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Form **990**

Department of the Treasury
Internal Revenue Service

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 By law, the IRS generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Palm Beach County Food Bank Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
525 Gator Drive

City or town, state or province, country, and ZIP or foreign postal code
Lantana, FL 33462

D Employer identification number
90-0788707

E Telephone number
(561) 670-2518

G Gross receipts $ 10,100,036

F Name and address of principal officer
Peretz I Borman
525 Gator Drive
Lantana, FL 33462

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www pbcfoodbank org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2012

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
The Palm Beach County Food Bank collects and distributes food to soup kitchens, homeless shelters and food pantries and is dedicated to fighting hunger and food insecurity in Palm Beach County In addition to food recovery and distribution, the Food Bank provides healthy food to children and their families during the summer in a Weekend Nutrition Program and assists eligible residents in their application for federal benefits

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	34
6	Total number of volunteers (estimate if necessary)	**6**	1,050
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	8,584,826	10,094,272
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	-8,061
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	468	4,741
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,585,294	10,090,952
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,227,641	8,023,607
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	796,937	825,136
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶218,568		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	581,458	618,056
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,606,036	9,466,799
	19 Revenue less expenses Subtract line 18 from line 12	979,258	624,153

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	1,211,291	1,848,784
	21 Total liabilities (Part X, line 26)	47,032	60,372
	22 Net assets or fund balances Subtract line 21 from line 20	1,164,259	1,788,412

Part II Signature Block

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

Sign Here

****** | 2014-11-10
Signature of officer | Date

Peretz I Borman Executive Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
David J Thomas				P00002419
Firm's name ▶ Holyfield & Thomas LLC			Firm's EIN ▶ 65-1083521	
Firm's address ▶ 125 Butler Street West Palm Beach, FL 33407			Phone no (561) 689-6000	

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

It is the mission of Palm Beach County Food Bank is to collect and distribute food to more than 105 front-line hunger relief agencies in Palm Beach County that take on the responsibility of feeding the hungry

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☑ Yes ☐ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 7,851,667 including grants of $ 8,023,607) (Revenue $)

During the 2013-2014 fiscal year, the Palm Beach County Food Bank increased the number of front-line client agencies it serves to 105 The Food Bank distributed close to 5 million pounds, an 80% increase in just two years More than 75,000 residents are served by the Food Bank client agencies

4b (Code) (Expenses $ 1,310,164 including grants of $) (Revenue $)

The Palm Beach County Food Bank directly assisted 1,700 children in 1,100 families through an expansion of the Weekend Nutrition Program Children at 19 summer camp sites were provided with food every weekend for the entire summer (for their families) In 2013-2014, the the Benefits Outreach Specialist program assisted more than 740 families secure more than $1 million in federal food assistance (SNAP benefits) The Benefits Specialist operates under a special agreement with the Florida Dept of Children and Families and is the only non-state government employee in Palm Beach County deputized to conduct the food stamp interview

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 9,161,831

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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		No
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		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) 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**		No
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**		No
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, complete Schedule L, Part II*	**26**		No
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*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
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**		No
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	9		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
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**	34		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
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**			No
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				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	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**			No
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**			No
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**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
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 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	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	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.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
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**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	7		
	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**	7		
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**			No
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**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
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**			No
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**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ FL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ Marion Brito 525 Gator Dr
Lantana, FL 33462 (561) 670-2518

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, or 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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Gary Woodfield Chairman	1 00	X		X				0	0	0
(2) Marti LaTour Treasurer	1 00	X		X				0	0	0
(3) Pam Cahoon Secretary	1 00	X		X				0	0	0
(4) Tim Gannon Director	1 00	X						0	0	0
(5) James Greco Director	1 00	X						0	0	0
(6) Greg Howell Director	1 00	X						0	0	0
(7) Brian McIver Vice Chairman	1 00	X		X				0	0	0
(8) Peretz Borman Executive Director	40 00			X				117,308	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								117,308	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶1

