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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

CONTINUATION

Department of the Treasury Internal Revenue Service

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CANNED

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014 Check if D Employer identification number C Name of organization ]Address |change TREASURE COAST FOOD BANK, INC Name change 65-0123281 Doing Business As ]initial E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Termin-772-489-3034 401 ANGLE ROAD Amended 17,202,464. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-FORT PIERCE, FL 34947-2528 H(a) Is this a group return pending F Name and address of principal officer.JUDITH CRUZ Yes X No for subordinates? SAME AS C ABOVE JYes L No H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) 501(c)( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► STOPHUNGER.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1989 M State of legal domicile: FL Part | Summary Briefly describe the organization's mission or most significant activities: TO ALLEVIATE HUNGER BY OBTAINING Governance AND DISTRIBUTING FOOD AND OTHER ESSENTIALS IN INDIAN RIVER, MARTIN, Check this box 
if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 7 Number of independent voting members of the governing body (Part VI, line 1b) Activities & Total number of individuals employed in calendar year 2013 (Part V, line 2a) 46 2934 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 ... b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 15,085,187 16,131,991. Contributions and grants (Part VIII, line 1h) Revenue 461,924 526,909. Program service revenue (Part VIII, line 2g) <44,185. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 279,063. 341, 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 781,989. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 000,171. 12 13,659,098. 14,564,227. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. О. Benefits paid to or for members (Part IX, column (A), line 4) 14 1,036,223, 135,021. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,203,630. 1,429,851. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 15,898,951 17,129,099. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <116,962.> <128,928.> Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year Assets ( Balanci 4,291,373. 4,160,427 Total assets (Part X, line 16) 20 914,904. <u>912,886.</u> 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21, 376,469. 3,247,541 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying striedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of the Sign JUDITH CRUZ EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Check Print/Type preparer's name 09/19P00770426 Paid J.W. GAINES self-employed TOOMBS, 20-1277979 Preparer Firm's name **BERGER**, ELAM, GAINES Firm's EIN Firm's address 600 CITRUS AVENUE, SUITE 200 Use Only FT. PIERCE, FL 34950 Phone no. (772)461-6120 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) Form **990** (2013) LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT

Form	990 (2013) TREASURE COAST FOOD BANK, INC 65-0123281 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Bnefly describe the organization's mission:
•	OUR MISSION IS TO ALLEVIATE HUNGER BY OBTAINING AND DISTRIBUTING FOOD
	AND OTHER ESSENTIALS IN INDIAN RIVER, MARTIN, OKEECHOBEE AND ST. LUCIE
	COUNTIES.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4-	
4a	(Code ) (Expenses \$ 14,206,657. including grants of \$ 12,379,593.) (Revenue \$ 532,231.)  TO ACQUIRE AND DISTRIBUTE FOOD PRODUCTS TO LOCAL ORGANIZATIONS WHO
	DIRECTLY SERVE THE COMMUNITY AND ITS NEEDS.
4b	(Code) (Expenses \$ 2,537,130 • including grants of \$ 2,184,634 • ) (Revenue \$ )
4Đ	(Code) (Expenses \$\frac{2,537,130}{2,184,634}\) (Revenue \$)  EMERGENCY FOOD ASSISTANCE PROGRAM
	EMERGENCY FOOD ASSISTANCE PROGRAM
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
<u>4e</u>	Total program service expenses ▶ 16,743,787.
	Form <b>990</b> (2013)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X.
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		$\mathbf{X}_{-}$
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	X	
ь	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		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	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			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			-
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
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		<u>x</u> _
20a	The state of the s	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			aan	(2013)

Form 990 (2013) TREASURE COAST FOO Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? 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?	24b	<u> </u>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			7.7
0=	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	07		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
40	instructions for applicable filing thresholds, conditions, and exceptions).			
-	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	i	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_	X
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
_	contributions? If "Yes," complete Schedule 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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		4,5	
	Note, All Form 990 filers are required to complete Schedule 0	38	X_	

Form **990** (2013)

	rt V Statements Regarding Other IRS Filings and Tax Compliance 65-0123	<u> 281</u>	P	age 5
	Check if Schedule O contains a response or note to any line in this Part V			
	Check is Schedule O contains a response of note to any line in this rait v	<del></del> -		<u>,                                    </u>
			Yes	No
1a				1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C				
	(gambling) winnings to prize winners?	1c	X	<u> </u>
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 46	]		}
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			}
За	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 in 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	( /		ŀ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
·	to file Form 8282?	7c		x
d		, <u>, , , , , , , , , , , , , , , , , , </u>	-	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>f</del>		<u> </u>
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g				<del> </del>
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			}
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		-
b		9b		ļ
10	Section 501(c)(7) organizations. Enter:			ļ
а				1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.			
а	• • • • • • • • • • • • • • • • • • • •			
þ	· · · · · · · · · · · · · · · · · · ·			ĺ
	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		<u> </u>
b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	$oxed{oxed}$		
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			
С	Enter the amount of reserves on hand			

