Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

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



ΑΙ	For th	e 2023 calendar year, or tax year beginning and	ending			
B	Check if applicat	Ble: C Name of organization		D Employer identifie	cation number	
	Addr	INTERFAITH FOOD PANTRY, INC.				
	Name	ge Doing business as	22-3618468			
	Initial returr		Room/suite	E Telephone number		
	Final	V 2 EXECUTIVE DRIVE		973-538-		
_	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,397,215.	
	Amer	γ MORRIS FLAINS, NO 07930		H(a) Is this a group re		
	Appli tion pend	F Name and address of principal officer. Cratter III Irate		for subordinates		
		SAME AS C ABOVE		H(b) Are all subordinates in		
		xempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 🛄 527	4 [′]	list. See instructions	
	Webs			H(c) Group exemption		
	_	f organization: 🗶 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 1998 N	State of legal domicile: NJ	
Pa	art I	Summary			OF MODDIG	
e	1	Briefly describe the organization's mission or most significant activities: TO II COUNTY, NJ RESIDENTS BY PROVIDING ACCESS		THE HEALTH	OF MORKIS	
Jan						
veri	2	Check this box if the organization discontinued its operations or disposed by the second seco			sets. 13	
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)			13	
	4	Number of independent voting members of the governing body (Part VI, line 1b)			32	
itie	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary)			332	
ž		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 12			0.	
				Prior Year	Current Year	
•	8	Contributions and grants (Part VIII, line 1h)		6,330,380.	7,014,817.	
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		88,587.	160,802.	
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,000.	-42.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,425,967.	7,175,577.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,242,216.	4,160,861.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,714,168.	1,748,573.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
épe		Total fundraising expenses (Part IX, column (D), line 25) 337, 4	63.			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		909,654.	1,133,586.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,866,038.	7,043,020.	
	19	Revenue less expenses. Subtract line 18 from line 12		559,929.	132,557.	
s or			Be	ginning of Current Year	End of Year	
alan	20	Total assets (Part X, line 16)		8,436,512.	8,659,595.	
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		45,971.	44,790.	
		Net assets or fund balances. Subtract line 21 from line 20		8,390,541.	8,614,805.	
D-	ort II	Signature Block				

Part II Signature Block

Т

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

Sign	Signature of offi	cer				Date	
	CAROLYN	•	DIRECTOR				
	Type or print na	me and title					
	Print/Type prepa	arer's name	Preparer's signa	ature	Date	Check	PTIN
Paid	ANTHONY	RISPOLI	ANTHONY	RISPOLI	08/05		P02467381
Preparer	Firm's name	NISIVOCCIA LLP				Firm's EIN 22-	1914888
Use Only	Firm's address	200 VALLEY RD. SI	UITE 300				
		MT. ARLINGTON, No.	J 07856			Phone no. (973) 328-1825
May the I	RS discuss this	return with the preparer shown at	oove? See instru	ctions			X Yes No
LHA For	Paperwork Re	duction Act Notice, see the sep	arate instruction	1S. 332001 12-21-23			Form 990 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