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 211,685				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 367,600				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 9,514,987				
	g	Noncash contributions included in lines 1a-1f $	8,086,825				
	h	**Total.** Add lines 1a-1f	▶	10,094,272			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f	▶				
	3	Investment income (including dividends, interest, and other similar amounts)	▶	23			23
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	1,000				
	b	Less cost or other basis and sales expenses	9,084				
	c	Gain or (loss)	-8,084				
	d	Net gain or (loss)	▶	-8,084			-8,084
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶				
Other Revenue		Miscellaneous Revenue	Business Code				
	11a	Other Income	900099	4,741			4,741
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d	▶	4,741			
	12	**Total revenue.** See Instructions	▶	10,090,952	0	0	-3,320

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	8,023,607	8,023,607		
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, trustees, and key employees	122,469	99,963	6,762	15,744
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	573,098	467,639	31,635	73,824
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	74,465	60,765	4,111	9,589
10 Payroll taxes	55,104	44,967	3,041	7,096
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	14,300	1,698	8,897	3,705
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	39,024	5,146	8,983	24,895
12 Advertising and promotion	65,666	5,876	141	59,649
13 Office expenses	46,614	19,901	15,480	11,233
14 Information technology	2,473	1,201	1,173	99
15 Royalties . .				
16 Occupancy	192,784	181,153	4,278	7,353
17 Travel	17,252	14,079	951	2,222
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	99	45	3	51
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	80,521	79,654	209	658
23 Insurance	33,921	33,277	233	411
24 Other expenses Itemize expenses not covered 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 O)				
a Truck, Freight and Fuel	88,015	88,015		
b Warehouse Operating Exp	32,981	32,576		405
c Dues & Substriptions	2,977	840	503	1,634
d Other Expenses	1,429	1,429		
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	9,466,799	9,161,831	86,400	218,568
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 Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		454,576	1	794,446
	2	Savings and temporary cash investments		1,001	2	126,024
	3	Pledges and grants receivable, net		160,000	3	0
	4	Accounts receivable, net			4	
	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 employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		246,475	8	536,248
	9	Prepaid expenses and deferred charges		597	9	8,125
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 456,353			
	b	Less accumulated depreciation	10b 120,486	323,440	10c	335,867
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		25,202	15	48,074
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,211,291	16	1,848,784
Liabilities	17	Accounts payable and accrued expenses		46,779	17	60,052
	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	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		253	25	320
	26	**Total liabilities.** Add lines 17 through 25		47,032	26	60,372
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		819,887	27	1,430,222
	28	Temporarily restricted net assets		344,372	28	358,190
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,164,259	33	1,788,412
	34	Total liabilities and net assets/fund balances		1,211,291	34	1,848,784

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,090,952
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,466,799
3	Revenue less expenses Subtract line 2 from line 1	3	624,153
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,164,259
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	1,788,412

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Palm Beach County Food Bank Inc

Employer identification number
90-0788707

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")			185,000	8,769,826	10,094,272	19,049,098
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3			185,000	8,769,826	10,094,272	19,049,098
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)						3,013,850
6 **Public support.** Subtract line 5 from line 4						16,035,248

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4			185,000	8,769,826	10,094,272	19,049,098
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					23	23
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					4,741	4,741
11 **Total support** (Add lines 7 through 10)						19,053,862

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

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

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
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 exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a 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, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part II, Line 10, Explanation of Other Income	Other Support - 2013 Amount $ 4,741
Schedule A, Part II, Section B, Line 13	Short Year Filing History - The initial return for the organization was for fiscal year ending June 30, 2012 The organization reported its operations with Form 990-EZ for its initial year

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Palm Beach County Food Bank Inc

Employer identification number
90-0788707

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 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)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" 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 ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, 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 equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		89,290	8,960	80,330
d Equipment		367,063	111,526	255,537
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				335,867

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Other Current Liabilities	320
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	320