Form **990** (2013)

14a

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2013) TREASURE COAST FOOD BANK, INC 65-0123281 Page 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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1		_
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b		1: a	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	]		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
•	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
-	The governing body?	8a	X	
a		8b	X	
р	Each committee with authority to act on behalf of the governing body?	00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	l	<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		· · ·	
	Difference of the body of the		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	l		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	÷÷ .	/-	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	_ 13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	1	,	,
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	۲	.÷ <u>.</u> ,	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	`		_
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	3.	ļ. · ·	
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1	, -	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		[	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, at	nd fina	ncial	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ation 🕨	<b>_</b>	
	JUDITH CRUZ - 772-489-3034			
	ANA ANGLE DD EODM DIEDCE EL 24047			

Form 990 (2013)	TREASURE	COAST	FOOD	BANK,	INC	65-0123281	Page 7
Part VII Compensation	of Officers, D	Directors,	Trustee	s, Key E	mployees,	Highest Compensated	

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.

Name and Title	Check this box if neither the organization r	or any related	orga	nıza			mpei	nsat	ted any current officer, o		
Available and title   Available   Availa	• •	(B)			_ ((	<b>C)</b>			1	(E)	(F)
Nours for related organizations   Nour	Name and Title		(do					one	1	, , , , , , , , , , , , , , , , , , ,	
Nigure   Corporations   Page   Page		I -	box	, unle	ss pe	rson	ıs bot	h an			
1) MIGUEL COTY RESIDENT  RESIDENT  X  X  X  X  X  X  X  X  X  X  X  X  X		1	$\vdash$	ce ar	id a d	T ect	Jiraus	100,			
1) MIGUEL COTY RESIDENT  RESIDENT  X  X  X  X  X  X  X  X  X  X  X  X  X			recto	ĺ					•		
1) MIGUEL COTY RESIDENT  RESIDENT  X  X  X  X  X  X  X  X  X  X  X  X  X		1	0.0	8	Į		sated		organization	(W-2/1099-MISC)	
1) MIGUEL COTY RESIDENT  RESIDENT  X  X  X  X  X  X  X  X  X  X  X  X  X			uste	trus		8	<u> </u>		(44.2/1099-141130)		_
1) MIGUEL COTY RESIDENT  RESIDENT  X  X  X  X  X  X  X  X  X  X  X  X  X		_	曹	lona		eg.	2 8	_			
MIGGEL COTY			DIAJAIG	Institu	Officer	Key en	Higher emplo	Гогте			Organizacions
DAVID JACKSON	(1) MIGUEL COTY	5.00							İ		_
X	PRESIDENT	ļ	X	<u> </u>	X		ļ		0.	0.	0
3) LEO CAPPOCCIA IRECTOR  (4) ERIN NEILL COX (7) JOHN EKUFU (8) STEVE SIMON (1) JAY ANGLADA IRECTOR (8) JUDITH CRUZ (2) XECUTIVE DIRECTOR (9) THOMAS JEFFERSON HIEF FINANCIAL OFFICER (1) JOHN EKUFU (1) JOHN EKUFU (2) JOHN EKUFU (3.00) (4) X X X X X X X X X X X X X X X X X X X	(2) DAVID JACKSON	3.00									
X	DIRECTOR		X				ļ		0.	0.	0.
### SERIN NEILL COX	(3) LEO CAPPOCCIA	3.00							· ·		
X	DIRECTOR	<u> </u>	X			<u>.</u>	ļ		0.	0.	0
3.00   X	(4) ERIN NEILL COX	3.00									
X   X   0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	PREASURER		X		X				0.	0.	0
6) STEVE SIMON DIRECTOR T) JAY ANGLADA 3.00 SIRECTOR TO SECURITY DIRECTOR THIEF FINANCIAL OFFICER TO SECURITY DIRECTOR THIEF FINANCIAL OFFICER TO SECURITY DIRECTOR THE SIMON TO SECURITY DIRECTOR TO	(5) JOHN EKUFU	3.00	ļ								
X	/ICE PRESIDENT/SECRETARY		X		X		_		0.	0.	0
7) JAY ANGLADA ITRECTOR  8) JUDITH CRUZ EXECUTIVE DIRECTOR 9) THOMAS JEFFERSON HIEF FINANCIAL OFFICER  20	(6) STEVE SIMON	3.00		ļ	ļ						
X	DIRECTOR	ļ	X	_					0.	0.	0
8) JUDITH CRUZ  XX	(7) JAY ANGLADA	3.00				l			1		
X   89,640.   0.   0	DIRECTOR		X						0.	0.	0
9) THOMAS JEFFERSON HIEF FINANCIAL OFFICER  X  63,529.  0.  0	(8) JUDITH CRUZ	40.00								_	
HIEF FINANCIAL OFFICER X 63,529. 0. 0	EXECUTIVE DIRECTOR	ļ <u> </u>			X		1		89,640.	0.	0
	(9) THOMAS JEFFERSON	40.00								_	_
	CHIEF FINANCIAL OFFICER	<del>                                       </del>		<u> </u>	X		-	_	63,529.	0.	0
				_			-				
				_			_				
		<del> </del>		-				_			
									}		
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5 000 000				<del>                                     </del>	-	$\vdash$					
			L.,	<u> </u>							C 000 (00