I "Yes," describe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services? I "Yes," describe the organization's program service accomplishments for each of its three largest program services? 40 Bescribe the organization's program service accomplishments for each of its three largest program services? 41 (Code:) (Bepmases 5 5 (5 47, 207. Including grants of 4, 160, 861.) (foremult 5 42 (Code:) (Bepmases 5 5 (S 72, 207. Including grants of 4, 160, 861.) (foremult 5 82 (Code:) (Bepmases 5 9 (Code: 1 (Bepmases 5, 57, 207. Including grants of 4, 160, 861.) (foremult 5 84 (Code: > (Bepmases 5, 57, 207. Including grants of 5, 57, 207. The local program service.) (FOOD FOR THE FOOD INS SALVACING, PREPARATION, AND DISTRIBUTION OF FOOD FOR THE FOOD INS SALVACING, PREPARATION, AND DISTRIBUTION OF DUCATION TO OUR CLIENTS AND EDU DONORS AND THE PUBLIC ABOUT HUNGER IN MORRIS COUNTY, NJ. 95 (Code:) (Bepmase 5 including grants of 5) (Revenue 5 96 (Code:) (Bepmase 5 including grants of 5) (Revenue 5 97 (Code:) (Bepmase 5 including grants of 5) (Revenue 5 98 (Code:) (Bepmase 5 including grants of 5) (Revenue 5	68 Pa
 Breitly describe the organization's mission: TO IMPROVE THE HEALTH OF MORRIS COUNTY, NJ RESIDENTS BY PROVIDING ACCESS TO FOOD, NUTRITION EDUCATION AND RELATED RESOURCES AND TO PROVIDE VOLUNTEER OPPORTUNITIES AND EDUCATE THE PUBLIC ABOUT HUNG Did the organization undertake any significant program services during the year which were not listed on the proform 300 or 990-522. Did the organization sense on Schedule 0. If 'vsa,' describe these changes on Schedule 0. If 'vsa,' describe these changes on Schedule 0. Did the organization sense complainments for each of its three largest program services, as measured by expension of the organization spragement is for each of its three largest program services, as measured by expensioned. Cose of the organization sense complainments for each of its three largest program services, as measured by expensioned. Cose of the organization sense complainments for each of its three largest program services, as measured by expension is and allocations to others, the total expense revenue, if any, for each program service accomplainment for each of the structure largest program service is 5.547.207. Freedom/gramt of a 4.160.861.1 (Internat) Cose of the Cose of the Second Program Service Second and the program services of the Second Second	
TO IMPROVE THE HEALTH OF MORRIS COUNTY, NJ RESIDENTS BY PROVIDING ACCESS TO FOOD, NUTRITION EDUCATION AND RELATED RESOURCES AND TO PROVIDE VOLUNTEER OPPORTUNITIES AND EDUCATE THE PUBLIC ABOUT HUNG 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-27	<u></u>
ACCESS TO FOOD, NUTRITION EDUCATION AND RELATED RESOURCES AND TO PROVIDE VOLUNTEER OPPORTUNITIES AND EDUCATE THE PUBLIC ABOUT HUNG 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 300 or 390-E27. Image: Control of Con	ic
PROVIDE VOLUNTEER OPPORTUNITIES AND EDUCATE THE PUBLIC ABOUT HUNG 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 990 E27 If "Ves, 'describe these warrices on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services? If "ves, 'describe these changes on Schedule 0. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expension 5010(4) organizations are required to report the amount of grants and allocations to others, the total expension revenue, if any, for each program service accomplishments for each of its three largest program services. As measured by expension 5010(4) organizations are required to report the amount of grants and allocations to others, the total expension revenue, if any, for each program services of 5.547, 207. including grants of 4, 160, 861.) (merues a for 547, 207. including grants of 4, 160, 861.) (merues a for S40. DISTRIBUTION PROGRAM PRIMARILY ENGAGED IN COLLECTIO SALVAGING, PREPARATION, AND DISTRIBUTION OF POOD FOR THE FOOD INS IN MORRIS COUNTY, NJ, WE ALSO BELIVER GADOETION TO OUR CLIENTS AND EDU DONORS AND THE PUBLIC ABOUT HUNGER IN MORRIS COUNTY, NJ, WE ALSO BELIVER GADOET HUNGER IN MORRIS COUNTY, NJ, WE ALSO BELIVER GADOET IN COUNTY, NJ, WE ALSO BELIVER GADOET IN MORRIS COUNTY, NJ, WE ALSO BELIVER GADOET IN COUN	
2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990 E27 [I] "Yes," describe these new services on Schedule O. 10 Vies," describe these new services on Schedule O. 10 Vies," describe these changes on Schedule O. 10 Section to regarization case computishments for each of its three largest program services, as measured by experiment, if any, for each program service accomplishments for each of its three largest program services as measured by experiment, if any, for each program services are required to report the amount of grants and allocations to others, the total expension revenue, if any, for each program services are for \$47, 207. Including grants of \$4, 160, 861.] (hereves \$	
pror Form 590 or 990-E27	
If Yes," describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services. If 'Yes,' describe the organization's program service accompliatments for each of its three largest program services, as measured by expense Section St(G)(3) and S01(4) organizations are required to proof the amount of grants and allocations to others, the total expense revenue, if any, for each program service reported. 4a (Coase:) (bepones \$ (ST, 207. Including grants of \$ 4, 160, 861.) (foremult \$ 0, 200, 872, 207. Including grants of \$ 4, 160, 861.) (foremult \$ 0, 200, 872, 207. Including grants of \$ 0, 547, 207. Includi	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X
If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accompletiments for each of its three largest program services, as measured by expensive revenue, if any, for each program service or ported. 4 Code 1 (Expenses 5 6,557,207. Including grants at 4,150,851.) (Revenue 5 4 Code 1 (Expenses) 6,577,207. Including grants at 8,2150,851.) (Revenue 5 4 Code 1 (Expenses) 6,577,207. Including grants at 8,2150,851.) (Revenue 5 4 Code 1 (Expenses) 0 (Expenses) 0 (Expenses) 4 Code 1 (Expenses) 0 (Expenses) 0 (Expenses) 4 Code) (Expenses 5 including grants at 5 (Expenses) 4 Code) (Expenses 5 including grants at 5 (Expenses 5) 4 Code) (Expenses 5 including grants at 5 (Expenses 5) (Revenue 5) 4 Code) (Expenses 5 including grants at 5 (Revenue 5) (Revenue 5) 4 Other program services (Describe on Schedule 0.) including grants at 5 (Revenue 5) (Revenue 5) (Revenue 5) 4 Other program services (Describe on Schedule 0.) (Revenue 5) (Rev	
4 Obscribe the organization's program service accompliablements for each of its three largest program services, as measured by expa Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expans revenue, if any, for each program service reported. 4a (Code:	Yes X
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expensive reported. 4,160,861.) (flevenues 4 (code:) (Expenses 5 6,547,207. including grants of 5 4,160,861.) (flevenues WE ARE A FOOD DISTRIBUTION PROGRAM PRIMARILY ENGAGED IN COLLECTIO SALVAGING, PREPARATION, AND DISTRIBUTION OF FOOD FOOR THE FOOD INS SALVAGING, PREPARATION, AND DISTRIBUTION OF FOOD FOOR THE FOOD INS AND PROVIDE NUTRTITION EDUCATION TO OUR COLLENTS AND EDU DONORS AND PROVIDE NUTRTITION EDUCATION TO OUR CLIENTS AND EDU DONORS AND THE PUBLIC ABOUT HUNGER IN MORRIS COUNTY, NJ. 40 (code:) (Expenses 5 including grants of 5) (Revenue 8 41 (code:) (Expenses 5 including grants of 5) (Revenue 8 42 (code:) (Expenses 5 including grants of 5) (Revenue 8 43 (code:) (Expenses 5 including grants of 5) (Revenue 8 44 Other program services (Describe on Schedule 0.) (Course 3) (Revenue 6) (Revenue 6	
<pre>revenue, if any, for each program service reported. 4a (code</pre>	
4a (Code:	nses, anu
WE ARE A FOOD DISTRIBUTION PROGRÀM PRIMARILY ENGAGED IN COLLECTION SALVAGING, PREPARATION, AND DISTRIBUTION OF FOOD FOR THE FOOD INS IN MORRIS COUNTY, NJ. WE ALSO DELIVER GROCERIES TO PERSONS, WHO B REASON OF AGE, DISABILITY, OR ILLNESS, ARE UNABLE TO DO SO FOR THEMSELVES AND PROVIDE NUTRITION EDUCATION TO OUR CLIENTS AND EDU DONORS AND THE PUBLIC ABOUT HUNGER IN MORRIS COUNTY, NJ.	
SALVAGING, PREPARATION, AND DISTRIBUTION OF FOOD FOR THE FOOD INS IN MORRIS COUNTY, NJ. WE ALSO DELIVER GROCERIES TO PERSONS, WHO B REASON OF AGE, DISABILITY, OR ILLNESS, ARE UNABLE TO DO SO FOR THEMSELVES AND PROVIDE NUTRITION EDUCATION TO OUR CLIENTS AND EDU DONORS AND THE PUBLIC ABOUT HUNGER IN MORRIS COUNTY, NJ.	ON,
REASON OF AGE, DISABILITY, OR ILLNESS, ARE UNABLE TO DO SO FOR THEMSELVES AND PROVIDE NUTRITION EDUCATION TO OUR CLIENTS AND EDU DONORS AND THE PUBLIC ABOUT HUNGER IN MORRIS COUNTY, NJ.	
THEMSELVES AND PROVIDE NUTRITION EDUCATION TO OUR CLIENTS AND EDU DONORS AND THE PUBLIC ABOUT HUNGER IN MORRIS COUNTY, NJ.	BY
DONORS AND THE PUBLIC ABOUT HUNGER IN MORRIS COUNTY, NJ. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe on Schedule O.)) (Expenses \$ including grants of \$) (Revenue \$)	
4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe on Schedule O.) (Expenses \$) (Revenue \$) (Reven	UCATE
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$	
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	
(Expenses \$ including grants of \$) (Revenue \$)	
(Expenses \$ including grants of \$) (Revenue \$)	
(Expenses \$ including grants of \$) (Revenue \$)	
(Expenses \$ including grants of \$) (Revenue \$)	
(Expenses \$ including grants of \$) (Revenue \$)	
(Expenses \$ including grants of \$) (Revenue \$)	
(Expenses \$ including grants of \$) (Revenue \$)	
(Expenses \$ including grants of \$) (Revenue \$)	
(Expenses \$ including grants of \$) (Revenue \$)	
(Expenses \$ including grants of \$) (Revenue \$)	
(Expenses \$ including grants of \$) (Revenue \$)	
(Expenses \$ including grants of \$) (Revenue \$)	
(Expenses \$ including grants of \$) (Revenue \$)	
6 547 207	
	⁼orm 990 (
32002 12-21-23	

_		
Form	990	(2023)

Part IV Checklist of Required Schedules

INTERFAITH FOOD PANTRY, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
U	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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		X
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		X
332003	3 12-21-23	Form	990	(2023)

13420805 784010 08267R001

Form 990 (2	2023)	INTERFAITH FOOD PANTRY,	INC.
Part IV	Check	list of Required Schedules (continued)	

INTERFAITH FOOD PANTRY, INC. 22-3618468 Page 4

	990 (2023) INTERFAITH FOOD PANTRY, INC. 22-361	8468	P	age 4
Pai	t IV Checklist of Required Schedules (continued)			
00	Did the experimentian report more than \$5,000 of grants or other exciptions to ar far demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i>	22	x	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			<u> </u>
20	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	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?			
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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			X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	. 38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	6		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	. 1c	Х	
332004	+ 12-21-23	Form	990	(2023)
	5			

13420805 784010 08267R001 2023.04010 INTERFAITH FOOD PANTRY, INC 08267R01

023)	INTERFAITH	FOOD	PANTRY,	INC.
Statements	Regarding Other I	RS Filin	gs and Tax C	Compliance (continued)

Form 990 (2023)

Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 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 (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C Fo	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
0a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua		
5	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
ь 11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
h	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
10	If "Yes," see the instructions and file Form 4720, Schedule N.	10		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Δ
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
332005	5 12-21-23	Form	990	(2023)

13420805 784010 08267R001

Form 990 (2	023)
-------------	------

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

22-3618468 Page 6

Х

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.

