



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 10-01-2015 , and ending 09-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

BREAD OF THE MIGHTY FOOD BANK INC

Doing business as

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

PO BOX 5086

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

GAINESVILLE, FL 32627

F Name and address of principal officer

MARCIA CONWELL

7707 SW 19TH PLACE

GAINESVILLE,FL 32607

D Employer identification number

59-2805577

E Telephone number

(352) 336-0839

G Gross receipts \$ 7,522,519

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.BREADOFTHEMIGHTY.ORG

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 ▶

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1987

M State of legal domicile FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

A NONPROFIT ORGANIZATION THAT COORDINATES THE ACQUISITION AND DISTRIBUTION OF FOOD AND BASIC ESSENTIALS TO NONPROFIT PROGRAMS THAT PROVIDE FOR THE NEEDY SO THAT HUNGER AND FOOD INSECURITY WOULD BE ELIMINATED AMONG THE CITIZENS OF ALACHUA, DIXIE, GILCHRIST, LAFAYETTE AND LEVY COUNTIES, WHICH ARE SERVED BY THE ORGANIZATION. THE ORGANIZATION TRIES TO ENSURE THAT NUTRITIOUS FOOD, IN ADEQUATE AMOUNTS, IS AVAILABLE TO MEMBER AGENCIES, AND HENCE, AVAILABLE AT THE RIGHT TIME AND IN THE RIGHT PLACE TO THOSE IN NEED

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

22

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

21

5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)

5

38

6 Total number of volunteers (estimate if necessary)

6

3,737

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)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

6,672,349

431,839

25

-4,596

7,099,617

Current Year

7,013,662

496,096

17

9,875

7,519,650

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶108,231

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

6,147,394

0

730,313

0

520,602

7,398,309

-298,692

6,337,234

0

661,196

0

439,425

7,437,855

81,795

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Beginning of Current Year

1,360,526

790,889

569,637

End of Year

1,305,890

654,458

651,432

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

MARCIA CONWELL, EXECUTIVE DIRECTOR

2017-08-15

Date

Pri nt/Type preparer's name

LORIE KEEGAN, CPA

Preparer's signature

LORIE KEEGAN, CPA

Date

Check ☐ if self-employed

PTIN P01287643

Firm's name ▶ CARR RIGGS & INGRAM LLC

Firm's EIN ▶ 72-1396621

Firm's address ▶ 4010 NW 25TH PLACE

Phone no. (352) 372-6300

GAINESVILLE, FL 32606

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

Form 990 (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

A NONPROFIT ORGANIZATION THAT COORDINATES THE ACQUISITION AND DISTRIBUTION OF FOOD AND BASIC ESSENTIALS TO NONPROFIT PROGRAMS THAT PROVIDE FOR THE NEEDY SO THAT HUNGER AND FOOD INSECURITY WOULD BE ELIMINATED AMONG THE CITIZENS OF ALACHUA, DIXIE, GILCHRIST, LAFAYETTE AND LEVY COUNTIES, WHICH ARE SERVED BY THE ORGANIZATION THE ORGANIZATION TRIED TO ENSURE THAT NUTRITIOUS FOOD, IN ADEQUATE AMOUNTS, IS AVAILABLE TO MEMBER AGENCIES, AND HENCE, AVAILABLE AT THE RIGHT TIME AND IN THE RIGHT PLACE TO THOSE IN NEED

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 \$ 6,737,610 including grants of \$ 6,128,305) (Revenue \$)
	See Additional Data

4b	(Code) (Expenses \$ 203,500 including grants of \$ 157,049) (Revenue \$ 138,457)
	See Additional Data

4c	(Code) (Expenses \$ 133,168 including grants of \$ 51,880) (Revenue \$ 67,916)
	See Additional Data

4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses ▶	7,074,278
-----------	---	-----------

