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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
▶ Information about Form 990 and its instructions is at www.irs.gov/foi/m990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final 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

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

D Employer identification number

90-0788707

E Telephone number

(561) 670-2518

G Gross receipts \$ 10,496,090

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 ▶

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 ▶

L Year of formation 2012 **M** State of legal domicile FL

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities The Palm Beach County Food Bank is dedicated to fighting hunger and improving food security in Palm Beach County by providing food, nutrition education and financial assistance services		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	32
	6 Total number of volunteers (estimate if necessary)	6	1,803
	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
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10,802,177	10,462,756
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	459	319
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35,418	26,886
		10,838,054	10,489,961
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,892,648	8,077,389
	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)	1,018,830	1,162,511
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶155,851		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	698,908	721,948
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,610,386	9,961,848
	19 Revenue less expenses Subtract line 18 from line 12	227,668	528,113
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	2,111,539	2,607,418
	21 Total liabilities (Part X, line 26)	95,459	63,225
	22 Net assets or fund balances Subtract line 21 from line 20	2,016,080	2,544,193

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

Signature of officer

Peretz I Borman Executive Director
Type or print name and title

2017-01-14
Date

Paid Preparer Use Only

Print/Type preparer's name
David J Thomas

Preparer's signature
David J Thomas

Date

Check ☐ if self-employed

PTIN
P00002419

Firm's name ▶ Holyfield & Thomas LLC

Firm's EIN ▶ 65-1083521

Firm's address ▶ 125 Butler Street

Phone no (561) 689-6000

West Palm Beach, FL 33407

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

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

The Palm Beach County Food Bank is dedicated to fighting hunger and improving food security in Palm Beach County by providing food, nutrition education and financial assistance services

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 \$ 9,735,720 including grants of \$ 8,077,389) (Revenue \$)
During the year ended June 30, 2016, the Palm Beach County Food Bank served 157 organizations through 4 programs. It distributed in excess of 5 million pounds of food to more than 100 agencies on the front-line of hunger relief from Tequesta to Boca Raton and west to Belle Glade and Pahokee. In addition, the Food Bank operates Food4OurKids which assisted 2,500 children and families at 32 partner sites during the summer with weekly backpacks of food, helped more than 1,000 individuals receive federal food benefit assistance, and graduated 579 residents at 32 partner sites from Nutrition Driven, a nutrition education program (in partnership with the Palm Beach County Extension/University of Florida Institute for Food and Agriculture Sciences).	

4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)

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 ▶	9,735,720
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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	No
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 Yes	
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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	3	
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	32	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	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 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	1a 9		
b Enter the number of voting members included in line 1a, above, who are independent	1b 9		
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, address, and telephone number of the person who possesses the organization's books and records
Stephanie Troughton 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) Brian McIver Vice Chairman	1 00	X		X				0	0	0	
(3) Marti LaTour Treasurer	1 00	X		X				0	0	0	
(4) Rev Pam Cahoon Secretary	1 00	X		X				0	0	0	
(5) Mark Busse Director	1 00	X						0	0	0	
(6) James Greco Director	1 00	X						0	0	0	
(7) Bill Kramer Director	1 00	X						0	0	0	
(8) Deborah Pucillo Director	1 00	X						0	0	0	
(9) Greg Howell Director	1 00	X						0	0	0	
(10) Peretz Borman Executive Director	40 00			X				140,000	0	4,200	

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			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	5		No

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)	(B)	(C)
Name and business address	Description of services	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	263,313	10,462,756			
	b	Membership dues	1b					
	c	Fundraising events	1c	43,380				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	515,498				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,640,565				
	g	Noncash contributions included in lines 1a-1f \$		8,018,211				
	h	Total. Add lines 1a-1f						
Program Service Revenue			Business Code					
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		619			619	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
				500				
				800				
				-300				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)			-300		-300	
	8a	Gross income from fundraising events (not including \$ 43,380 of contributions reported on line 1c) See Part IV, line 18			24,721			24,721
		a	30,050					
		b	5,329					
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19						
		a						
b								
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances							
	a							
	b							
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	Other Income		900099	2,165			2,165	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			2,165				
12	Total revenue. See Instructions			10,489,961	0	0	27,205	