		REASURE	COAST	FO	<u>QC</u>	B	INA	Κ,	I	NC	65-01	<u>23</u>	281	Pa	age 8
Par	t VII Section A. Officers, I	Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A) Name and title		(B) Average			Pos				(D) Reportable	(E) Reportable		Es	(F) stimate	∍d
	`		hours per	box	, unle	heck ss pe	rson	ıs bol	th an	compensation	compensation		an	nount	of
	•		week (list any		cer ar	nd a d	irecto	or/trus	stee)	from	from related		l	other	
			hours for	Individual trustee or director				Ļ		the organization	organizations (W-2/1099-MISC	<sub>2)</sub>	l	pensa om the	
			related	tee or	stee			ensafe		(W-2/1099-MISC)	(	<u> </u>	l	anızat	
			organizations	af trus	nal III		loyee	E CO				ŀ		d relat	
			below line)	dividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anızatı	ons
			1110)	<u> </u>	<u> </u>	5	<u>\$</u>	₹ 5	_ e				i		
				ł	1										
				<del> </del>	╁─	<u> </u>		├-	<del>                                     </del>			-	<del> </del>		
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				1											
	<u> </u>			-	-		$\vdash$		<del>                                     </del>	·	.,				
				1											
1b	Sub-total			•		·		· ·	<b></b>	153,169.		0.			0.
	Total from continuation sh		II, Section A	•					<b>•</b>	0.		0.			0.
	Total (add lines 1b and 1c)		·						<b></b>	153,169.		0.			0.
2	Total number of individuals	(including but n	ot limited to th	nose	liste	ed al	bove	e) wl	ho re	eceived more than \$100	,000 of reportable				
	compensation from the orga	anization 🕨													(
												1		Yes	No
3	Did the organization list any					ey er	nplo	yee	, or l	highest compensated e	mployee on	į		1	37
	line 1a? If "Yes," complete S											}	3		X
4	For any individual listed on i and related organizations gi		•								the organization		4		x
5	Did any person listed on line											}	-		lacksquare
Ŭ	rendered to the organization						-		0.00			- 1	5	i	X
Sec	tion B. Independent Contra														
1	Complete this table for your	five highest co	mpensated in	dep	ende	ent c	ontr	racto	ors t	hat received more than	\$100,000 of comp	ens	ation f	rom	
	the organization Report cor	mpensation for	the calendar y	ear	end	ng v	vith	or w	/ithir	the organization's tax	year				
	N1	(A)				_				(B)		_	(C		_
	Nam	e and business	address	N(	NÇ	E				Description of s	services		ompe	isauo	n 
			<del> </del>						$\dashv$						
						-									
		<del></del>										-			
				_		_	_	_						_	_
								_							
2	Total number of independer	nt contractors (	including but r	not li	mite	d to	tho	se lı	sted	l above) who received n	nore than				

Form 990 (2013)

\$100,000 of compensation from the organization

IVEVOOVE	CONDI	LOOD	DWIN
of Davisonia			

			Check if Schedule O cont	tains a response	or note to any line	e in this Part VIII			
			,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	1 :	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
ر ق			Fundraising events						
£ ₹				1 1					
<u>ख्</u> डी				1d		i			1
Si			Government grants (contribut	· —	3,683,260.				
e H	1		All other contributions, gifts, gran						
·ế동			similar amounts not included abo	ove . [1f]	12,448,731.				
<u> </u>	9	g	Noncash contributions included in lines	s 1a-1f \$					
<u>2 g</u>		h_	Total. Add lines 1a-1f		▶	16,131,991.			
					Business Code		į		
eg	2 8	а	HANDLING FEES		624210	526,909.	526,909.		
اہ ڲ	ı	ь							
S 5		С						<del></del>	
Program Service Revenue		d							
ğΨ		– e							
폽	ì		All other program service reve	anue					·
			Total. Add lines 2a-2f		<b>•</b>	526 909			
			Investment income (including	duudondo intor		320,303,			
	3		· -				i.		
									-
	4		Income from investment of ta	x-exempt bond p	oroceeds -				<del></del>
	5		Royalties	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
				(i) Real	(ii) Personal		1		1
	6 a	а	Gross rents						
	ŀ	b	Less. rental expenses						
}	•	С	Rental income or (loss)				j		
Ì	•	d	Net rental income or (loss)	• •					
	7 8	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
			Less cost or other basis				İ		
Ì		_	and sales expenses						
ł			Gain or (loss)		<del>                                     </del>				
ļ			Net gain or (loss)		•				
			Gross income from fundraisin		· ·				
e	8 8			*	i l		ļ		
Other Revenu			including \$				1		
Re			contributions reported on line	-	1				Ĭ
ē			Part IV, line 18						
₹			Less. direct expenses						
-			Net income or (loss) from fund	-		335,949,			335,949,
	9 :	а	Gross income from gaming ad	ctivities See	]		ĺ		}
			Part IV, line 19	a			[		
	ı	b	Less direct expenses	b					
1	(	С	Net income or (loss) from gan	ning activities					
İ	10 8	а	Gross sales of inventory, less	returns					
			and allowances		.}				1
ł	ı		Less: cost of goods sold						
			Net income or (loss) from sale						
ŀ			Miscellaneous Revenu		Business Code			<del></del>	<del>-</del>
}		_			1	5,322.	5,322.		
}			MISCELLANEOUS INCOME		624210		3,342.	···	<del> </del>
		b							-
		С		<del></del>	<del>                                     </del>				
							<del> </del>		
ļ	•		Total. Add lines 11a-11d		<b>▶</b>	5,322.			<del></del>
- (	12		Total revenue See instructions.			17,000,171.	532 231	(	335 949. Form <b>990</b> (2013)