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 ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	10,099,036
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	8,084		
e	Add lines **2a** through **2d**			2e	8,084
3	Subtract line **2e** from line **1**			3	10,090,952
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	10,090,952

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	9,466,799
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	9,466,799
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	9,466,799

Part XIII Supplemental Information

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

Return Reference	Explanation
Part X, Line 2	The Food Bank is a not-for-profit corporation that is exempt from income taxes under the Internal Revenue Code Section 501(c)(3) and comparable state law as a charitable organization, whereby only unrelated business income, as define by the Code Section 509(a)(1) is subject to federal income tax The Food Bank currently has no unrelated business income and, accordingly, no provision for income taxes has been recorded The Food Bank follows FASB ASC 740-10, Accounting for Uncertainty in Income Taxes This pronouncement seeks to reduce the diversity in practice associated with certain aspects of measurement and recognition in accounting for income taxes It prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position that an entity takes or expects to take in a tax return An entity may only recognize or continue to recognize tax positions that meet a "more likely than not" threshold The Food Bank assesses its income tax positions based on management's evaluation of the facts, circumstances and information available at the reporting date The Food Bank uses the prescribed "more likely than not" threshold when making its assessment There are currently no open federal or state income tax years under audit
Part XI, Line 2d - Other Adjustments	Loss on sale of assets 8,084

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317022734

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.

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Palm Beach County Food Bank Inc

Employer identification number
90-0788707

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 60

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 36

Part III **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.

(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 non-cash assistance

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

Return Reference	Explanation
Part I, Line 2	The organization awards assistance based upon the mission of the recipient organization and its history of achieving its program objectives