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 domestic organizations and domestic governments. See Part IV, line 21.	7,743,289	7,743,289		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	334,100	334,100		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	144,199	130,213	5,713	8,273
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.	842,370	760,722	33,352	48,296
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	6,708	6,057	266	385
9	Other employee benefits.	97,931	88,438	3,878	5,615
10	Payroll taxes.	71,303	64,392	2,822	4,089
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	15,300	8,130	7,170	
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.)	38,385	30,194	8,191	
12	Advertising and promotion.	74,468		40	74,428
13	Office expenses.	65,117	46,703	4,758	13,656
14	Information technology.	11,620	11,620		
15	Royalties.				
16	Occupancy.	216,389	210,655	2,249	3,485
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	23,880	21,134	1,404	1,342
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	130,180	128,964	110	1,106
23	Insurance.	40,473	39,644	324	505
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	69,423	69,423		
b	Warehouse Operating Exp	42,042	42,042		
c	Special Events to pg 9	-5,329			-5,329
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	9,961,848	9,735,720	70,277	155,851
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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		1,001,291	2	1,315,300
	3	Pledges and grants receivable, net		36,317	3	15,907
	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		558,484	8	844,610
	9	Prepaid expenses and deferred charges		3,982	9	3,562
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	752,312		
	b	Less: accumulated depreciation	10b	360,642	478,663	10c 391,670
	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		32,802	15	36,369
	16	Total assets. Add lines 1 through 15 (must equal line 34)		2,111,539	16	2,607,418
Liabilities	17	Accounts payable and accrued expenses		44,781	17	63,225
	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		50,678	25	0
	26	Total liabilities. Add lines 17 through 25		95,459	26	63,225
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		1,824,561	27	2,075,650
	28	Temporarily restricted net assets		191,519	28	468,543
	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		2,016,080	33	2,544,193
	34	Total liabilities and net assets/fund balances		2,111,539	34	2,607,418

Part XI Reconciliation 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	10,489,961
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,961,848
3	Revenue less expenses Subtract line 2 from line 1	3	528,113
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,016,080
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	2,544,193

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 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? 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		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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 (Form 990 or 990-EZ))

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	185,000	8,769,826	10,094,272	10,802,177	10,462,756	40,314,031
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	10,802,177	10,462,756	40,314,031
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)						7,519,298
6 Public support. Subtract line 5 from line 4						32,794,733

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	185,000	8,769,826	10,094,272	10,802,177	10,462,756	40,314,031
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			23	459	619	1,101
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			4,741	277	2,165	7,183
11 Total support. Add lines 7 through 10						40,322,315

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 section 501(c)(3) organization, check this box and **stop here** ☒

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2015.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—2014.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—2015.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ☐

b 10%-facts-and-circumstances test—2014.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 VI 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	☐ The organization satisfied the Activities Test. Complete line 2 below.		
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. 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 2014 Amount \$ 277 2015 Amount \$ 2,165

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Palm Beach County Food Bank Inc	Employer identification number 90-0788707
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in 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" on 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) ☐ Protection of natural habitat ☐ Preservation of open space ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure	
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	
a	Total number of conservation easements	Held at the End of the Year
b	Total acreage restricted by conservation easements	2a
c	Number of conservation easements on a certified historic structure included in (a)	2b
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
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, handling of violations, and enforcing conservation easements during the year ►	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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)	Revenue included on 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	Revenue included on 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" on 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
d	Additions during the year
e	Distributions during the year
f	Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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	b (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 on 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

(i)

unrelated organizations

(ii)

related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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	113,448	29,721	83,727
d	Equipment	638,864	330,921	307,943
e	Other			
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			391,670

