



2520222410010

May 26, 2022

Top Hat Plan Exemption
Employee Benefits Security Administration, Room N-1513
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

To Whom It May Concern:

The undersigned declares that the employer described below maintains the following plan(s) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

In compliance with Labor Reg. §2520.104-23 the undersigned provides the following information with respect to the plan(s):

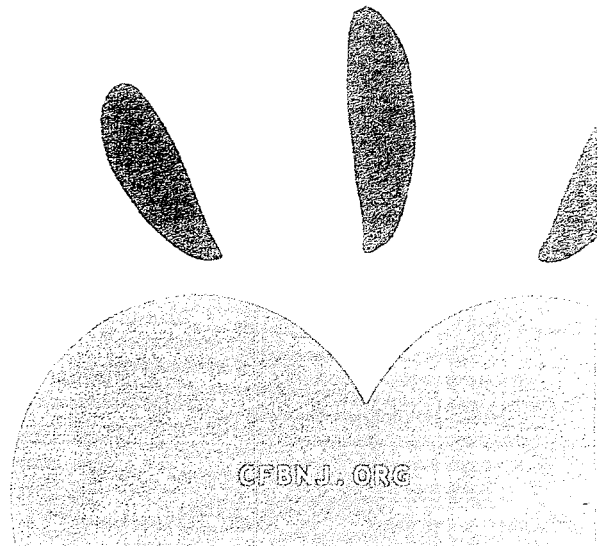
Employer:

Employer Name: Community Food Bank of New Jersey
Address: 31 Evans Terminal Rd.
Hillside, New Jersey 07205
EIN#: 22-2423882
Name of Plan: Community Food Bank of New Jersey 457(b) Plan
Number of Plan(s): 1
Number of Employees in Plan(s): 1

Very truly yours,


Terrence Williams

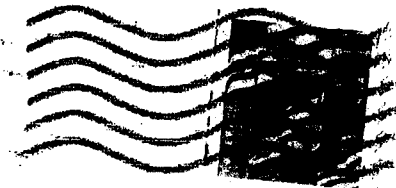
Plan Administrator





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