Additional Data

Software ID:
Software Version:
EIN: 90-0788707
Name: Palm Beach County Food Bank Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Alliance Primitive Ministries 2411 N Federal Hwy Delray Beach, FL 33483	20-4529084	501(C)(3)		56,343	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Africa International Christian Mission 135 NE 7th St Boynton Beach, FL 33435	65-1042584	501(C)(3)		38,174	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bethesda Tabernacle of the Christian Mission Alliance 2932 S Federal Hwy Boynton Beach, FL 33435	47-0955198	501(C)(3)		6,064	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bethany Baptist Church of the Palm Beaches 6353 Wallis Rd West Palm Beach, FL 33413	02-0553057			116,357	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bethel Church of God 4610 Luzon Ave Lake Worth, FL 33461	01-0553917			46,997	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Boca Helping Hands 1500 NW 1st Ct Boca Raton, FL 33432	31-1713631	501(C)(3)		276,682	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Charity Express 3780 Kewanee Rd Lantana,FL 33462	90-0456660	501(C)(3)		22,477	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Catholic Charities-Diocese of Palm Beach 995 North Military Trail Palm Beach Gardens, FL 33410	59-2470479			31,963	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Community Care Giving Ministry Inc 1128 Royal Palm Beach Blvd Royal Palm Beach, FL 33411	65-0564305			40,185	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CROS Caring Kitchen 196 NW 8th Ave Delray Beach, FL 33444	59-1802917	501(C)(3)		140,268	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Dot & Ruby Helping Hand Program 824 W Canal St S Belle Glade, FL 33430	80-0167886	501(C)(3)		62,694	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Eglise Baptiste Sur Le Rocher 2140 Scott Ave West Palm Beach, FL 33409	27-2372717	501(C)(3)		62,800	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Eglise De La Pierre Angulauire 6246 S Congress Ave H4 Lantana,FL 33462	54-2151053	501(C)(3)		56,946	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Eglishe Chretienne Haitienne de Palm Beach 300 N Jog Rd West Palm Beach, FL 33413	65-0516893	501(C)(3)		69,918	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Emmaus Alliance Church 49 SW 7th Ave Delray Beach, FL 33444	26-3769089			52,502	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Extended Arm Inc 177 Cordoba Cir Royal Palm Beach, FL 33411	65-1012365	501(C)(3)		119,331	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Extended Hands Community Outreach Inc 528 Cheerful St West Palm Beach, FL 33407	03-0484951	501(C)(3)		168,380	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Farmworkers Coordinating Council Lake Worth 1313 Central Terr Lake Worth, FL 33460	59-1830267	501(C)(3)		53,156	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Feed the HungryVillage Baptist Church Inc 3600 Village Blvd West Palm Beach, FL 33407	59-0766989	501(C)(3)		218,808	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
First Baptist Church of Lake Worth 127 S M St Lake Worth, FL 33460	59-0900460			53,014	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
First Baptist Church of Lantana 1126 Lantana Rd Lantana,FL 33462	59-1381873			57,436	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
First Seventh Day Adventist Church of West Palm Beach 6300 Summit Blvd West Palm Beach, FL 33415	65-0180152			57,725	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Food for Families for Jupiter (St Peters) 1701 Indian Creek Pkwy Jupiter,FL 33458	59-2438903			28,301	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Good Samaritan Alliance Church of Boynton Beach 1880 N Federal Hwy Boynton Beach, FL 33435	64-0962873			74,245	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Gospel Light Church 103 Applewood Dr Greenacres,FL 33463	16-1657586			55,572	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Grace Fellowship of West Palm Beach 8350 Okeechobee Blvd West Palm Beach, FL 33411	59-1278108			175,841	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Grace Fellowship of the Acerage 8350 Okeechobee Blvd West Palm Beach, FL 33411	59-1278108			129,686	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Healthy FoodHealthy Living 1124 Broadway Suite R Riviera Beach, FL 33404	90-0773599	501(C)(3)		129,535	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Helping Hands of Greenacres 2980 S Jog Rd Greenacres,FL 33467	26-2931548	501(C)(3)		61,523	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Holy Name of Jesus Food Pantry 345 Military Trail West Palm Beach, FL 33415	59-2438903	501(C)(3)		112,622	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Iglesia Bautista Central De Greenacres 200 Swain Blvd Greenacres,FL 33463	65-0784729	501(C)(3)		34,015	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Jacobson Family Food Pantry 430 S Congress Ave Unit 1C Delray Beach, FL 33445	65-1115689	501(C)(3)		12,367	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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JAY Outreach Ministries 2831 Ave S Riviera Beach, FL 33403	65-0452075			165,333	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Jeff Industries 115 Eeat Coast Ave Hypoluxo, FL 33462	59-2516157	501(C)(3)		22,391	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Lighthouse Cafe Ministries of the Glades 400 SW B Pl Belle Glade, FL 33430	65-0980934	501(C)(3)		33,065	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Merjolynn Foundation 160 Congress Park Dr 116 Delray Beach, FL 33445	27-0861630	501(C)(3)		38,824	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Metropolitan Community Church of the Palm Beaches 4857 Northlake Blvd Palm Beach Gardens, FL 33418	41-2025538			64,075	