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	10,495,590
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) 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	5,629	
e	Add lines 2a through 2d		2e	5,629
3	Subtract line 2e from line 1		3	10,489,961
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	10,489,961

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	9,967,477
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	5,629	
e	Add lines 2a through 2d		2e	5,629
3	Subtract line 2e from line 1		3	9,961,848
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	9,961,848

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 defined by Internal Revenue 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 XIII **Supplemental Information** *(continued)*

Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	Special Events 5,329 Loss on disposition of fixed assets 300

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Palm Beach County Food Bank Inc

Employer identification number
90-0788707

Part I Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

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

Revenue		(a)Event #1 Empty Bowls (event type)	(b)Event #2 (event type)	(c)Other events (total number)	(d) Total events (add col (a) through col (c))
Direct Expenses	1 Gross receipts	73,430			73,430
	2 Less Contributions	43,380			43,380
	3 Gross income (line 1 minus line 2)	30,050			30,050
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	5,329			5,329
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				5,329
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				24,721

Part III Gaming.

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

Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity conducted in

a

The organization's facility

b

An outside facility

13a

%

13b

%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

11

Does the organization conduct gaming activities with nonmembers?

☐ **Yes** ☐ **No**

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ **Yes** ☐ **No**

13

Indicate the percentage of gaming activity conducted in

a

The organization's facility

b

An outside facility

13a

%

13b

%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ **Yes** ☐ **No**

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ **Director/officer**

☐ **Employee**

☐ **Independent contractor**

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ **Yes** ☐ **No**

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------

Schedule G (Form 990 or 990-EZ) 2015

2015

**Open to Public
Inspection**

90-0788707

☒ Yes ☐ No

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Food supplies purchased for direct (1) distribution to the needy	20343		334,100	Retail Price of Supplies	Weekend Nutrition, Project Thanksgiving, Nutrition Driven

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 Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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)		23,884	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Africa International Christian Mission 135 NE 7th St Boynton Beach,FL 33435	65-1042584	501(C)(3)		89,130	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Art and Compassion 5601 Waterview Cir Palm Springs, FL 33461	06-1730441	501(C)(3)		42,594	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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	501(C)(3)		72,594	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Bethel Church of God 4610 Luzon Ave Lake Worth, FL 33461	01-0553917	501(C)(3)		23,561	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Boca Helping Hands 1500 NW 1st Ct Boca Raton, FL 33432	31-1713631	501(C)(3)		90,488	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support

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Be Encouraged in the World Ministries 522 NE 4th St Boynton Beach, FL 33436	57-1201241	501(C)(3)		27,764	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Catholic Charities-Diocese of Palm Beach 995 North Military Trail Palm Beach Gardens, FL 33410	59-2470479	501(C)(3)		8,716	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Community Care Giving Ministry Inc 1128 Royal Palm Beach Blvd Royal Palm Beach, FL 33411	65-0564305	501(C)(3)		25,367	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support

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CROS Caring Kitchen 196 NW 8th Ave Delray Beach, FL 33444	59-1802917	501(C)(3)		26,521	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Dot & Ruby Helping Hand Program 824 W Canal St S Belle Glade, FL 33430	80-0167886	501(C)(3)		43,947	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Eglise Baptiste Sur Le Rocher 2140 Scott Ave West Palm Beach, FL 33409	27-2372717	501(C)(3)		23,019	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support

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Eglise De La Pierre Angulaire 6246 S Congress Ave H4 Lantana, FL 33462	54-2151053	501(C)(3)		14,428	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Bethel Evangelical Church 5780 Atlantic Ave Delray Beach, FL 33484	65-0239870	501(C)(3)		60,562	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Emmaus Alliance Church 49 SW 7th Ave Delray Beach, FL 33444	26-3769089	501(C)(3)		16,363	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support