# Form 990 (2013) TREASURE COAST FOOD BANK, INC Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com		-	mplete column (A)	<del></del>
	Check if Schedule O contains a respon		this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	14,564,227.	14,564,227.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	<del></del>			
Ū	trustees, and key employees	155,169.	124,135.	20,172.	10,862
6	Compensation not included above, to disqualified	133,103.	121,133.	20,172.	10,002
0	·				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	070 050	702 002	107 200	<u> </u>
7	Other salaries and wages	979,852.	783,882.	127,380.	68,590
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	<u> </u>			
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	25,622.	25,622.		
12	Advertising and promotion	39,277.		5,891.	1,964
13	Office expenses	17,292.		2,594.	865
14	Information technology				
15	Royalties		,		
16	Occupancy	32,026.	25,621.	4,804.	1,601
17		62,859.	50,287.	9,429.	3,143
18	Travel	02,033.	30,20,	3/1231	3/113
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,099.	6,479.	1,215.	405
	Interest	30,615.	24,491.	4,591.	1,533
20		30,013.	23,321	<u> </u>	1,555
21 22	Payments to affiliates	216,966.	173,573.	36,884.	6,509
	Insurance	155,777.	124,622.	23,366.	7,789
23	Other expenses. Itemize expenses not covered	133,111.	121,022.		
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.)  FOOD	392,143.	392,143.		
	FUEL	92,845.	92,845.		
b			60,327.	11,312.	3,770
c	UTILITIES CHARGES	75,409. 61,093.	61,093.	11,314.	3,110
d	FREIGHT CHARGES			22 002	7 661
	All other expenses	219,828.	189,185. 16,743,787.	22,982. 270,620.	7,661. 114,692.
25	Total functional expenses Add lines 1 through 24e	17,129,099.	10,143,101.	210,020.	114,094
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)				

Part X	balance Sneet			
	Check if Schedule O contains a response or note to any line in this Part X	· ··· · · · · · · · · · · · · · · · ·	•	
	,	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	375,296.	1_	183,038.
2	Savings and temporary cash investments	790,307.	2	621,169.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	140,118.	4	204,471.
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
တ္က	employees' beneficiary organizations (see instr). Complete Part II of Sch L	·	6	
Assets	Notes and loans receivable, net		7	
8   ¥	Inventories for sale or use	349,032.	8	471,177.
9	Prepaid expenses and deferred charges	35,515.	9	45,748.
10a				
	basis. Complete Part VI of Schedule D 10a 3,722,923.			
b	1 003 100	1,755,443.	10c	2,629,814.
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11	23,022.	12	950.
13	Investments - program-related. See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	13	
14	Intangible assets		14	<u> </u>
15	Other assets See Part IV, line 11	822,640.	15	4,060.
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,291,373.	16	4,160,427
17	Accounts payable and accrued expenses	174,346.	17	192,195.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities	***************************************	20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	Loans and other payables to current and former officers, directors, trustees,	· ·		
	key employees, highest compensated employees, and disqualified persons.			
Liabilities 23	Complete Part II of Schedule L		22	
<u> </u>	Secured mortgages and notes payable to unrelated third parties	740,558.	23	720,691.
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third	-		
25	parties, and other liabilities not included on lines 17-24) Complete Part X of			
	0.1.41.5		25	
26	Total liabilities. Add lines 17 through 25	914,904.	26	912,886.
20	Organizations that follow SFAS 117 (ASC 958), check here ► X and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
,,	complete lines 27 through 29, and lines 33 and 34.			
ğ   27	1	2,798,950.	27	2,634,461.
Ta 20		562,519.		598,080
E 28		15,000.		15,000.
달   29	Organizations that do not follow SFAS 117 (ASC 958), check here	20,000		
년	and complete lines 30 through 34.			
0 00			30	
30	Capital stock or trust principal, or current funds		31	
ğ 31	Paid-in or capital surplus, or land, building, or equipment fund		32	
Net Assets or Fund Balances	Retained earnings, endowment, accumulated income, or other funds	3,376,469.	33	3,247,541.
33	Total net assets or fund balances	4,291,373.	4	4,160,427.
34	Total liabilities and net assets/fund balances	*,431,313.	34	Form <b>990</b> (2013)