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)? <i>If "Yes," complete Schedule A</i> 	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i> 		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? <i>If "Yes," complete Schedule D, Part II</i> 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		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? <i>If "Yes," complete Schedule D, Part IV</i> 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		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? <i>If "Yes," complete Schedule D, Part VI</i> 	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? <i>If "Yes," complete Schedule D, Part VII</i> 		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? <i>If "Yes," complete Schedule D, Part VIII</i> 		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? <i>If "Yes," complete Schedule D, Part IX</i> 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 		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)? <i>If "Yes," complete Schedule D, Part X</i> 		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) 		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? <i>If "Yes," complete Schedule G, Part II</i> 	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25a		No
		25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	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	38
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	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
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	1a	22	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21	
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		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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 TAMI GRAY 325 NW 10TH AVENUE GAINESVILLE, FL 32601 (352) 336-0839	

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) MARCIA CONWELL PRESIDENT/ED	40.00	X		X				100,416	0	7,806
(2) FRED HENDERSON CHAIR	1.00	X		X				0	0	0
(3) SPARKS GIEBEIG BOARD MEMBER	1.00	X						0	0	0
(4) WARREN GRAVES TREASURER	1.00	X		X				0	0	0
(5) ANNA JAMES BOARD MEMBER	1.00	X						0	0	0
(6) CHARLES BENEERRY BOARD MEMBER	1.00	X						0	0	0
(7) DEBBIE BOYD BOARD MEMBER	1.00	X						0	0	0
(8) MACKENZIE BRADY BOARD MEMBER	1.00	X						0	0	0
(9) TAYLOR BROWN BOARD MEMBER	1.00	X						0	0	0
(10) DR. ED GEISER SECRETARY	1.00	X		X				0	0	0
(11) BOB GILCHRIST BOARD MEMBER	1.00	X						0	0	0
(12) KIM HINES BOARD MEMBER	1.00	X						0	0	0
(13) TONY JONES BOARD MEMBER	1.00	X						0	0	0
(14) MIKE MACKENZIE BOARD MEMBER	1.00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JOHN RAJ VICE PRESIDENT	1 00	X		X				0	0	0
(16) DOREEN REID BOARD MEMBER	1 00	X						0	0	0
(17) MARY SABATELL BOARD MEMBER	1 00	X						0	0	0
(18) ANDY VLOEDMAN BOARD MEMBER	1 00	X						0	0	0
(19) ANNE VOYLES BOARD MEMBER	1 00	X						0	0	0
(20) ROSA WILLIAMS BOARD MEMBER	1 00	X						0	0	0
(21) JOHN COUSINS BOARD MEMBER	1 00	X						0	0	0
(22) ANGELA DAVIS BOARD MEMBER	1 00	X						0	0	0
(23) JOSH FULLER BOARD MEMBER	1 00	X						0	0	0
(24) GUY ROIG BOARD MEMBER	1 00	X						0	0	0
(25) GARY THOMAS BOARD MEMBER	1 00	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								100,416	0	7,806

2

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

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0		

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a	27,848				
	b	Membership dues	1b					
	c	Fundraising events	1c	72,647				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	600,530				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,312,637				
	g	Noncash contributions included in lines 1a-1f \$		6,015,597				
	h	Total. Add lines 1a-1f			7,013,662			
Program Service Revenue	2a	SHARED MAINTENANCE FEE	Business Code					
			624210	486,738	486,738			
	b	PALLET SALES	624210	7,154	7,154			
	c	MISCELLANEOUS	624210	2,204	2,204			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			496,096			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		17			17	
	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				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ 72,647 of contributions reported on line 1c) See Part IV, line 18						
		a			12,744			
		b	Less direct expenses		2,869			
	c	Net income or (loss) from fundraising events . . .			9,875		9,875	
	9a	Gross income from gaming activities See Part IV, line 19						
a								
b		Less direct expenses						
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances							
	a							
	b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			7,519,650	496,096	0	9,892	