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Extended Arm Inc 177 Cordoba Cir Royal Palm Beach, FL 33411	65-1012365	501(C)(3)		82,973	Number of Pounds of Food X \$1.70/lb	Food Supplies	Unrestricted Support
Extended Hands Community Outreach Inc 528 Cheerful St West Palm Beach, FL 33407	03-0484951	501(C)(3)		93,905	Number of Pounds of Food X \$1.70/lb	Food Supplies	Unrestricted Support
Farmworkers Coordinating Council Lake Worth 1313 Central Terr Lake Worth, FL 33460	59-1830267	501(C)(3)		36,467	Number of Pounds of Food X \$1.70/lb	Food Supplies	Unrestricted Support

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Feed the Hungry Village Baptist Church Inc 3600 Village Blvd West Palm Beach, FL 33407	59-0766989	501(C)(3)		151,731	Number of Pounds of Food X \$1.70/lb	Food Supplies	Unrestricted Support
First Baptist Church of Lake Worth 127 S M St Lake Worth, FL 33460	59-0900460	501(C)(3)		41,062	Number of Pounds of Food X \$1.70/lb	Food Supplies	Unrestricted Support
First Baptist Church of Lantana 1126 Lantana Rd Lantana, FL 33462	59-1381873	501(C)(3)		34,857	Number of Pounds of Food X \$1.70/lb	Food Supplies	Unrestricted Support

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Bethel SDA Church 2850 Ave F Riviera Beach, FL 33404	52-0643036	501(C)(3)		13,494	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Bright Star Church 465 Gun Club Road West Palm Beach, FL 33415	45-4747565	501(C)(3)		52,534	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Good Samaritan Alliance Church of Boynton Beach 1880 N Federal Hwy Boynton Beach, FL 33435	64-0962873	501(C)(3)		77,217	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support

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Chabad House 844 Prosperity Farms Rd North Palm Beach, FL 33408	65-0035540	501(C)(3)		19,930	Number of Pounds of Food X \$1.70/lb	Food Supplies	Unrestricted Support
CROS Delray Beach Pantry 141 SW 12th Ave Delray Beach, FL 33444	59-1802917	501(C)(3)		26,915	Number of Pounds of Food X \$1.70/lb	Food Supplies	Unrestricted Support
Barton Elementary For the Children 1700 Barton Road Lake Worth, FL 33460	65-0950530	501(C)(3)		12,729	Number of Pounds of Food X \$1.70/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)		26,100	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Holy Name of Jesus Food Pantry 345 Military Trail West Palm Beach, FL 33415	59-2438903	501(C)(3)		64,166	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Iglesia Bautista Central De Greenacres 200 Swain Blvd Greenacres, FL 33463	65-0784729	501(C)(3)		25,228	Number of Pounds of Food X \$1 70/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)		5,295	Number of Pounds of Food X \$1.70/lb	Food Supplies	Unrestricted Support
JAY Outreach Ministries 2831 Ave S Riviera Beach, FL 33403	65-0452075	501(C)(3)		125,003	Number of Pounds of Food X \$1.70/lb	Food Supplies	Unrestricted Support
Jeff Industries 115 Eat Coast Ave Hypoluxo, FL 33462	59-2516157	501(C)(3)		18,667	Number of Pounds of Food X \$1.70/lb	Food Supplies	Unrestricted Support

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Merjollynn Foundation 160 Congress Park Dr 116 Delray Beach, FL 33445	27-0861630	501(C)(3)		43,675	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
CROS Pantries & Caring Kitchen 141 SW 12th Ave Delray Beach, FL 33444	59-1802917	501(C)(3)		23,102	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
More Than Conquerors 3560 Investment Lane West Palm Beach, FL 33404	58-2116261	501(C)(3)		92,325	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support

