILL DEPEND ON FUTURE DEVELOPMENTS, INCLUDING THE	
DURATION AND SPREAD OF THE OUTBREAK, BOTH OF WHICH ARE HIGHLY	
UNCERTAIN.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF FORM 990 IS PROVIDED TO THE ORGANIZATIONS GOVERNING BODY TO BE	
REVIEWED WITH AUDITED FINANCIAL STATEMENTS BY THE FINANCE COMMITTEE PRIOR	
TO FILING. THE 990 IS CIRCULATED TO THE FULL BOARD AFTER THE FINANCE	
COMMITTEE REVIEW.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION REQUIRES BOARD AND STAFF TO FILE CONFLICT OF INTEREST	
DISCLOSURE FORMS ANNUALLY.	