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.	6,337,234	6,337,234		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
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.	108,222	69,262	27,056	11,904
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.	499,404	319,619	124,851	54,934
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	4,917	3,147	1,229	541
10	Payroll taxes.	48,653	31,138	12,163	5,352
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	8,900		8,900	
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).	529	41	481	7
12	Advertising and promotion.				
13	Office expenses.	58,269	37,292	14,567	6,410
14	Information technology.				
15	Royalties.				
16	Occupancy.	69,827	44,689	17,457	7,681
17	Travel.	14,796	9,469	3,699	1,628
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	48,154	30,818	12,039	5,297
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	87,694	56,124	21,924	9,646
23	Insurance.	27,090	17,337	6,773	2,980
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	GAS AND OIL - FLEET	46,341	46,341		
b	REPAIRS & MAINT - FLEET	31,250	31,250		
c	INSURANCE - FLEET	29,746	29,746		
d					
e	All other expenses	16,829	10,771	4,207	1,851
25	Total functional expenses. Add lines 1 through 24e.	7,437,855	7,074,278	255,346	108,231
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		92,361	1	52,231	
	2	Savings and temporary cash investments			2	41,718	
	3	Pledges and grants receivable, net		34,910	3	20,036	
	4	Accounts receivable, net		29,260	4	29,184	
	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		191,316	8	137,394	
	9	Prepaid expenses and deferred charges		3,857	9		
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	1,548,010			
	b	Less: accumulated depreciation	10b	523,305	1,008,500	10c	1,024,705
	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		322	15	622	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,360,526	16	1,305,890		
Liabilities	17	Accounts payable and accrued expenses		188,515	17	44,696	
	18	Grants payable			18		
	19	Deferred revenue		2,695	19	2,695	
	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		599,679	23	607,067	
	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			25		
	26	Total liabilities. Add lines 17 through 25		790,889	26	654,458	
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		551,556	27	651,432	
	28	Temporarily restricted net assets		18,081	28	0	
	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		569,637	33	651,432	
	34	Total liabilities and net assets/fund balances		1,360,526	34	1,305,890	

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	7,519,650
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,437,855
3	Revenue less expenses Subtract line 2 from line 1	3	81,795
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	569,637
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	651,432

Part XII

Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	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 ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	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		No
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
3b	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		

Additional Data

Software ID:**Software Version:**

EIN: 59-2805577

Name: BREAD OF THE MIGHTY FOOD BANK INC

Form 990, Part III, Line 4a

4a (Code) (Expenses \$ 6,737,610 including grants of \$ 6,128,305) (Revenue \$)

THE FOOD BANK WAS ESTABLISHED IN GAINESVILLE IN 1987, AND HAS WORKED TIRELESSLY TO GET FOOD TO THE PLATES OF THE HUNGRY AND FOOD INSECURE. THE FOOD BANK DISTRIBUTED 7.6 MILLION POUNDS OF FOOD. WE SERVE THE NORTH CENTRAL FLORIDA AREA - INCLUDING ALACHUA, DIXIE, GILCHRIST, LAFAYETTE, AND LEVY COUNTIES. WE DO THIS PRIMARILY THROUGH OUR NETWORK OF 184 AGENCIES WHO SERVE ON THE FRONT LINES OF POVERTY IN SOUP KITCHENS, FOOD PANTRIES, FAITH-BASED AND COMMUNITY FEEDING AND FOOD PROGRAMS. BREAD OF THE MIGHTY IS THE AREA ADMINISTRATOR FOR THE US DEPARTMENT OF AGRICULTURE (USDA) THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP), COMMONLY KNOWN AS "COMMODITIES". USDA COMMODITIES ARE DISTRIBUTED THROUGH 13 AGENCIES.

Form 990, Part III, Line 4b

4b (Code) (Expenses \$ 203,500 including grants of \$ 157,049) (Revenue \$ 138,457)

THE KIDS CAFE SUMMER LUNCH PROGRAM WAS ESTABLISHED AT BREAD OF THE MIGHTY IN SEPTEMBER 2007 TO PROVIDE FREE MEALS TO CHILDREN IN GAINESVILLE AND THE SURROUNDING AREAS KIDS CAF SPONSORS THE FLORIDA DEPARTMENT OF EDUCATION SUMMER FOOD SERVICE PROGRAM SUMMER CAN BE A VERY HUNGRY TIME FOR CHILDREN WHO NORMALLY RELY ON SCHOOL BREAKFAST AND LUNCH PROGRAMS TO GET THE FOOD THEY NEED TO SUSTAIN THEIR GROWING BODIES AND MINDS