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Nelson Outreach Ministries 1125 Old Dixie Hwy Suite 9 Lake Park, FL 33403	65-0787394	501(C)(3)		17,499	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
New Beginnings Outreach Ministries 4100 Forest Hill Blvd West Palm Beach, FL 33406	75-2139087	501(C)(3)		30,864	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Oasis Compassion Agency 4888 10th Ave North Greenacres, FL 33463	65-0946248	501(C)(3)		60,331	Number of Pounds of Food X \$1 70/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)		26,083	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Our Support for Children 229 SE 2nd Ave Delray Beach, FL 33483	75-3238083	501(C)(3)		78,875	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Our World Learning Center Inc 1650 N Military Trail West Palm Beach, FL 33409	26-2841794	501(C)(3)		440	Number of Pounds of Food X \$1 70/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)		69,738	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Church of the Harvest (Glades Pantry) 183 S Lake Ave Pahokee, FL 33476	65-1079385	501(C)(3)		93,135	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
CROS Riviera Beach Food Pantry 1250 Southwinds Drive Lantana, FL 33462	65-0449910	501(C)(3)		11,958	Number of Pounds of Food X \$1 70/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)		45,045	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
CIDRA 865 S Congress Ave Palm Springs, FL 33406	26-4732554	501(C)(3)		6,324	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Eglise De Dieu De Beree 3200 Roberts Lane Lake Worth, FL 33461	65-0165626	501(C)(3)		23,412	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support

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Eglise De La Mission Semence Inc 508 N G St Lake Worth, FL 33460	58-0660607	501(C)(3)		49,451	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Shammah Baptist Worship Center 2677 W Forest Hill Blvd West Palm Beach, FL 33409	90-0410257	501(C)(3)		38,901	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
St Georges CenterSt George Episcopal Church 21 W 22nd St Riviera Beach, FL 33404	59-1276272	501(C)(3)		69,259	Number of Pounds of Food X \$1 70/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)		8,285	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
St Mary's Catholic Church 1200 E Main St Pahokee, FL 33476	59-2438903	501(C)(3)		64,904	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
St Mary's Coptic Orthodox Church 15450 Lyons Rd Delray Beach, FL 33446	59-2328970	501(C)(3)		37,792	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support

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St Rita's Catholic Church 13645 Paddack Dr Wellington, FL 33414	59-2290631	501(C)(3)		37,287	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Club of 100 Charities 425 Crescent Drive Lake Worth, FL 33403	20-3929694	501(C)(3)		58,089	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Estellas Brilliant BusProject Aspiration 6645 Traveler Road West Palm Beach, FL 33411	30-0493352	501(C)(3)		23,684	Number of Pounds of Food X \$1 70/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)		21,162	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Feed the Hungry 1 8350 Okeechobee Blvd West Palm Beach, FL 33411	59-1278108	501(C)(3)		270,322	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
The Divine Church of God Prophecy 2845 N Military Trail Suite 17 West Palm Beach, FL 33409	27-0482257	501(C)(3)		31,816	Number of Pounds of Food X \$1 70/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)		43,932	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
The Lord's Place-Cafe Joshua 2808 N Australian Ave West Palm Beach, FL 33407	59-2240502	501(C)(3)		45,180	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
The Soup Kitchen 301 1st Ave S Lake Worth, FL 33460	59-2628415	501(C)(3)		123,747	Number of Pounds of Food X \$1 70/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)		15,831	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
True Fast Ministries 638 6th St West Palm Beach, FL 33401	30-0194610	501(C)(3)		54,219	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
True Tabernacle 1489 N Military Trail West Palm Beach, FL 33409	65-0851346	501(C)(3)		3,476	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support

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United Haitian Baptist Food Ministry 2015 Parker Ave West Palm Beach, FL 33401	65-0287465	501(C)(3)		106,639	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Estellas Brilliant Bus at Lakeside 2186 Okeechobee Blvd West Palm Beach, FL 33409	30-0493352	501(C)(3)		17,260	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Village of Hope 3551 Burma Cir Lake Park, FL 33403	20-4591024	501(C)(3)		17,956	Number of Pounds of Food X \$1 70/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)		143,039	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Fl Dept of Health 225 S Congress Ave Delray Beach, FL 33445	65-0541467	115		3,430	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
El Sol Jupiter's Neighborhood Resource 106 Military Trail Jupiter, FL 33458	01-0870672	501(C)(3)		33,051	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support