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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More Than Conquerors 3560 Investment Lane West Palm Beach, FL 33404	58-2116261			229,564	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Nelson Outreach Ministries 1125 Old Dixie Hwy Suite 9 Lake Park,FL 33403	65-0787394			50,575	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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New Beginnings Outreach Ministries 4100 Forest Hill Blvd West Palm Beach, FL 33406	75-2139087			34,591	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Oasis Compassion Agency 4888 10th Ave North Greenacres,FL 33463	65-0946248	501(C)(3)		81,228	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Omnipotent Outreach Ministries Inc 2636 Westgate Ave West Palm Beach, FL 33409	33-1161623	501(C)(3)		61,028	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Our Support for Children 229 SE 2nd Ave Delray Beach, FL 33483	75-3238083	501(C)(3)		355,042	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Our World Learning Center Inc 1650 N Military Trail West Palm Beach, FL 33409	26-2841794	501(C)(3)		36,041	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Pathways to Prosperity IncSt Johns Missionary 900 N Seacrest Blvd Boynton Beach, FL 33435	27-3550271	501(C)(3)		87,319	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Church of the Harvest (Glades Pantry) 183 S Lake Ave Pahokee, FL 33476	65-1079385	501(C)(3)		61,854	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PBC Department of HealthLantana 1250 Southwinds Drive Lantana,FL 33462	65-0449910			15,146	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Redemptive Life Fellowship IncHis Daily Bread 2101 N Australian Ave West Palm Beach, FL 33407	65-0286937	501(C)(3)		75,818	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Restoration Bridge Ministries 7255 S Military Trail Lake Worth, FL 33463	03-0413083			15,768	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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CIDRA 865 S Congress Ave Palm Springs, FL 33406	26-4732554	501(C)(3)		13,792	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Salem Community Church of God 3200 Roberts Lane Lake Worth, FL 33461	65-0165626			19,930	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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The Salvation ArmyCenter of Hope 1577 N Military Trail West Palm Beach, FL 33409	58-0660607	501(C)(3)		64,465	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Shammah Baptist Worship Center 2677 W Forest Hill Blvd West Palm Beach, FL 33409	90-0410257			67,990	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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St Georges CenterSt George Episcopal Church 21 W 22nd St Riviera Beach, FL 33404	59-1276272			61,403	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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St James Residence 400 S Olive St West Palm Beach, FL 33401	59-1847497	501(C)(3)		10,113	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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St Mary's Catholic Church 1200 E Main St Pahokee, FL 33476	59-2438903			304,788	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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St Mary's Coptic Orthodox Church 15450 Lyons Rd Delray Beach, FL 33446	59-2328970			42,997	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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St Rita's Catholic Church 13645 Paddack Dr Wellington, FL 33414	59-2290631			46,485	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Club of 100 Charities 425 Crescent Drive Lake Worth, FL 33403	20-3929694	501(C)(3)		16,914	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Temple Beth Ann 2250 Central Blvd Jupiter, FL 33458	59-2248680	501(C)(3)		36,174	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Community Care Center of Greater Boynton Beach 145 Ne 4th Ave Boynton Beach, FL 33436	65-0447796	501(C)(3)		57,017	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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CROS Lighthouse Food PantryBelle Glade 401 SW 1st St Belle Glade, FL 33430	65-0980934	501(C)(3)		13,287	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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The Devine Church of God Prophecy 2845 N Military Trail Suite 17 West Palm Beach, FL 33409	27-0482257			47,731	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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The Life Center 124 W 13th St Riviera Beach, FL 33404	27-5483887	501(C)(3)		52,855	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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The Lord's Place-Cafe Joshua 2808 N Australian Ave West Palm Beach, FL 33407	59-2240502	501(C)(3)		22,239	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Soup Kitchen 301 1St Ave S Lake Worth, FL 33460	59-2628415	501(C)(3)		175,951	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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The Way Cafe 301 1St Ave S Lake Worth, FL 33460	59-0895901	501(C)(3)		66,679	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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True Fast Ministries 638 6th St West Palm Beach, FL 33401	30-0194610	501(C)(3)		52,238	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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True Tabernacle 1489 N Military Trail West Palm Beach, FL 33409	65-0851346	501(C)(3)		61,472	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Uniter Haitian Baptist Food Ministry 2015 Parker Ave West Palm Beach, FL 33401	65-0287465	501(C)(3)		526,153	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Valley of Love Ministries 1901 Broadway Blvd Riviera Beach, FL 33404	41-2273650	501(C)(3)		11,549	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Village of Hope 3551 Burma Cir Lake Park, FL 33403	20-4591024	501(C)(3)		23,810	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Wayne Barton Study Center 269 NE 14th St Boca Raton, FL 33432	65-0315990	501(C)(3)		346,938	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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CROS Community Church 2575 Lone Pine Rd Palm Beach Gardens, FL 33410	59-6187064			11,865	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