					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13				
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other				
	officer, director, trustee, or key employee?			2		X	
3	Did the organization delegate control over management duties customarily performed by or under t						
	of officers, directors, trustees, or key employees to a management company or other person?			3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X	
6	Did the organization have members or stockholders?			6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?			7a		x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	persons other than the governing body?			7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	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 re				[
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)				
					Yes	No	
0a	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 of	chapter	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b			
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	ore filing the form?	11a	Х		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to con	flicts?	12b	Х		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " on Schedule O how this was done			12c	x		
13	Did the organization have a written whistleblower policy?			13	x		
4	Did the organization have a written document retention and destruction policy?			14	x		
5	Did the process for determining compensation of the following persons include a review and approv						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	,					
а	The organization's CEO, Executive Director, or top management official			15a	х		
b	Other officers or key employees of the organization			15b		X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a				
	taxable entity during the year?			16a		х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu						
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		-				
	exempt status with respect to such arrangements?			16b			
Sec	tion C. Disclosure			100			
7	List the states with which a copy of this Form 990 is required to be filed $_ m NJ$						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 99	0-T (section 501(c)(3)s only) avail	able	
	for public inspection. Indicate how you made these available. Check all that apply.			, ,	,		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or		,	d fina	noial		
J		Jonniel	or interest policy, al	u iiid	noial		
20	Statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b	statements available to the public during the tax year.					
20	WENDY POTKAY - 973-538-8049	ooks af					
	2 EXECUTIVE DRIVE, MORRIS PLAINS, NJ 07950				000	100	
32006	5 12-21-23			Form	1 990	(2023	
<u>~</u> ~	905 794010 092670001 2022 04010 TNUEDENTER E00			0.01	- مربع-	1 ∩ 1	
- U	805 784010 08267R001 2023.04010 INTERFAITH FOC	ע צע	ANTRY, INC	00,	40/1	۲UJ	

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot pr/trus	h an	compensation	compensation	amount of
	week		cer an	a a a	Irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organizations	ustee	trust		ee	ubeu		1099-NEC)	1099-NEC)	organization and related
	below	l ual tr	tional		nploy	st cor yee	_	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			e gameaterie
(1) CAROLYN LAKE	40.00			_						
EXECUTIVE DIRECTOR		X		Х				190,499.	0.	17,064.
(2) TIM LOCKWOOD	2.00									
PRESIDENT		X		Х				0.	0.	0.
(3) BRUCE SEIDMON	2.00									
VICE- PRESIDENT		X		Х				0.	0.	0.
(4) NATHAN UMBRIAC	2.00									
SECRETARY		X		Х				0.	0.	0.
(5) JOHN EADE	3.00									
TREASURER		Х		Х				0.	0.	0.
(6) SUSIE SCHUB	2.00									
TRUSTEE		Х						0.	0.	0.
(7) CHRIS MACDONALD	2.00									_
TRUSTEE		Х						0.	0.	0.
(8) HELEN HALLBERG	2.00									_
TRUSTEE		Х						0.	0.	0.
(9) ROSALEE GORDON	2.00									
TRUSTEE		X						0.	0.	0.
(10) TOM BONTEMPO	2.00									•
TRUSTEE		X						0.	0.	0.
(11) DANA SPANGHER	2.00									0
ASST. TREASURER		X		X				0.	0.	0.
(12) AMY WIWI	2.00									0
TRUSTEE	2.00	X						0.	0.	0.
(13) GREG SUPRON	2.00	x						0.	0.	0.
PAST PRESIDENT		<u>^</u>						0.	0.	0.
		<u> </u>								
						-				
		1								
332007 12-21-23	1					-		1	l	Form 990 (2023)
						~				. 5 === (2020)

13420805 784010 08267R001

8 2023.04010 INTERFAITH FOOD PANTRY, INC 08267R01

	990 (2023) INTERFAI	FH FOOD	PZ	ANT	RY	Ζ,	IN	1C	•	22-36	5184	68	Page 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	anc	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A)	(B)			(C		-		(D)	(E)		(F	-)
	Name and title	Average		F	-	, tion	1		Reportable	Reportable		Estim	
	Name and the	hours per		not ch unles:					compensation	compensatio	n	amou	
		week		cer and					from	from related		oth	
		(list any	o.						the	organizations			nsation
		hours for	Individual trustee or director				_		organization	(W-2/1099-MIS		from	
		related	e or c	tee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	.0,	organi	
		organizations	ruste	Institutional trustee		ee	npen		1099-NEC)	1000 1120)		and re	
		below	lual t	tiona		Key employee	st co I yee	_	10001120)			organiz	
		line)	Idivic	Istitu	Officer	ey e n	ighe; nplo	Former				organi	ationio
		,	<u> </u>	-	0	Υ.	Ξ	Œ					
				\vdash	_								
				\vdash	_								
											-		
1b	Subtotal								190,499.		0.	17,	064.
с	Total from continuation sheets to Part VI	I, Section A							0.		0.		0.
	Total (add lines 1b and 1c)								190,499.		0.	17	064.
2	Total number of individuals (including but n									000 of reportable		-	
~	compensation from the organization		1030	113100	u ac	0000	<i>.)</i> wi			,000 01 10001 201	C		1
												Ye	es No
-													55 110
3	Did the organization list any former officer,				•			-					
	line 1a? If "Yes," complete Schedule J for s	uch individual									L	3	X
4	For any individual listed on line 1a, is the su	im of reportab	le co	ompe	nsa	ition	n and	l otl	her compensation from	the organization			
	and related organizations greater than \$150	0,000? If "Yes,	" со	mple	te S	Sche	dule	e J f	for such individual			4 ²	ζ
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion fr	om	anv	unr	elat	ted organization or indiv	idual for services			
	rendered to the organization? If "Yes," com					-						5	Х
Sec	tion B. Independent Contractors	piere concau	001	01 001		0010						<u> </u>	
										¢100.000 of ear			
1	Complete this table for your five highest co	-	-								pensat		
	the organization. Report compensation for	the calendar y	ear e	endin	ıg w	/ith (or w	thir		year.			
	(A)								(B)		•	(C)	
	Name and business	address	NC	ONE					Description of s	services	Cor	mpensa	ation
								+					
								\dashv					
								T		T			
2	Total number of independent contractors (i	ncluding but n	ot li	mited	l to	tho	se lie	ster	above) who received a	ore than			
-	\$100,000 of compensation from the organi		JUL III	meu	0)						
	wroo,ooo or compensation from the organi.	Lauui I					-				-		0 (2023)
											F	orm 99	v (2023)