Form 990, Part III, Line 4c

4c (Code) (Expenses \$ 133,168 including grants of \$ 51,880) (Revenue \$ 67,916)

THE KIDS CAFE SNACK PROGRAM WAS ESTABLISHED AT BREAD OF THE MIGHTY IN SEPTEMBER 2007 TO PROVIDE FREE AFTER SCHOOL SNACKS TO CHILDREN IN GAINESVILLE AND THE SURROUNDING AREAS KIDS CAFE SPONSORS THE FLORIDA DEPARTMENT OF HEALTH CHILD CARE FOOD PROGRAM THIS PROGRAM PROVIDES FREE AFTER-SCHOOL SNACKS THROUGH A NETWORK OF 14 SITES SERVING APPROXIMATELY 650 CHILDREN EACH WEEK THROUGHOUT THE ACADEMIC SCHOOL YEAR PROGRAM SITES PROVIDE AFTER-SCHOOL CARE AND TUTORING TO CHILDREN IN NEIGHBORHOODS WHERE THE SERVICING SCHOOL HAS A 50% OR HIGHER ELIGIBILITY RATE FOR FREE & REDUCED LUNCH PROGRAMS THROUGH KIDS CAFE THESE CHILDREN ARE RECEIVING CRITICAL AND NUTRITIOUS SNACKS WHILE ATTENDING THE AFTER-SCHOOL PROGRAMS

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (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
BREAD OF THE MIGHTY FOOD BANK INC

Employer identification number
59-2805577

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)	4,016,851	3,956,844	5,328,845	6,672,349	7,013,663	26,988,552
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	4,016,851	3,956,844	5,328,845	6,672,349	7,013,663	26,988,552
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)						8,764,354
6 Public support. Subtract line 5 from line 4						18,224,198

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	4,016,851	3,956,844	5,328,845	6,672,349	7,013,663	26,988,552
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	61	22	911	25	17	1,036
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)						
11 Total support. Add lines 7 through 10						26,989,588
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	67 520 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	72 340 %
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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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.	Yes	No
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

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
BREAD OF THE MIGHTY FOOD BANK INC

Employer identification number
59-2805577

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

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

2a

2b

2c

2d

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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

1b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

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)		

b

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

3b		
----	--	--

4

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		120,738		120,738
b Buildings		887,828	219,343	668,485
c Leasehold improvements				
d Equipment		165,194	86,067	79,127
e Other		374,250	217,895	156,355
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				1,024,705

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	7,529,282
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	9,632
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	9,632
3	Subtract line 2e from line 1	3	7,519,650
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	7,519,650

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	7,447,487
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	9,632
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	9,632
3	Subtract line 2e from line 1	3	7,437,855
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	7,437,855

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
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 59-2805577
Name: BREAD OF THE MIGHTY FOOD BANK INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION HOLDS NO UNCERTAIN TAX POSITIONS AND, THEREFORE, HAS NO POLICY FOR EVALUATING THEM

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
BREAD OF THE MIGHTY FOOD BANK INC

Employer identification number
59-2805577

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.

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		EMPTY BOWLS (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	85,391			85,391
	2 Less Contributions	72,647			72,647
	3 Gross income (line 1 minus line 2)	12,744			12,744
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,869			2,869
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				2,869
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				9,875

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.