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Farmworkers Coordinating Council of Belle Glade 233 W Ave Suite D Belle Glade, FL 33430	59-1830267	501(C)(3)		47,372	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
God's Stone Tabernacle Ministries 4889 Lake Worth Road Greenacres, FL 33463	27-2971819	501(C)(3)		33,383	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Good Shepard UMC 2341 S Military Trail West Palm Beach, FL 33415	36-2167731	501(C)(3)		19,601	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support

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Impacting Worldwide Evangelistic Ministry 5202 Bayside Dr Greenacres, FL 33463	32-0272691	501(C)(3)		55,712	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
First Baptist Church Community Development 135 W 12th St Riviera Beach, FL 33404	65-1023792	501(C)(3)		3,490	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Jesus is Life 3437 Ave O Riviera Beach, FL 33407	26-0104008	501(C)(3)		32,678	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support

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John 316 Evangelical Baptist Church 620 Blue Bird Dr Delray Beach, FL 33444	65-0575865	501(C)(3)		23,732	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Lakeside United Methodist Church 1801 12th Ave South Lake Worth, FL 33461	59-1109353	501(C)(3)		11,574	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
First Christian Church of Galillea 403 NE 6th Ave Boynton Beach, FL 33435	26-2899437	501(C)(3)		50,522	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support

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Mad Dads of Greater Boynton Beach 203 SW 14th Ave Delray Beach, FL 33444	27-0064773	501(C)(3)		222	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Grove Park Elementary School 8330 N Military Trail Palm Beach Gardens, FL 33410		501(C)(3)		6,308	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
New Birth Deliverence 1650 S Main St Belle Glade, FL 33430	65-0269611	501(C)(3)		20,526	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support

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First Seventh Day Adventist Church of WPB 6300 Summit Blvd West Palm Beach, FL 33415	65-0018152	501(C)(3)		48,130	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Peniel Conservatrice 3405 Forest Hill Blvd West Palm Beach, FL 33406	14-1980530	501(C)(3)		3,284	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Revival Community Outreach 1144 6th St Riviera Beach, FL 33404	30-0686477	501(C)(3)		47,679	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Royal Palm Covenant Church 660 Royal Palm Beach Blvd Royal Palm Beach, FL 33411	59-1563158	501(C)(3)		26,871	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
St Andrews Residence 280 Fern St West Palm Beach, FL 33401	32-0255132	501(C)(3)		5,815	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
St Paul of the Cross Catholic Church and SVDP 10970 Jack Nicklaus Dr North Palm Beach, FL 33408	53-0196617	501(C)(3)		7,080	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support

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The Arc of the Glades 4250 NW 16th St Belle Glade, FL 33480	59-1760340	501(C)(3)		40,795	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
The Center for Family Services Pat Reeves Village 4101 Parker Ave West Palm Beach, FL 33405	59-1084179	501(C)(3)		16,461	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
The Rock Ministries 101 Dorothy Wilford Cir Belle Glade, FL 33430	03-0413083	501(C)(3)		26,399	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support

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God's Army Raising Youth 6295 Lake Worth Road 26 Lake Park, FL 33463	80-0139607	501(C)(3)		41,728	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Gospel Prayer Band Church 420 Martin Luther King Blvd South Bay, FL 33493	65-0571285	501(C)(3)		22,553	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Helping Hands Outreach 2300 Palm BEach Lakes Blvd West Palm Beach, FL 33409	45-5356622	501(C)(3)		57,721	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support