332008 12-21-23

Form	ו 99	0 (2	2023) INT	TERFAIT	H FC	DOD 1	PANTR	Y, INC.		22-3618	468 P	age 9
Pa				evenue								
			Check if Schedule O	contains a re	sponse	or note	e to any lin	e in this Part VIII				
			Check if Schedule O					(A)	(B)	(C)	(D)	
								Total revenue	Related or exempt		Revenue exc from tax ur	
									function revenue	business revenue	sections 512	
S S	-1	-	Federated campaigns	1	a							
unt					_							
ΩĒ					b	373	,026.					
fts,			Fundraising events		c	575	,020.					
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations		d	112	,506.					
Sin		е	Government grants (conti	· · -	e	142	, 500.					
er		f	All other contributions, gifts,			400						
iếĐ			similar amounts not included	l above 1	f 6,	499	,285.					
ont od (g	Noncash contributions included in				,477.					
a Č		h	Total. Add lines 1a-1f					7,014,817.				
						Busin	ess Code					
e	2	а										
Program Service Revenue		b										
Se		с										
eve		d										
- BG		е										
Pre			All other program service	revenue		<u> </u>						
			Total. Add lines 2a-2f			-						
	3	y	Investment income (inclue									
	3			-				128,957.			128,9	57
							F	120,557.			120,5	57.
	4		Income from investment o	•			F					
	5		Royalties									
					Real	(II) P	ersonal					
	6	а	Gross rents	6a								
		b	Less: rental expenses	6b								
		С	Rental income or (loss)	6c								
		d	Net rental income or (loss			1					<u> </u>	
	7	а	Gross amount from sales of		urities		Other					
			assets other than inventory	_{7a} 62,	182.							
		b	Less: cost or other basis									
anı			and sales expenses	_{7b} 30,	337.							
evenue		с	Gain or (loss)	7c 31,	845.							
Ě			Net gain or (loss)	·				31,845.			31,8	45.
Other	8		Gross income from fundraisi			1						
ŧ	-			3,026. c								
-			contributions reported on									
						167	,369.					
		h	Less: direct expenses		···· —	179	,356.					
								-11,987.			-11,9	87
	~		Net income or (loss) from			1					,	• • •
	Э	а	Gross income from gamin			22	,890.					
			Part IV, line 19			11	<u>,890.</u> ,945.					
			Less: direct expenses				-	11 0/5			11 0	15
	-		Net income or (loss) from		rities	<u></u>		11,945.			11,9	43.
	10	а	Gross sales of inventory,									
			and allowances									
		b	Less: cost of goods sold		10b	D I						
		с	Net income or (loss) from	sales of inve	ntory	<u></u>						
ŝ						Busin	ess Code					
30U	11	а										
an€		b										
evel 1		с										
Miscellaneous Revenue		d	All other revenue									
2			Total. Add lines 11a-11d									
	12		Total revenue. See instruction					7,175,577.	0.	0.	160,7	60.
33200								•	•	•	Form 990	

13420805 784010 08267R001

10

2023.04010 INTERFAITH FOOD PANTRY, INC 08267R01

INTERFAITH FOOD PANTRY, INC. 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).

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	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		I		I
2	Grants and other assistance to domestic		4 4 6 9 9 6 4		
	individuals. See Part IV, line 22	4,160,861.	4,160,861.		
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	207,563.	153,597.	16,605.	37,361
6	Compensation not included above to disqualified	201,505.	133,337.	10,005.	57,501
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,205,537.	892,097.	96,444.	216,996
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	65,001.	48,101.	5,200.	11,700
9	Other employee benefits	155,226.	114,867.	12,418.	27,941
10	Payroll taxes	115,246.	85,282.	9,220.	20,744
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	13,750.		13,750.	
d	Lobbying				
е	ů í				
f	Investment management fees				
g		20 655		0 405	
	column (A), amount, list line 11g expenses on Sch 0.)	30,657.	28,232.	2,425.	
12	Advertising and promotion		20 174		00 701
13	Office expenses	50,895.	28,174.		22,721
14	Information technology				
15	Royalties	174,912.	174,912.		
16		1/4,914.	1/4,912.		
17					
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	225,515.	225,515.		
23	Insurance	33,275.	30,987.	2,288.	
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 0.)				
а	FOOD PURCHASES	518,899.	518,899.		
b	SUPPLIES AND EQUIPMENT	60,697.	60,697.		
с	VOLUNTEER AND STAFF TRA	13,348.	13,348.		
d	COMMUNITY ENGAGEMENT EX	9,428.	9,428.		
е	All other expenses	2,210.	2,210.		
25	Total functional expenses. Add lines 1 through 24e	7,043,020.	6,547,207.	158,350.	337,463
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (202

332010 12-21-23

13420805 784010 08267R001

12 2023.04010 INTERFAITH FOOD PANTRY, INC 08267R01

30

Notes and loans receivable, net 7 Assets 7 372,276. 363,000. 8 8 Inventories for sale or use 15,347. 10,143. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 5,429,379. basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 1,689,186. 2,650,003. 3,740,193. 10c 1,822,768. 2,605,110. Investments - publicly traded securities 11 11 429,242. 498,077. Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 8,436,512. 8,659,595. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 44,790. 45,971. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 45,971. 44,790. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 7,626,413. 8,614,805. Net assets without donor restrictions 27 27 764,128. Net assets with donor restrictions 0. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 8,390,541. 8,614,805. Total net assets or fund balances 32 32 8,436,512. 33 8,659,595. 33 Total liabilities and net assets/fund balances ...

INTERFAITH FOOD PANTRY, INC.

Cash - non-interest-bearing

Savings and temporary cash investments Pledges and grants receivable, net

Accounts receivable, net

controlled entity or family member of any of these persons

under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)

5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

Loans and other receivables from other disgualified persons (as defined

22-3618468 Page 11

(B)

End of year 1,443,072.

1

2

3 4

6

13420805 784010 08267R001

Form **990** (2023)

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

(A)

Beginning of year

3,146,876.

1

2

3

4

5

6

Part X Balance Sheet

Form	1990 (2023) INTERFAITH FOOD PANTRY, INC.	22-3	8618468	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,175		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,043		
3	Revenue less expenses. Subtract line 2 from line 1	3			57.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,390		
5	Net unrealized gains (losses) on investments	5	95	5,1	40.
6	Donated services and use of facilities	6			
7	Investment expenses	7	-3	3,4	33.
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8,614	1,8	05.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
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	d 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 separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	990 (2023)

13

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public

Name of the	organization
-------------	--------------

Nam	e of t	he organization							identification number
				D PANTRY, IN					2-3618468
Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete tl	nis part.) S	ee instructior	ıs.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(*	I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental ı	unit descrik	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	Ily receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	le or
		university:							
10		An organization that norma							
		activities related to its exem		-					-
		income and unrelated busir		(less section 511 tax) fr	om busine	sses acqu	iired by the or	rganization	after June 30, 1975.
		See section 509(a)(2). (Cor	,						
11		An organization organized a	-	•	•				
12		An organization organized a	-	-	-			•	
		more publicly supported or	-						Check the box on
		lines 12a through 12d that				-		-	
а		Type I. A supporting orga	-	-	•				
		the supported organization		• • • •	a majority	of the dire	ctors or truste	ees of the s	supporting
		organization. You must c	-						
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	-						
С		Type III functionally inte	• • • •					Illy integrate	ed with,
		its supported organization							
d		Type III non-functionally						-	
		that is not functionally int			•		-	d an attent	iveness
		requirement (see instruct							
е		Check this box if the orga					а Туре I, Туре	II, Type III	
		functionally integrated, or		, , ,	0 0				
t		er the number of supported o							
<u> </u>		vide the following informatior i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	fmonetary	(vi) Amount of other
		organization		(described on lines 1-10	in your governi	ng document?	support (see ir	,	support (see instructions)
		-		above (see instructions))	Yes	No			
Tota	1								