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	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	13a	%
b	An outside facility	13b	%

14

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

Name ▶

Address ▶

15a

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

2015

Open to Public Inspection

59-2805577

☐ 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

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
------------------	-------------

Additional Data

Software ID:
Software Version:
EIN: 59-2805577
Name: BREAD OF THE MIGHTY 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
4 W'S NETWORK INC #432 EC 530 W UNIVERSITY GAINESVILLE, FL 32601	45-4758789	501(C)(3)		9,564	FMV	FOOD	FEED THE HUNGRY
ABUNDANT LIFE FAMILY MINISTRIES 1111 NE 17TH ROAD OCALA, FL 34470	27-2165026	501(C)(3)		8,462	FMV	FOOD	FEED THE HUNGRY
AGAPE FAITH CENTER MINISTRIES 936 NW 31ST AVE GAINESVILLE, FL 32609	59-1121978	501(C)(3)		5,138	FMV	FOOD	FEED THE HUNGRY

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
AGAPE LOVE & PRAISE WORD CHURCH 392 EC 1239 NW 10TH AVE GAINESVILLE, FL 32601	80-0410205	501(C)(3)		16,711	FMV	FOOD	FEED THE HUNGRY
ALACHUA MYCRO SCHOOL 2611 TEMPLE HEIGHTS DRIVE STE A OCEANSIDE, CA 92056	27-3578548	501(C)(3)		20,901	FMV	FOOD	FEED THE HUNGRY
ANDERSON MEMORIAL COG IN CHRIST 402EC 23075 NW 179TH PLACE HIGH SPRINGS, FL 32655	45-4214307	501(C)(3)		12,718	FMV	FOOD	FEED THE HUNGRY

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
ARCHER CHURCH OF THE NAZARENE 330E 13327 SW STATE ROAD 45 ARCHER, FL 32618	59-6546052	501(C)(3)		8,206	FMV	FOOD	FEED THE HUNGRY
BLESSED HOPE 23821 W NEWBARRY RD NEWBERRY, FL 32669	36-4519555	501(C)(3)		6,485	FMV	FOOD	FEED THE HUNGRY
BROADWAY COMM OUTREACH 2027 W SILVER SPRINGS BLVD OCALA, FL 34475	46-2092583	501(C)(3)		8,082	FMV	FOOD	FEED THE HUNGRY

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
CHAMP 4200 SW WACAHOOTA RD MICANOPY, FL 32667	94-3391656	501(C)(3)		15,338	FMV	FOOD	FEED THE HUNGRY
CALVARY TEMPLE ASSEMBLY OF GOD 739 SW 10TH STREET CROSS CITY, FL 32628	59-2365350	501(C)(3)		16,807	FMV	FOOD	FEED THE HUNGRY
CAMP ANDERSON MINISTRIES 536 NE 168TH AVENUE OLD TOWN, FL 32680	46-2499471	501(C)(3)		9,455	FMV	FOOD	FEED THE HUNGRY

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
CATHOLIC CHARITIES - GAINESVILLE 1701 NE 9TH STREET GAINESVILLE, FL 32609	59-1785681	501(C)(3)		8,936	FMV	FOOD	FEED THE HUNGRY
CHANGE WARRIORS				9,290	FMV	FOOD	FEED THE HUNGRY
CHURCH OF GOD BY FAITH G'VILLE 7003 NW 39TH AVE GAINESVILLE, FL 32699				5,213	FMV	FOOD	FEED THE HUNGRY

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
CLEATHER HATHCOCK COMMUNITY CENTER PO BOX 9 ALACHUA, FL 32615	59-6000262	501(C)(3)		15,717	FMV	FOOD	FEED THE HUNGRY
COMPASSIONATE OUTREACH MINISTRIES PO BOX 143116 GAINESVILLE, FL 32614	59-3758858	501(C)(3)		19,887	FMV	FOOD	FEED THE HUNGRY
CORNERSTONE ASSEMBLY OF GOD 1045 NE 6TH BLVD WILLISTON, FL 32696	59-2247164	501(C)(3)		10,163	FMV	FOOD	FEED THE HUNGRY

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
COVENANT PRESBYTERIAN CHURCH OF GAINESVILLE 1001 NW 98TH STREET GAINESVILLE, FL 32606	59-2199625	501(C)(3)		13,415	FMV	FOOD	FEED THE HUNGRY
DAYSPRING MISSIONARY BAPTIST CHURCH 849 NE CONGRESS AVE LAKE CITY, FL 32055	59-2440190	501(C)(3)		9,342	FMV	FOOD	FEED THE HUNGRY
DREAMERS FOUNDATION INC 3412 NW 13 AVE GAINESVILLE, FL 32605	45-3159522	501(C)(3)		5,771	FMV	FOOD	FEED THE HUNGRY