	990 (2013) TREASURE COAST FOOD BANK, INC	<u>65-0123</u>	3281	Page <b>12</b>
Pa	T 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)			,171.
2	Total expenses (must equal Part IX, column (A), line 25)	2 17		,099.
3	Revenue less expenses Subtract line 2 from line 1	3		,928 <u>.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 3	<u>3,376</u>	,469 <u>.</u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10 3	3,2 <u>47</u>	,5 <u>41.</u>
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>	<u> </u>
			\	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 in Schedule	Ο.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
ь	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 basıs,		
	consolidated basis, or both			
	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	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit	]	
	Act and OMB Circular A-133?		За	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	<b>990</b> (2013)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

# **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.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

		o o, gainzet.	TREASUE	RE COAST FOOD	BANK	. INC	Į.		-	pioysi 6	5-0123281	
Pa	rt I	Reason		rity Status (All organiz				t.) See inst	tructions.			
The	organ	ization is not a	a private foundation	because it is (For lines	1 through	11, check	only one t	oox.)				
1				s, or association of chur					<b>).</b>			
2		A school des	cribed in section 1	70(b)(1)(A)(ii). (Attach Sc	hedule E.)							
3				ital service organization			170(b)(1)	(A)(iii).				
4		•	•	operated in conjunction					(b)(1)(A)(i	ii). Enter	the hospital's name,	
		city, and stat								•	•	
5		-		benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental un	t describ	ped in	
		section 170	(b)(1)(A)(iv). (Comp	ete Part II.)								
6		A federal, sta	ite, or local governn	ent or governmental unr	t described	d in sectio	n 170(b)(	1)(A)(v).				
7	$\mathbf{x}$	An organizati	on that normally red	ceives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public described in	
		section 170(b)(1)(A)(vi). (Complete Part II.)										
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9		An organizati	on that normally red	ceives. (1) more than 33 °	1/3% of its	support f	rom contri	ibutions, n	nembersh	p fees, a	and gross receipts from	
		activities rela	ited to its exempt fu	nctions - subject to certa	aın exceptı	ons, and (	2) no more	than 33 1	/3% of its	support	t from gross investment	
		income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anızatıon	after June 30, 1975.	
		See section	509(a)(2). (Complet	e Part III.)								
10		An organizati	ion organized and o	perated exclusively to te	st for publ	ıc safety. S	See <b>sectio</b>	on 509(a)(4	<b>1</b> ).			
11		An organizati	ion organized and o	perated exclusively for th	ne benefit (	of, to perfo	orm the fu	nctions of,	or to carr	y out the	purposes of one or	
		more publicly	supported organiz	ations described in secti	on 509(a)( <sup>-</sup>	1) or section	on 509(a)(2	2). See <b>se</b> c	ction 509(	a)(3). Ch	eck the box that	
		describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h					
		a Type i	I <b>b</b>	ype II          c Ll T	ype III - Fu	nctionally	ıntegrated	•	ı L Typ	e III - No	n-functionally integrated	
е	L	By checking	this box, I certify the	at the organization is not	controlled	I directly o	r indirectly	by one o	r more dıs	qualified	persons other than	
		foundation m	nanagers and other	than one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 50	9(a)(1) or	section 509(a)(2).	
f		If the organiz	ation received a wn	tten determination from t	the IRS tha	atitisa Ty	pe I, Type	II, or Type	e III			
		supporting of	rganızatıon, check t	his box							🗀	
g		_		organization accepted ar								
		(i) A perso	n who directly or inc	lirectly controls, either al	ione or tog	ether with	persons o	described	ın (ıi) and (	iii) below	, Yes No	
		the gove	erning body of the s	upported organization?	••						<u>11g(i)</u>	
		(ii) A family	member of a perso	n described in (i) above?	' <i>.</i>						11g(ii)	
		(iii) A 35% (	controlled entity of a	a person described in (i) o	or (ii) above	e?			••		. 11g(iii)	
h		Provide the f	ollowing information	about the supported or	ganization	(s).						
_				<del></del>	T							
(i)	Name	of supported	(ii) EIN	(iii) Type of organization				u notify the	(vi) k organizati		(vii) Amount of monetary	
	orga	anization		(described on lines 1-9	in col. (i) lis		organizat	tion in col. r support?	(i) organiz	ed in the	support	
				above or IRC section (see instructions))					U.S			
		<del></del>		(000	Yes	No	Yes	No	Yes	No		
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	_				<del> </del>		ļ	ļ	ļ	<del> </del>		
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							1					
Tota	31		L	<u> </u>			L	<u> </u>	1		<u> </u>	

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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