Schedule A (Form 990) 2023 INTERFAITH FOOD PANTRY, INC. 22-3618468 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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
	and the second

fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and			. ,			
	membership fees received. (Do not						
	include any "unusual grants.")	4,161,598.	7,588,186.	7,639,462.	6,330,380.	7,014,817.	32,734,443
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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,161,598.	7,588,186.	7,639,462.	6,330,380.	7,014,817.	32,734,443
	The portion of total contributions	_,,	.,,	.,,	-,	.,	,,,
5	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,						
	L						581,675.
e	Public support. Subtract line 5 from line 4.						32,152,768,
	ction B. Total Support						52,152,700
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	4,161,598.	7,588,186.	7,639,462.	6,330,380.	7,014,817.	32,734,443,
	Gross income from interest,	-,,,,	.,,	.,,	-,,	.,,	
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	21,973.	22,340.	48,389.	51,193.	128,957.	272,852.
•	Net income from unrelated business	21,575.	22,540.	40,000	51,155.	120,557.	272,052
9	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	285,481.	123,473.				408,954.
	assets (Explain in Part VI.)	205,401.	123,473.				33,416,249,
	Total support. Add lines 7 through 10	ata (aca inatruati				12	55,410,249
	Gross receipts from related activities, First 5 years. If the Form 990 is for th			ourth or fifth toy y			
13	organization, check this box and stor						
Se	ction C. Computation of Publ		rcentage				·····
	Public support percentage for 2023 (column (f))		14	96.22 %
	Public support percentage from 2022					15	95.28 %
	a 33 1/3% support test - 2023. If the c						
	stop here. The organization qualifies						
	33 1/3% support test - 2022. If the c						
	and stop here. The organization qual						
17:	a 10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
I	10% -facts-and-circumstances tes	-			-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circ						
10	Private foundation. If the organization				• •		
	I I WALE IVUITUALIOIT. II LITE UI YAHIZALIU	in all not check a		, 100, 17a, 01 17D			◦

332022 12-21-23

13420805 784010 08267R001

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

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

	ction A. Public Support endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	1.	e) 2023	(f) Total	
		(d) 2019	(b) 2020	(0) 2021	(u) 2022	(6	; 2023	(1) 101ai	—
	Gifts, grants, contributions, and								
	membership fees received. (Do not								
~	include any "unusual grants.")								—
2	Gross receipts from admissions, merchandise sold or services per-								
	formed, or facilities furnished in								
	any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge \dots								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received								_
	from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								_
	ction B. Total Support			•					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e	e) 2023	(f) Total	
9	Amounts from line 6								
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								—
~	(less section 511 taxes) from businesses								
	acquired after June 30, 1075								
	Add lines 10a and 10b								—
									—
••	activities not included on line 10b,								
	whether or not the business is								
10	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	-			•			on,	_
	check this box and stop here						<u></u>	L	
	ction C. Computation of Publ								
15	Public support percentage for 2023 (I					15			%
16	Public support percentage from 2022					16			%
Sec	ction D. Computation of Inves	stment Incom	e Percentage)					
17	Investment income percentage for 20	23 (line 10c, colur	nn (f), divided by	ine 13, column (f))		17			%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18			%
19a	a 33 1/3% support tests - 2023. 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 1	7 is not	
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation			
b	33 1/3% support tests - 2022. If the						n 33 1/3%, a	and	
	line 18 is not more than 33 1/3%, che								
20	Private foundation. If the organizatio								
	23 12-21-23			, , ,				(Form 990) 20	23
				16					
120)805 784010 08267R00)1 202	23.04010		H FOOD PAI	NTRY	Z, INC	08267R0	1

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *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.)

332024 12-21-23

10b | Schedule A (Form 990) 2023

13420805 784010 08267R001

2023.04010 INTERFAITH FOOD PANTRY, INC 08267R01

17

Schedule A	A (Form 990) 2023	INTERFAITH	FOOD	PANTRY,	INC.	22-36	1846	8 Pa	age 5
Part IV	Supporting Organiz	ations (continued)							
							_	Yes	No
11 Has t	the organization accepted a	gift or contribution from	n any of th	he following per	sons?				
a Aper	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and								
11c b	11c below, the governing body of a supported organization?						11a		
b A fan	b A family member of a person described on line 11a above?						11b		
c A 359	% controlled entity of a pers	on described on line 11	a or 11b	above? <i>lf</i> "Yes"	to line 11a, 11b, or 11c, prov	ide			
detai	l in Part VI.						11c		
^		A 1 11							

Section B. Type I Supporting Organizations

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,		

Section C. Type II Supporting Organizations	supervised, or controlled the supporting organization.	
Section C. Type in Supporting Organizations	Section C. Type II Supporting Organizations	

Section D. All Type III Supporting Organizations

Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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

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

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- I The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

No Yes

22-3618468 Page 5

2

Yes No

13420805 784010 08267R001

2023.04010 INTERFAITH FOOD PANTRY, INC 08267R01

18

Schedule A (Form 990) 2023

INTERFAITH FOOD PANTRY, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Support			22-3010400 Pa
1 Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructio
All other Type III non-functionally integrated supporting organizations mu	-		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-function	-	d Type III supporting or	anization (see

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

Schedule A (Form 990) 2023

332026 12-21-23

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets			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 the	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
-	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
-	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

332027 12-21-23

13420805 784010 08267R001

	e A (Form 990)	2023		INTER	FAITH	FOOD	PANTR	Y, II	NC.		22-	-361	8468 _{Pag}
Part V	Part IV, Se line 1; Part	ection A, I t IV, Secti , lines 5, 6	ines 1, 2 on D, lin	, 3b, 3c, 4 es 2 and 3	b, 4c, 5a, 5; Part IV,	6, 9a, 9b, 9 Section E,	9c, 11a, 11b lines 1c, 2a	, and 11 2b, 3a,	c; Part IV, S and 3b; Part	art II, line 17a d ection B, lines : V, line 1; Part t for any additi	1 and 2 V, Secti	; Part IV on B, lir	', Section C, ne 1e; Part V,
SCHEI	DULE A,	PART	II,	LINE	10,	EXPLA	NATION	FOR	OTHER	INCOME	:		
FUNDI	RAISING	EVEN	TS										
2019	AMOUNT :	: \$	285	,481.									
2020	AMOUNT :	: \$	123	,473.									
332028 12-		• • • •			. -		21						(Form 990) 2
12080	5 78401	U 082	267R0	001	202	23.040	10 IN1	'ERFA	ITH FO	OD PANT	RY,	INC	08267R

SCHEDULE [)
------------	---

Department of the Treasury

Internal Revenue Service

(Form	990)
-------	------

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.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

22-3618468

Name of the organization

INTERFAITH FOOD PANTRY, INC.