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Homeless Coalition 1000 45th St West Palm Beach, FL 33407	65-0125852	501(C)(3)		3,264	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Joy of Living 455 North Haverhill West Palm Beach, FL 33415	65-0791750	501(C)(3)		9,188	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Liberty Movement Ministry 2501 Bristol Road A8 West Palm Beach, FL 33409	27-0849384	501(C)(3)		49,688	Number of Pounds of Food X \$1 70/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	501(C)(3)		58,429	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
National Church of God 1129 WEst Silver Beach Rd Riviera Beach, FL 33404	59-2201186	501(C)(3)		12,368	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Shiloh SDA Church 4968 Cyprus LAne West Palm Beach, FL 33417	52-0643036	501(C)(3)		40,081	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support

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Siloe Baptist Church 2695 N Military Tr 110 West Palm Beach, FL 33409	52-0852817	501(C)(3)		17,193	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
St Ann Church 310 N Olive Ave West Palm Beach, FL 33401	59-6001732	501(C)(3)		35,342	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
St Francis Catholic Charities 100 W 20th St Riviera Beach, FL 33404	59-2470479	501(C)(3)		12,187	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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The Lord's Place Mens Campus 1750 NE 4th St Boynton Beach, FL 33435	59-2240502	501(C)(3)		32,066	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Aid to Victims of Domestic Abuse 2905 South Federal Hwy Delray Beach, FL 33483		501(C)(3)		15,711	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Cross Community Church 2575 Lone Pine Road Palm Beach Gardens, FL 33410	59-6187064	501(C)(3)		2,069	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support

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Eglise Chretienne Haitienne De Palm Beach 300 N Jog Rd West Palm Beach, FL 33413	65-0516893	501(C)(3)		32,839	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Eglise La Bonne Nouvelle De Jesus Christ 5906 Hypoluxo Road Lake Worth, FL 33463	46-1141332	501(C)(3)		12,833	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Hacer Ministry Corp 2727 Georgia Ave West Palm Beach, FL 33405	27-1506309	501(C)(3)		4,635	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support

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Haitian Pentecostal 428 Martin Luther King Jr Blvd Boynton Beach, FL 33435	06-1639076	501(C)(3)		19,802	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Hannah's Home South Florida 4390 Countyline Road Tequesta, FL 33469	33-1026070	501(C)(3)		3,272	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
Heart of Victory Community Worship 2000 N Florida Mango West Palm Beach, FL 33409	27-5061496	501(C)(3)		19,941	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support

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Inlet Grove High School 600 W 28th St Riviera Beach, FL 33404	20-0350216	501(C)(3)		11,397	Number of Pounds of Food X \$1.70/lb	Food Supplies	Unrestricted Support
Palm Beach Recovery Coalition 311 n Federal Hwy Lake Worth, FL 33460	51-0608130	501(C)(3)		20,959	Number of Pounds of Food X \$1.70/lb	Food Supplies	Unrestricted Support
St Peter's Catholic Church 1701 Indian Creek Pky Jupiter, FL 33458	59-2438903	501(C)(3)		20,749	Number of Pounds of Food X \$1.70/lb	Food Supplies	Unrestricted Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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The Lord's Place Family Campus 4964 Wedgewood Way West Palm Beach, FL 33417	59-2240802	501(C)(3)		7,272	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
The Lord's Place Women's Campus 711 S J Street Lake Worth, FL 33460	59-2240502	501(C)(3)		13,177	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support
The Valley of Love Ministries 1901 Broadway Riviera Beach, FL 33404	41-2273650	501(C)(3)		50,581	Number of Pounds of Food X \$1 70/lb	Food Supplies	Unrestricted Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CROS Lake Worth Food Pantry 1615 Lake Ave Lake Worth, FL 33460	59-1802917	501(C)(3)		15,577	Number of Pounds of Food X \$1.70/lb	Food Supplies	Unrestricted Support

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

►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

Department of the Treasury
Internal Revenue Service

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	339	8,018,211	Wholesale market value
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

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?

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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

Yes

No

No

No

No

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

Cat No 51227J

Schedule M (Form 990) (2015)

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
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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 990-EZ 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

2015**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 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" annually through submitting a questionnaire

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, 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.