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

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4761078.	1211548.	13401027.	15085187.	16131911.	50590751.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4761078.	1211548.	<u>13401027.</u>	<u>15085187.</u>	<u>16131911.</u>	50590751.
5	The portion of total contributions	}					
	by each person (other than a	!					
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	}					
	column (f)						
	Public support. Subtract line 5 from line 4						50590751.
Sec	ction B. Total Support			<del></del>	····		<del>,</del>
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	4761078.	1211548.	<u>13401027.</u>	<u>15085187.</u>	16131911.	50590751.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		4,528.	4,678.	4,772.	3,304.	17,282.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	654,531.	<u>426,242.</u>	<u>579,980.</u>	462,864.	528,967.	
11	Total support. Add lines 7 through 10				<u> </u>		53260617.
12	•						<u>,298,951.</u>
13	First five years. If the Form 990 is for		first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and store		roontage	<del>·</del>	· <u>·                                   </u>	·· <u>·</u> ·	
	ction C. Computation of Publ				<del> </del>		04 00 %
	Public support percentage for 2013 (		-			14	94.99 % 94.69 %
	Public support percentage from 2012					15	
16a	33 1/3% support test - 2013. If the					nore, check this bo	⇒X
	stop here. The organization qualifies						
D	33 1/3% support test - 2012. If the						IIS DOX
4 ***	and stop here. The organization qual				 - 12 16- or 16b :		or more
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					it iv now the organ	nzation _
	meets the "facts-and-circumstances"						🕨 🗀
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						, 
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	on alla not check a	DOX OF HITE 13, 16	a, 100, 1/a, 01 1/1		edule A (Form 990	
					SCHE	eans w (Louin aac	0 330-CZ) ZU 13

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	OW, PIGASE COITI	pioto r art ir j				<del></del> _
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
' 1				Í		
are not an unrelated trade or bus-						
iness under section 513				<del></del>	<del></del>	
4 Tax revenues levied for the organ-				j		
zation'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		<u> </u>				
6 Total. Add lines 1 through 5						
7a 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			į	1		
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year	<del></del>	<del> </del>	·	<del>                                     </del>	<del> </del>	
c Add lines 7a and 7b		<del> </del>			<del></del>	
8 Public support (Subtract line 7c from line 6)		<u> </u>	<u> </u>	<u> </u>	J	<u> </u>
Section B. Total Support			1		<u> </u>	
calendar year (or fiscal year beginning in) ► 🔼	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		<u></u>		<u> </u>	<del> </del>	
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties			Ì			
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975		1				
· · · · · · -		-				
c Add lines 10a and 10b	<del></del>	<del> </del>	<del></del>		<del> </del>	
activities not included in line 10b,						
whether or not the business is						
regularly carried on				<del> </del>	<del> </del>	
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)		<u> </u>	ļ <u>.</u>		<del> </del>	
13 Total support. (Add lines 9, 10c, 11, and 12)		<u></u>			1	
14 First five years. If the Form 990 is for t	he organization	's first, second, thu	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here		<u> </u>	<u></u>	·	<u></u>	. ▶□
Section C. Computation of Public	Support Pe	ercentage				
15 Public support percentage for 2013 (lin			column (f))		15	
16 Public support percentage from 2012			.,, .	• • • • • • • • • • • • • • • • • • • •	16	
Section D. Computation of Invest	_					
17 Investment income percentage for 201					17	
			10, 00:01:11 (1))	•	18	
18 Investment income percentage from 20			on line 14 and the	. 15 :		17 to not
19a 33 1/3% support tests - 2013. If the c						i / is not
more than 33 1/3%, check this box and						▶└
b 33 1/3% support tests - 2012. If the c						
line 18 is not more than 33 1/3%, chec						<b>▶</b> <u>L</u>
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	his box and see ii	nstructions	<b>D</b>

		) 2013 TREASUR Information. Prov part for any additiona			II, line 10, Part II,	line 17a or 17b, and	Part III, line 12
	Also complete triis p	part for any additiona	Information (See	instructions)			
	•						
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		<del></del>			<del></del>		

#### SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047

Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Internal Revenue Service Employer identification number Name of the organization 65-0123281 TREASURE COAST FOOD BANK, INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year . .. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) ... .... . d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ..... and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 ... (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