b	Assets included in Form 990, Part X		\$
	Revenue included on Form 990, Part VIII, line 1		
	the following amounts required to be reported under FASB A		•
2	If the organization received or held works of art, historical tre		ncial gain, provide
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	provide the following amounts relating to these items.		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in f	urtherance of public service,
b	If the organization elected, as permitted under FASB ASC 95		
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these i	tems.
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research i	n furtherance of public
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue stateme	nt and balance sheet works
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or	Other Similar Assets.
	organization's accounting for conservation easements.	-	
	balance sheet, and include, if applicable, the text of the footr		
9	In Part XIII, describe how the organization reports conservati		
	and section 170(h)(4)(B)(ii)?		
B	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 17	70(h)(4)(B)(i)
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conse	rvation easements during the year
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	violations, and enforcement of the conservation easements in	t holds?	Yes
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling	of
4	Number of states where property subject to conservation ea	sement is located	_
	year	, <u> </u>	G G
3	Number of conservation easements modified, transferred, re		
-	on a historic structure listed in the National Register		2d
	Number of conservation easements included on line 2c acqu		
	Number of conservation easements on a certified historic str		
а	Total number of conservation easements		
2	Complete lines 2a through 2d if the organization held a qualit day of the tax year.	ried conservation contribution in the fo	rm of a conservation easement on the la Held at the End of the Tax
•	Preservation of open space		
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of land for public use (for example, recrea	·	of a historically important land area
1	Purpose(s) of conservation easements held by the organization		
Par	rt II Conservation Easements. Complete if the org		0, Part IV, line 7.
	for charitable purposes and not for the benefit of the donor of		
6	Did the organization inform all grantees, donors, and donor a		
5	are the organization's property, subject to the organization's	-	
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in	writing that the appets hold in dense	l
	Aggregate value of grants from (during year)		
	Aggregate value of contributions to (during year)		
1	Total number at end of year		

		ITH FOOD P		-		or Oth		22-36			ige 2
			· ·							iuea)	
3	Using the organization's acquisition, access	ion, and other record	as, check	any of the	following the	at make s	significant	use of its			
	collection items (check all that apply).		•	oon or ovo	hango progr						
a L		C			hange progra						
b	Scholarly research	e									
C A	Preservation for future generations	alloctions and avala	in how the	. further t	oo oraanizati		motouro	aaa in Dar	• VIII		
4 5	Provide a description of the organization's conduction by During the year, did the organization solicit of							use in Fai	L AIII.		
5	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			ganzation	answered	163 011	10111 330	, raitiv, i	ine 3, 0i		
1a	Is the organization an agent, trustee, custod		diary for c	ontributio	ns or other a	ssets no	tincluded	1			
Ĩŭ	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII							······ <u> </u>			
			Jan Star						Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	xplanation	has been	provided in	Part XIII]
Par	t V Endowment Funds Complete if	the organization an	swered "Y	es" on Fo							
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three y	/ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g,	, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с		%									
	The percentages on lines 2a, 2b, and 2c sho	-									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administe	ered for t	he		Г	Yes	Na
	organization by:									res	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?										
	If "Yes" on line 3a(ii), are the related organiza								3b		
	t VI Land, Buildings, and Equipm		owment tu	nas.							
1 0	Complete if the organization answere		0 Part IV	line 11a S	ee Form 990) Part X	line 10				
	Description of property	(a) Cost or c		(b) Cost	1		ccumulate	ad I	(d) Boo	kvolu	
	Description of property	basis (investi			(other)		oreciation		(u) 600	r value	;
19	Land			54010							
	LandBuildings										
	Leasehold improvements			4.88	7,383.	1.3	230,2	22.	3,65	7,1	61.
	Equipment				1,996.		458,9			3,0	
	Other				, • •					,	
	Add lines 1a through 1e. (Column (d) must e		X. line 10	c. column	<i>(</i> B))				3,74	0,1	93.
		,	.,	-,	1 1//						

Schedule D (Form 990) 2023

332052 09-28-23

Schedule D (Form 990) 2023 INTERFAITH	FOOD PANTRY,	INC. 22-3618468 Pa	age 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	e
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) POOLED INVESTMENT FUND	498,077	• END-OF-YEAR MARKET VALUE	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	498,077	•	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	e
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes			
) Description	(b) Book value	
<u>(1)</u>			
<u>(2)</u>			
<u>(3)</u>			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, c Part X Other Liabilities	юі. (В))		
	" on Form 000 Dort IV line	a 11a ar 11f Saa Farm 000 Dart V lina 25	
Complete if the organization answered "Yes 1 . (a) Description of liability	OITFOILT 990, Fait IV, IIIE	(b) Book value	
<u> </u>			
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, o		· · · · · · · · · · · · · · · · · · ·	
•		to the organization's financial statements that reports the	v
organization's liability for uncertain tax positions under	er FASB ASC 740. Check h	here if the text of the footnote has been provided in Part XIII	X

Sche	dule D (Form 990) 2023 INTERFAITH FOOD PANTRY,	INC.		22-	3618468 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	7,267,284.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	95,140.		
b	Donated services and use of facilities				1
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	95,140.
3	Subtract line 2e from line 1			3	7,172,144.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,433.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	3,433.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)				7,175,577.
Pa	t XII Reconciliation of Expenses per Audited Financial Stat		Expenses per	Retu	irn
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	7,043,020.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b				1	
	Prior year adjustments				
с	Prior year adjustments Other losses	2b			
		2b 2c			
c d	Other losses	2b 2c 2d		2e	0.
c d	Other losses Other (Describe in Part XIII.)	2b 2c 2d		2e 3	0. 7,043,020.
c d e	Other losses	2b 2c 2d			-
с d е 3 4	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2b 2c 2d			-
с d 3 4 а	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2b 2c 2d 2d			7,043,020.
c d 3 4 a b	Other losses	2b 2c 2d 2d 4a 4b		3 4c	7,043,020.
c d 3 4 a b c 5	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2b 2c 2d 2d 4a 4b		3	7,043,020.

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

PART X, LINE 2:

332054 09-28-23

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER	THE PROVISION
--	---------------

OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CLASSIFIED BY THE

INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION. THE

ORGANIZATION IS ALSO EXEMPT UNDER TITLE 15 OF THE STATE

OF NEW JERSEY CORPORATIONS AND ORGANIZATIONS NOT-FOR-PROFIT ACT.

ACCORDINGLY, NO PROVISIONFOR FEDERAL OR STATE INCOME TAX HAS BEEN

PRESENTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB ASC, INCOME TAXES. THE

STANDARD PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT

METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX

29

Schedule D (Form 990) 2023

13420805 784010 08267R001 2023.04010 INTERFAITH FOOD PANTRY, INC 08267R01

STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION AS THEY RELATE TO THOSE TAX POSITIONS.

THE ORGANIZATION DOES NOT EXPECT A SIGNIFICANT INCREASE OR DECREASE TO THE TOTAL AMOUNTS OF UNRECOGNIZED TAX POSITIONS DURING THE YEARS ENDED DECEMBER 31, 2023 AND 2022. HOWEVER, THE ORGANIZATION IS SUBJECT TO AUDIT BY TAX AUTHORITIES INCLUDING A REVIEW OF ITS NONPROFIT STATUS WHICH MANAGEMENT BELIEVES WOULD BE UPHELD UPON EXAMINATION. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS TAX RETURNS.NONETHELESS, THE AMOUNTS ULTIMATELY PAID, IF ANY, UPON RESOLUTION OF THE ISSUES RAISED BY THE TAXING AUTHORITIES MAY DIFFER MATERIALLY FROM THE AMOUNTS ACCRUED FOR EACH YEAR.