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
ELDERCARE OF ALACHUA CO 5701 NW 34TH STREET GAINESVILLE, FL 32653	59-3051104	501(C)(3)		10,469	FMV	FOOD	FEED THE HUNGRY
EMANUEL BAPTIST CHURCH 1203 NE 8TH AVE GAINESVILLE, FL 32601				16,507	FMV	FOOD	FEED THE HUNGRY
EPILEPSY FOUNDATION OF FLORIDA 7300 N KENDALL DRIVE STE 760 MIAMI, FL 33156	59-2164525	501(C)(3)		15,553	FMV	FOOD	FEED THE HUNGRY

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
FAMILIES IN NEED				11,818	FMV	FOOD	FEED THE HUNGRY
FAMILY PROMISE OF GAINESVILLE 447C PO BOX 5189 GAINESVILLE, FL 32627	59-3414493	501(C)(3)		5,663	FMV	FOOD	FEED THE HUNGRY
FELLOWSHIP BAPTIST CHURCH OF HIGH SPRINGS 16916 NW US HWY 441 HIGH SPRINGS, FL 32643	59-2876106	501(C)(3)		9,330	FMV	FOOD	FEED THE HUNGRY

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
FIRST ASSEMBLY OF GOD - KEYSTONE HEIGHTS 8025 SR 100 KEYSTONE HEIGHTS, FL 32656	59-3183534	501(C)(3)		9,579	FMV	FOOD	FEED THE HUNGRY
FIRST BAPTIST CHURCH OF ALACHUA PO BOX 97 ALACHUA, FL 32616	59-1161292	501(C)(3)		8,259	FMV	FOOD	FEED THE HUNGRY
FIRST BAPTIST CHURCH OF ARCHER PO BOX 248 ARCHER, FL 32618	59-2001884	501(C)(3)		17,692	FMV	FOOD	FEED THE HUNGRY

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
FIRST BAPTIST CHURCH OF HORSESHOE BEACH PO BOX 157 HORSESHOE BEACH, FL 32648	59-2749885	501(C)(3)		7,714	FMV	FOOD	FEED THE HUNGRY
FIRST MISSIONARY BAPTIST CHURCH OF GAINESVILLE 1515 SE 15TH STREET GAINESVILLE, FL 32641	36-4513493	501(C)(3)		9,127	FMV	FOOD	FEED THE HUNGRY
FOOD FOR CHRIST INC PO BOX 88 ORANGE LAKE, FL 32681	90-0629428	501(C)(3)		9,028	FMV	FOOD	FEED THE HUNGRY

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
FRAZIER OUTREACH FOUNDATION INC 1104 NE 4TH AVENUE WILLISTON, FL 32696	47-2226477	501(C)(3)		17,249	FMV	FOOD	FEED THE HUNGRY
GAINESVILLE SEVENTH-DAY ADVENTIST #291E 2115 NW 39TH AVE GAINESVILLE, FL 32605				5,090	FMV	FOOD	FEED THE HUNGRY
GATEWAY TO HOPE MINISTRIES 3803 NE 7TH STREET OCALA, FL 34470	27-3289344	501(C)(3)		6,652	FMV	FOOD	FEED THE HUNGRY

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
GEORGE HORTON				18,524	FMV	FOOD	FEED THE HUNGRY
GRACE MARKETPLACE 1532 NW 54TH DRIVE GAINESVILLE, FL 32605	81-2550751	501(C)(3)		8,148	FMV	FOOD	FEED THE HUNGRY
GREATER BETHEL AME CHURCH 333E 829 HAMILTON AVE PANAMA CITY, FL 32401	80-0579744			5,886	FMV	FOOD	FEED THE HUNGRY