Assets included in Form 990, Part X

		E COAST	FOOD E	ANK,	INC		6	<u>5-01:</u>	2328:	<u>l</u> Pa	ige 2
Par	rt III Organizations Maintaining C	ollections o	f Art, His	torical	Treasures, c	or Oth	er Simila	r Asset	S(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other re	cords, chec	k any of th	ne following tha	it are a s	significant us	se of its c	ollection	ıtem:	s
	(check all that apply):										
а	Public exhibition		d	Loan or e	xchange progra	ams					
b	Scholarly research		е 📖	Other							
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and ex	cplain how t	hey furthe	r the organızatı	on's exe	empt purpos	e in Part	XIII		
5	During the year, did the organization solicit o	r receive donation	ons of art, h	istorical tr	easures, or oth	er sımıla	ır assets				_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran	_	mplete if the	e organiza	tion answered	"Yes" to	Form 990, I	Part IV, in	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	is the organization an agent, trustee, custodi	an or other inter	mediary for	contributi	ons or other as	sets no	t included				_
	on Form 990, Part X?								Yes		No
þ	If "Yes," explain the arrangement in Part XIII	and complete th	ne following	table							
									Amount		
¢	Beginning balance						. 1c	<u> </u>			
q	Additions during the year						1d				
e	Distributions during the year	•					1e				
f	Ending balance						. 1f		<u>,</u>		
2a	Did the organization include an amount on Fo	orm 990, Part X,	line 21?					L_	Yes		No
	If "Yes," explain the arrangement in Part XIII.										<u> </u>
Par	t V Endowment Funds. Complete it	f the organizatio	n answered	"Yes" to	Form 990, Part	IV, line	10.				
		(a) Current ye	ar (b) f	Prior year	(c) Two year	rs back	(d) Three year	ars back	(e) Four	years i	back_
1a	Beginning of year balance										
Ь	Contributions										
¢	Net investment earnings, gains, and losses										
d	Grants or scholarships	<u></u> ,									
e	Other expenditures for facilities					Ì					
	and programs										
ŧ	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end ba	lance (line 1	g, column	(a)) held as:						
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
c	Temporarily restricted endowment ▶		%								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the org	anızatıon th	at are held	l and administe	red for t	the organiza	tion	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations							•	3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as requir	ed on Sche	dule R?					3b		
4_	Describe in Part XIII the intended uses of the	organization's	endowment	funds.							
Pai	rt VI _ Land, Buildings, and Equipm	ent.									
	Complete if the organization answere	d "Yes" to Form	990, Part I	/, line 11a.	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost	or other	(b) Co	st or other	(c) A	ccumulated	1 -	(d) Book	value	÷
		basis (inv	estment)	bas	ıs (other)	de	preciation				
1a	Land			3	80,213.				380	),2:	13.
	Buildings			1,9	23,532.		346,30	7.	1,57		
С	Leasehold improvements										
d	Equipment			1,4	19,178.		746,80	2.	672	2,3	76.
е	*·										
	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990,	Part X, colu	mn (B), line	e 10(c).)			<b>)</b>	2,629	8:	14.

Schedule D (Form 990) 2013

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2013

(5) (6) (7) (8) (9)

#### **SCHEDULE G**

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

Open To Public Inspection

Name of the organization				<del></del>		Employer ide	ntification number
TREASUR	E COAST FOOD BANK,	IN	<u>C</u>			65-0123	281
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answer</li> <li>t.</li> </ul>	ered "Y	es" to	Form 990, Part IV, I	ine 17	7. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special  or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-ga govern using of ding of nonal f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribi	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser led in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			<u> </u>	
				_			
Fotal			•				
<ol> <li>List all states in which the organization or licensing.</li> </ol>	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is	exempt from re	egistration

Schedule G (Form 990 or 990-EZ) 2013

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

	ırt i	Fundraising Events. Complete if the of fundraising event contributions and gr	he organization answered	l "Yes" to Form 990, Pa	art IV, line 18, or reported	
		,	(a) Event #1 FUNDRAISING	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
o o			(event type)	(event type)	(total number)	coi. (c))
Revenue						
æ	1	Gross receipts	538,242.			538,242.
	2	Less: Contributions				
			F20 242			520 242
	3_	Gross income (line 1 minus line 2)	538,242.		<del> </del>	538,242.
	4	Cash prizes				
	_					
Se Se	5	Noncash prizes				<del> </del>
Direct Expenses	6	Rent/facility costs				
Ä	_	Food and business			-	
Direc	7	Food and beverages	-			<del> </del>
_	8	Entertainment			<u> </u>	
	9	Other direct expenses			<u> </u>	202,293.
	10	, ,			🏲	202,293.
De	11 	Net income summary Subtract line 10 from	line 3, column (d)			335,949.
re		<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
	_	\$13,000 011 FORTH 330-EZ, line 0a.	T	(b) Pull tabs/instant	T	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
e A					T	1
Œ	1	Gross revenue				
es	2	Cash prizes			<u> </u>	
bens	3	Noncash prizes				
rect Expenses	3	Noncasti prizes				
Direc	4	Rent/facility costs			<del> </del>	<del> </del>
	5	Other direct expenses				
	-	Carlor direct expenses			Yes%	
	6	Volunteer labor	No	No No	No	
	7	Direct expense summary Add lines 2 throug	ib 5 in column (d)		<b>.</b>	
	'	Direct expense summary Add into 2 through	in o in ooidhiin (a)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)	·.· · · · · · · · · · · · · · · · · · ·	. <u> </u>	<u> </u>
_	_	the Management of the Committee of the C	-4			
		ter the state(s) in which the organization opera the organization licensed to operate gaming a				Yes No
		the organization licensed to operate gaming a  'No," explain:			• • • • • • • • • • • • • • • • • • • •	res No
•		,,				
		ere any of the organization's gaming licenses r				└ Yes
t	If "	Yes," explain:				
			<del></del>	<u> </u>		<del></del>
3320	82 O	9-12-13			Schedule G (Fo	orm 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013 TREASURE COAST FOOD BANK, INC	65-0	123281	Page 3
11 Does the organization operate gaming activities with nonmembers?		Yes	□ No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	formed		
to administer charitable gaming?		Yes	☐ No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility		13a	%
<b>b</b> An outside facility		13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books	and records:		
Name >			
Address >			
15a Does the organization have a contract with a third party from whom the organization receives gaming rev	enue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ an	d the amount		
of gaming revenue retained by the third party ▶\$			
c If "Yes," enter name and address of the third party:			
Name ▶			
Address >		·- <u>-</u>	
16 Gaming manager information:			
Name ►			
Gaming manager compensation ▶ \$			
Description of services provided			
	····		
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a is the organization required under state law to make charitable distributions from the gaming proceeds to	<b>)</b>		
retain the state garning license?		Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations	s or spent in the		
organization's own exempt activities during the tax year > \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and		nes 9, 9b, 1	0b, 15b,
15c, 16, and 17b, as applicable Also complete this part to provide any additional information (se	e instructions).		