AS REQUIRED BY LAW, THE ORGANIZATION FILES INFORMATIONAL RETURNS WITH BOTH THE FEDERAL AND NEW JERSEY STATE GOVERNMENTS ON AN ANNUAL BASIS - FORM 990 WITH THE INTERNAL REVENUE SERVICE, AND FORM CRI-300R WITH THE STATE OF NEW JERSEY. THESE RETURNS ARE SUBJECT TO EXAMINATION WITHIN CERTAIN STATUTORY PERIODS FROM THEIR RESPECTIVE FILING DATES.

332055 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming A	\cti	vities o	MB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2023
	c		Open to Public					
Department of the Treasury Internal Revenue Service	Go t	Attach to Form 990 o o www.irs.gov/Form990 for instrue				n.		Inspection
Name of the organization	n	ITH FOOD PANTRY, I					Employer ide	ntification number
Part I Fundrais		Complete if the organization answe		` <u>م</u> و" م	n Form 990 Part IV/ li	ino 1		
	complete this par			03 0	n 1 0 1 1 0 0 0 1 1 1 1 0 1 0 0 0 1 1 1 1 0 1 0		7.10111000 22	
	-	sed funds through any of the followin	-					
a Mail solicitat b Internet and	tions l email solicitations			•	overnment grants nment grants			
c Phone solici		g Special		-	-			
d In-person so								
•		or oral agreement with any individual art VII) or entity in connection with p		Ũ			, or 🗌 Yes	No
		viduals or entities (fundraisers) pursu			-			
compensated at le	east \$5,000 by the	organization.						
(i) Nome and address			(iii)	Did	(in) Cross respire		Amount paid	(vi) Amount paid
(i) Name and addres or entity (fund		(ii) Activity	have c	ustody trol of	(iv) Gross receipts from activity		or retained by) fundraiser	to (or retained by) organization
				utions?		lis	ted in col. (i)	
			Yes	No				
		on is registered or licensed to solicit (s or has been notified	l it is	exempt from r	egistration
or licensing.								

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

31 2023.04010 INTERFAITH FOOD PANT

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

	ross income on Form 990			.
	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	SPRING GALA	TURKEY TROT	1	(add col. (a) through
	(event type)	(event type)	(total number)	col. (c))
	349 910	153 979	1/ 081	518,770
Gross receipts			14,901.	510,770
2 Less: Contributions	277,022.	39,017.	12,424.	328,463
3 Gross income (line 1 minus line 2)	72,888.	114,862.	2,557.	190,307
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
		53,794.	2,557.	117,294
				117,294 73,013
				75,015
\$15,000 on Form 990-EZ, line 6a.			oportoù moro trian	
	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
1 Gross revenue			23,890.	23,890
			11,945.	
3 Noncash prizes				
4 Rent/facility costs				
 4 Rent/facility costs		└── Yes% └── No	Yes% ∑ No	
5 Other direct expenses	└── Yes % └── No		X No	11,945
5 Other direct expenses6 Volunteer labor	yes%	No No	X No	11,945 11,945
 5 Other direct expenses	Yes% No 9h 5 in column (d) 7 from line 1, column (d)	No	X No	
 5 Other direct expenses	T from line 1, column (d)	No	X No	11,945
 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throug 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization concluses the organization licensed to conduct gaming and the organization licensed to conduct gam	h 5 in column (d) from line 1, column (d) fucts gaming activities: <u>N</u>	IJ states?	X No	11,945
 5 Other direct expenses	h 5 in column (d) from line 1, column (d) fucts gaming activities: <u>N</u>	IJ states?	X No	11,945
 5 Other direct expenses	yh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: <u>N</u>	IJ states?	X No	11,945
 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 throug 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization concluses the organization licensed to conduct gaming and the organization licensed to conduct gam	The second secon	IJ states?	X No	11,945
 5 Other direct expenses	The second secon	IJ states?	X No	11,945
 5 Other direct expenses	The second secon	IJ states?	X No	11,945
	 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 throug 11 Net income summary. Subtract line 10 from 15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 	SPRING GALA (event type) 1 Gross receipts 349,910. 2 Less: Contributions 277,022. 3 Gross income (line 1 minus line 2) 72,888. 4 Cash prizes 72,888. 5 Noncash prizes 6 6 Rent/facility costs 60,943. 7 Food and beverages 60,943. 9 Other direct expenses 60,943. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 11 Gross revenue (a) Bingo 1 Gross revenue (a) Bingo 1 Gross revenue 2	SPRING GALA TURKEY TROT (event type) 1 Gross receipts 349,910. 153,879. 2 Less: Contributions 277,022. 39,017. 3 Gross income (line 1 minus line 2) 72,888. 114,862. 4 Cash prizes	SPRING GALA TURKEY TROT 1 (event type) (event type) (total number) 1 Gross receipts 349,910. 153,879. 14,981. 2 Less: Contributions 277,022. 39,017. 12,424. 3 Gross income (line 1 minus line 2) 72,888. 114,862. 2,557. 4 Cash prizes

32

Sch	edule G (Form 990) 2023	INTERFAITH	FOOD	PANTRY,	INC.	22-	3618468	Page 3
11	Does the organization conduct ga						Yes	X No
12	Is the organization a grantor, bene							v
10	to administer charitable gaming?						Yes	LA No
	Indicate the percentage of gaming The organization's facility						13a 100	.00 %
	An outside facility							%
	Enter the name and address of the							
	Name CAROLYN LAKE	Ξ						
	Address 2 EXECUTIVE	E DRIVE - M	ORRIS	PLAINS,	NJ 07950)		
1 5a	Does the organization have a cont	tract with a third party	from whor	n the organizat	ion receives gami	ng revenue?	🗌 Yes	X No
b	If "Yes," enter the amount of gami	ing revenue received k	by the orga	nization \$		and the amount		
	of gaming revenue retained by the If "Yes," enter name and address	e third party \$, ,			_		
	Name							
	Address							
16	Gaming manager information:							
		_						
	Name CAROLYN LAKE	Ľ						
	Gaming manager compensation	\$						
	Description of services provided							
	X Director/officer	Employee		Independent of	contractor			
17	Mandatory distributions:							
	Is the organization required under	state law to make cha	aritable dist	tributions from	the gaming proce	eds to		
	retain the state gaming license?						🖂 Yes	X No
b	Enter the amount of distributions r	-		stributed to oth	ier exempt organi	zations or spent in the		
Pa	organization's own exempt activitient IV Supplemental Inform			ns required by	Part I, line 2b, col	umns (iii) and (v); and P	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as		-					
3320	83 09-13-23			2.2		Sched	lule G (Form	990) 2023
120	1805 784010 082670	001 202	3 040	33 10 דאיתידינ	סדאדיים היי	ר עסייזאגם חר	NC 082	57001

13420805 784010 08267R001

Schedule	G	(Form	990

Part IV Supplemental Information (continued)			
				Schedule G (Forn
32084 04-01-23		34		
20805 784010 08267R001	2023.04010	INTERFAITH FOOI	D PANTRY,	INC 08267F