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
GREATER FAITH BAPTIST FELLOWSHIP PO BOX 358225 GAINESVILLE, FL 32635	45-2647890	501(C)(3)		11,338	FMV	FOOD	FEED THE HUNGRY
GREATER LOVE & FAITH MINISTRIES 1534 SE 12TH AVE GAINESVILLE, FL 32605	45-2816927			5,539	FMV	FOOD	FEED THE HUNGRY
HARVEST WIND 18504 SE HWY 19 CROSS CITY, FL 32628	59-3463386	501(C)(3)		7,536	FMV	FOOD	FEED THE HUNGRY

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
HATCHBEND APOSTOLIC CHURCH 503 SE CEPHAS LISTON RD BRANFORD, FL 32008	52-2469409	501(C)(3)		13,377	FMV	FOOD	FEED THE HUNGRY
HATHCOCK COMMUNITY CENTER 15818 NW 140TH ALACHUA, FL 32616		501(C)(3)		12,028	FMV	FOOD	FEED THE HUNGRY
HIGH SPRINGS				8,643	FMV	FOOD	FEED THE HUNGRY

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
HIGH SPRINGS CHURCH OF GOD 210 SW POE SPRINGS RD HIGH SPRINGS, FL 32643				6,179	FMV	FOOD	FEED THE HUNGRY
HIGH SPRINGS MOBILE PANTRY				7,033	FMV	FOOD	FEED THE HUNGRY
HIGHER ANOINTING 17291 SW 129TH AVE ARCHER, FL 32618	59-3655616	501(C)(3)		12,924	FMV	FOOD	FEED THE HUNGRY

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
I AM BORN AGAIN MINISTRIES PO BOX 773816 OCALA, FL 34477	60-0002763	501(C)(3)		11,611	FMV	FOOD	FEED THE HUNGRY
IGLESIA EVANGELICA 12100 NW 39 AV GAINESVILLE, FL 32606	59-3628839	501(C)(3)		17,195	FMV	FOOD	FEED THE HUNGRY
INTERLACHEN CHURCH OF THE NAZARENE 179 MILLER SQUARE INTERLACHEN, FL 32148	59-3080349	501(C)(3)		14,105	FMV	FOOD	FEED THE HUNGRY

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
ISKCON OF ALACHUA FARM 17306 NW 112TH BLVD ALACHUA, FL 32615	59-2710464	501(C)(3)		19,790	FMV	FOOD	FEED THE HUNGRY
ISKCON OF GAINESVILLE 214 NW 14TH ST GAINESVILLE, FL 32603	59-3080780	501(C)(3)		9,641	FMV	FOOD	FEED THE HUNGRY
IVORY'S PLACE INC 18011 SW 8RD AVE ARCHER, FL 32618	80-0826537	501(C)(3)		17,141	FMV	FOOD	FEED THE HUNGRY

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
JENA PENTECOSTAL HOLINESS CHURCH 5335 SW HWY 358 STEINHATCHEE, FL 32359	26-2186180	501(C)(3)		15,933	FMV	FOOD	FEED THE HUNGRY
JONES TEMPLE 25233 NW 3RD AVE NEWBERRY, FL 32669				17,867	FMV	FOOD	FEED THE HUNGRY
KIDS CAGE				6,558	FMV	FOOD	FEED THE HUNGRY

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
KIDS COUNT IN ALACHUA COUNTY INC PO BOX 358272 GAINESVILLE, FL 32635	26-0841293	501(C)(3)		14,227	FMV	FOOD	FEED THE HUNGRY
KRISTI OVERTON JOHNSON MIN INC 396EC 201 MAGNOLIA AVE KEYSTONE HEIGHTS, FL 32656				5,795	FMV	FOOD	FEED THE HUNGRY
LANDMARK HOLY TEMPLE OF GOD 320EC 1220 NE 23RD AVE GAINESVILLE, FL 32609				6,222	FMV	FOOD	FEED THE HUNGRY

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
LAZARUS RESTORATION MINISTRIES INC PO BOX 5163 GAINESVILLE, FL 32609	52-2381010	501(C)(3)		16,206	FMV	FOOD	FEED THE HUNGRY
LIVING FAITH FELLOWSHIP 5510 NW 39TH AVE GAINESVILLE, FL 32608	59-1834974	501(C)(3)		17,106	FMV	FOOD	FEED THE HUNGRY
LIVING PRAISE CHURCH OF GOD PO BOX 983 TRENTON, FL 32693	45-5215216	501(C)(3)		10,223	FMV	FOOD	FEED THE HUNGRY