Schedule G	(Form 990 or 990-EZ)	TREASURE	COAST	FOOD	BANK,	INC	65-0123281	Page 4
Part IV	Supplemental I	TREASURE nformation (continue	ed)					
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# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

2013 Open to Public

Inspection

▶ Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Schedule I (Form 990) (2013) å X Employer identification number 65-0123281 (h) Purpose of grant ALL EMERGENCY FOOD or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 14,564,227, FEEDINGG AMERICA FOOD ASSISTANCE ASSISTANCE 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance ALL EMERGENCY (f) Method of valuation (book, FMV, appraisal, other) ALL FMV (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 0 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable TREASURE COAST FOOD BANK, Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government VARIOUS NOT-FOR-PROFIT Name of the organization ORGANIZATIONS Part Part

Schedule I (Form 990) (2013) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance 30 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 332102 10-29-13 Part III

Page 2

65-0123281

TREASURE COAST FOOD BANK,

Schedule I (Form 990) (2013)

#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

#### **Noncash Contributions**

OMB No 1545-0047

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

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Open to Public

Name of the organization **Employer identification number** 65-0123281 TREASURE COAST FOOD BANK, INC Part I Types of Property (c) (d) (a) Number of Noncash contribution Method of determining Check if contributions or amounts reported on applicable noncash contribution amounts rtems contributed Form 990, Part VIII, line 1q Art · Works of art 2 Art - Historical treasures Art · Fractional interests . . . . . 3 Books and publications .......... Clothing and household goods ..... 5 Cars and other vehicles ......... 6 7 Boats and planes Intellectual property 8 Securities - Publicly traded .... q Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -Historic structures ..... Qualified conservation contribution - Other 14 Real estate - Residential ... 15 Real estate - Commercial . . 16 Real estate - Other .... .... 17 Collectibles .......... 18 14,619,087. FMV - FEEDING AMERIC Food inventory \_ \_ X 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts Scientific specimens .... 23 Archeological artifacts ..... 24 25 Other 26 Other 27 Other > Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X 30a b If "Yes," describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33

332141

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Schedule M (Form 990) (2013)

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

Schedule M	(Form 990) (2013)	TREASURE	COAST	FOOD	BANK,	<u>INC</u>		65-012 <u>3281</u>	Page 2
Part II	Supplemental is reporting in Part this part for any ad	Information. I, column (b), the	Provide the number of con	informatio	on required to ons, the num	by Part I, linds	nes 30b, 32b, and 33 ns received, or a com	, and whether the organize bination of both Also cor	zation mplete
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## **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Information about Schedule Q (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization  TREASURE COAST FOOD BANK, INC	Employer identification number 65-0123281
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SSION:
OKEECHOBEE AND ST. LUCIE COUNTIES.	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: FORM 990 PROVIDED TO ALL BOARD MEMBERS PRIOR	R TO COMPLETION AND
SUBMISSION OF RETURN.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: OFFICERS AND BOARD MEMBERS ARE REQUIRED TO A	NNUALLY REVIEW
POLICIES AND SIGN STATEMENT THAT THEY HAVE READ AND HAVE	NO CONFLICTS.
FORM 990, PART VI, SECTION B, LINE 15:	
EXPLANATION: COMPENSATION IS REVIEWED BY THE BOARD ANNUAL	LY. COMPENSATION
IS TRADITIONAL BASED UPON COMPARABLE SALARIES FOR APPROPE	RIATE POSITIONS AND
RESPONSIBILITY.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION MAKES ITS POLICIES AVAILABLE	E TO THE PUBLIC
UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
EXPLANATION: NO CHANGES FROM THE PRIOR YEAR	

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