SCHEDULE I (Form 990)			irants and Oth vernments, ar					OMB No. 11	
· · ·			ete if the organizatio					202	23
Department of the Treasury			Ū	Attach to Form				Open to	Public
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest inform	ation.		Inspec	ction
Name of the organization		H FOOD PA	NTRY, INC.					Employer identification	
Part I General In	formation on Grants a								
1 Does the organization	ation maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibilit	ty for the grants or ass	sistance, and the selec	ction	
criteria used to av	ward the grants or assis	stance?		· · · · · · · · · · · · · · · · · · ·	• • •			X Yes	No
2 Describe in Part I	IV the organization's pro	ocedures for monit	oring the use of grant	funds in the Unite	d States.				
	d Other Assistance to hat received more than \$					anization answered "	′es" on Form 990, Par	rt IV, line 21, for any	
· · ·	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of g or assistance	

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

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

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

22-3618468

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					SUPPLEMENTARY AND EMERGENCY
PROVIDE EMERGENCY FOOD ITEMS	90165	0.	4,160,861.	FMV	FOOD ITEMS

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

sc	HEDULE J	Compensation Information		OMB No. 1	545-00	47			
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	27	2			
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		LU	ZU	,			
Depa	tment of the Treasury	Attach to Form 990.		Open to					
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								
Nan	e of the organizatio		Employer ic			mber			
		INTERFAITH FOOD PANTRY, INC.	22-3	61846	8				
Ра	rt I Question	s Regarding Compensation				·			
	-				Yes	No			
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,						
		line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or c	, i i i i i i i i i i i i i i i i i i i							
	Travel for com								
		ation and gross-up payments							
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)						
	If a second disc is a second								
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41-					
0		provision of all of the expenses described above? If "No," complete Part III to explain		1b					
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2					
	trustees, and onice	rrs, including the CEO/Executive Director, regarding the items checked on line 1a?		Z					
2	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization'	•						
3		ector. Check all that apply. Do not check any boxes for methods used by a related organization							
		ation of the CEO/Executive Director, but explain in Part III.							
	Compensation								
	·	compensation consultant Compensation survey or study							
		ther organizations X Approval by the board or compensation of	ommittoo						
			Johnnillee						
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 re								
а	•	e payment or change-of-control payment?		4a		Х			
b		eive payment from a supplemental nonqualified retirement plan?				X			
с		eive payment from an equity-based compensation arrangement?				X			
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on						
	contingent on the r	evenues of:							
а	The organization?			5a		X			
		ation?				X			
		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 compensati	on						
	contingent on the r	net earnings of:							
а	The organization?			6a		X			
		ation?				X			
	If "Yes" on line 6a	or 6b, describe in Part III.							
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment							
		nes 5 and 6? If "Yes," describe in Part III		7		X			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t							
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X			
9		id the organization also follow the rebuttable presumption procedure described in							
		ז 53.4958-6(c)?	<u></u>	9					
For	Paperwork Reduct	ion Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990) 2023			

Schedule J (Form 990) 2023

22-3618468

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CAROLYN LAKE	(i)	155,000.	35,499.	0.	4,501.	12,563.	207,563.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

23

r

22-3618468

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

Name of the organization

INTERFAITH FOOD PANTRY, INC.

Ра	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu	eterminii	•	s
				Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	X	8	66,892.	E'MT 7			
9	Securities - Publicly traded	Δ	0	00,092.				
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	1,474,555	4,151,585.	FMV BY POUN	íD		
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz		0 ,					
	for which the organization completed Form 828	83, Part V, D	Donee Acknowledg	ement 29		r		
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of							77
	exempt purposes for the entire holding period?	?				30a		X
	If "Yes," describe the arrangement in Part II.							37
31	Does the organization have a gift acceptance p					31		_X
32a	Does the organization hire or use third parties of		-					v
	contributions?					32a		X
b	If "Yes," describe in Part II.							

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

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

describe in Part II.

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

	08267R001	 41	 7, INC 08267R0
332142 09-11-23			 Schedule M (Form 990) 2

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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



INTERFAITH FOOD PANTRY, INC.

22-3618468

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATION AND RELATED RESOURCES AND TO PROVIDE VOLUNTEER OPPORTUNITIES

AND EDUCATE THE PUBLIC ABOUT HUNGER.

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

INTERFAITH FOOD PANTRY, INC. HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND THE FINANCE COMMITTEE AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS PROVIDED TO THE MEMBERS OF THE ORGANIZATIONS GOVERNING BODY FOR ANY COMMENTS PRIOR TO ITS SUBMISSION. THE GOVERNING BODY IS PROVIDED WITH A REASONABLE AMOUNT OF TIME TO REVIEW THE FORM 990. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED THROUGH MANAGEMENT TO THE OUTSIDE ACCOUNTING FIRM. ANY APPLICABLE ISSUES ARE ADDRESSED PRIOR TO THE RETURN BEING FINALIZED AND APPROVED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C: INTERFAITH FOOD PANTRY, INC. CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT REGULARLY MONITORS AND ENFORCES. THE BOARD MANDATES THAT ALL MEMBERS OF MANAGEMENT AND THE GOVERNING BODY ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, EXIST. THE GOVERNING BODY AND MANAGEMENT WILL INVESTIGATE THE ISSUE. IF A CONFLICT OF INTEREST IS DETERMINED TO EXIST, MANAGEMENT AND THE GOVERNING BODY WILL BE NOTIFIED IMMEDIATELY. THE MEMBER WILL NOT BE ALLOWED TO VOTE OR BE A PART OF ANY For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023 I HA 332211 11-14-23 42

13420805 784010 08267R001

Schedule O (Form 990) 2023	Page 2
Name of the organization INTERFAITH FOOD PANTRY, INC.	Employer identification number 22-3618468
DECISIONS ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO WIT	H THE CONFLICT
UNTIL SUCH TIME THAT THERE IS NO LONGER A CONFLICT. IN AD	DITION, WHENEVER A
LARGE PURCHASE OR OTHER TRANSACTION FOR SERVICES ARE PROV	IDED THEY ARE
REVIEWED FOR APPROVAL. THE TRUSTEES ARE REQUIRED TO MAKE	FULL DISCLOSURE OF
ANY INTEREST THEY, THEIR FAMILY, OR ORGANIZATION MAY HAVE	. THE BOARD THEN
DECIDES IF INVOLVEMENT WOULD CONSTITUTE A CONFLICT OF INT	EREST.

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

THE COMPENSATION OF THE ORGANIZATIONS OFFICERS OR KEY EMPLOYEES IS REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES, AN INDEPENDENT BODY. THE QUALIFICATIONS AND EXPERIENCE OF THE INDIVIDUAL ARE ALSO TAKEN INTO ACCOUNT

WHEN DETERMINING COMPENSATION.

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

INTERFAITH FOOD PANTRY, INC. MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE UPON WRITTEN REQUEST AT THE ORGANIZATION'S OFFICE AT 2 EXECUTIVE DRIVE, MORRIS PLAINS, NJ 07950. IN ADDITION, THE FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN REQUEST AT THE ORGANIZATION'S OFFICE AT 2 EXECUTIVE DRIVE, MORRIS PLAINS, NJ 07950.

FORM 990 PART XII LINE 2C

NO CHANGE FROM THE PRIOR YEAR.

332212 11-14-23