El Sol Jupiter's Neighborhood Resource 106 Military Trail Jupiter,FL 33458	01-0870672	501(C)(3)		11,440	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Farmworkers Coordinating Council of Bella Glade 233 W Ave Suite D Belle Glade, FL 33430	59-1830267	501(C)(3)		41,743	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Haitian Bethel Baptist Church 7501 Highridge Rd Boynton Beach, FL 33426	65-0349677			60,492	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Hosana Evangelical Alliance Church 515 NE 3rd St Boynton Beach, FL 33435	20-4305655			12,971	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Impacting Worldwide Evangelistic Ministry 5202 Bayside Dr Greenacres,FL 33463	32-0272691	501(C)(3)		69,775	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Jerome Golden Center 1041 45th St West Palm Beach, FL 33407	59-1171320	501(C)(3)		16,396	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Jesus is Life 3437 Ave O Riviera Beach, FL 33407	26-0104008			480,367	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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John 316 Evangelical Baptist Church 620 Blue Bird Dr Delray Beach, FL 33444	65-0575865			92,315	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Lakeside United Methodist Church 1801 12th Ave South Lake Worth, FL 33461	59-1109353			39,194	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Living Word Christian Church 1236 Mamaroneck Ave White Plains, NY 10605	03-0413083			30,224	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Mad Dads of Greater Boynton Beach 203 SW 14th Ave Delray Beach, FL 33444	27-0064773	501(C)(3)		117,638	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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McCurdy Senior HousingQuiet Waters 306 SW 10th St Belle Glade, FL 33430	56-2423539	501(C)(3)		45,042	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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New Birth Deliverence 1650 S Main St Belle Glade, FL 33430	65-0269611	501(C)(3)		46,666	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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PBCHD Delray Beach Health Center 345 S Congress Ave Delray Beach, FL 33445	65-0449910	501(C)(3)		19,034	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Peniel Conservatrice 3405 Forest Hill Blvd West Palm Beach, FL 33406	14-1980530	501(C)(3)		76,667	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Revival Community Outreach 1144 6th St Riviera Beach, FL 33404	30-0686477	501(C)(3)		78,909	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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Royal Palm Covenant Church 660 Royal Palm Beach Blvd Royal Palm Beach, FL 33411	59-1563158	501(C)(3)		49,967	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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St Andrews Residence 280 Fern St West Palm Beach, FL 33401	32-0255132	501(C)(3)		10,113	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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St Paul of the Cross Catholic Church and SVDP 10970 Jack Nicklaus Dr North Palm Beach, FL 33408	53-0196617			51,704	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Arc of the Glades 4250 NW 16th St Belle Glade, FL 33480	59-1760340	501(C)(3)		47,707	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Center for Family ServicesPat Reeves Village 4101 Parker Ave West Palm Beach, FL 33405	59-1084179	501(C)(3)		26,124	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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The Rock Ministries 101 Dorothy Wilford Cir Belle Glade, FL 33430	03-0413083			44,305	Number of Pounds of Food X $1 69/lb	Food Supplies	Unrestricted Support

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Palm Beach County Food Bank Inc

Employer identification number
90-0788707

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	328	8,086,826	Average-$1 69/lb
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 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.

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493317022734

SCHEDULE O
(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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Palm Beach County Food Bank Inc

Employer identification number
90-0788707

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, line 2	
Form 990, Part VI, Section B, line 11	A copy of Form 990 is provided to the governing body by e-mail and presented to the board for approval before it is filed
Form 990, Part VI, Section B, line 12c	The organization monitors its "conflict of interest policy" on an annual basis
Form 990, Part VI, Section B, line 15a	The organization's compensation determination method is based on a review of published salary surveys All salaries are approved by the board of directors
Form 990, Part VI, Section C, line 19	The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request and on its website
PART XII LINE 2C	The audit report is evaluated annually at the audit report review meeting as presented by the independent auditor The process has not changed from the prior year