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
MLK JR COMMISSION OF FLORIDA INC PO BOX 6215 GAINESVILLE, FL 32627	59-1932327	501(C)(3)		9,337	FMV	FOOD	FEED THE HUNGRY
MIRACLE WORD OF FAITH MINISTRY INC PO BOX 140752 GAINESVILLE, FL 32602	48-1295756	501(C)(3)		9,726	FMV	FOOD	FEED THE HUNGRY
MOBILE PANTRYHAMILTON				18,417	FMV	FOOD	FEED THE HUNGRY

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
MT OLIVE AME 721 SE 8TH AVENUE GAINESVILLE, FL 32641	59-1800753	501(C)(3)		7,119	FMV	FOOD	FEED THE HUNGRY
NEW COVENANT BELIEVERS HOUSE OF PRAYER 808 NE 22ND TERRACE GAINESVILLE, FL 32641	90-0538272	501(C)(3)		21,361	FMV	FOOD	FEED THE HUNGRY
NEW COVENANT HAITIAN CHURCH 261 MARION OAKS BLVD OCALA, FL 34473	46-1756139	501(C)(3)		21,374	FMV	FOOD	FEED THE HUNGRY

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
NEW HOPE MISSIONARY BAPTIST CHURCH PO BOX 451 WILLISTON, FL 32601	59-0867197	501(C)(3)		21,734	FMV	FOOD	FEED THE HUNGRY
NEW HORIZON OUTREACH MINISTRY INC 127 NE 15TH STREET GAINESVILLE, FL 32641	20-4299780	501(C)(3)		22,023	FMV	FOOD	FEED THE HUNGRY
NEW LIFE BEGINNING CHURCH 908 SE 26TH ST GAINESVILLE, FL 32641	90-0522764	501(C)(3)		22,423	FMV	FOOD	FEED THE HUNGRY

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
NEW LIFE CHRIST BELIEVER TABERNACLE OUTREACH MINISTRY INC 2407 SW 13TH STREET GAINESVILLE, FL 32601	11-3168654	501(C)(3)		23,950	FMV	FOOD	FEED THE HUNGRY
NEW MT ZION HOLINESS 5410 NATHAN HALE RD JACKSONVILLE, FL 32221	59-2040854	501(C)(3)		24,123	FMV	FOOD	FEED THE HUNGRY
NEW ST THOMAS HOLINESS 804 NE 25TH TERR GAINESVILLE, FL 32641	61-1658503	501(C)(3)		24,436	FMV	FOOD	FEED THE HUNGRY

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
NMB SHOOTERS INC PO BOX 358774 GAINESVILLE, FL 32635	27-2801570	501(C)(3)		24,683	FMV	FOOD	FEED THE HUNGRY
NORTH PLEASANT GROVE BAPTIST CHURCH 25330 NW CR 239 ALACHUA, FL 32615				24,746	FMV	FOOD	FEED THE HUNGRY
OAK PARK BAPTIST CHURCH 4610 SW ARCHER ROAD GAINESVILLE, FL 32608	59-1554589	501(C)(3)		25,626	FMV	FOOD	FEED THE HUNGRY

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
O'BRIEN BAPTIST CHURCH 9544 E COUNTRY RD 349 OBRIEN, FL 32071	59-2356452	501(C)(3)		25,090	FMV	FOOD	FEED THE HUNGRY
ONE WAY CHURCH INC 1560 NW 19TH AVE CHIEFLAND, FL 32626	81-2618476	501(C)(3)		25,982	FMV	FOOD	FEED THE HUNGRY
OPEN TABLE COMMUNITY (HOLY FAITH CATHOLIC CHURCH) 747 NW 43RD STREET GAINESVILLE, FL 32607				26,321	FMV	FOOD	FEED THE HUNGRY

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
ORANGE HEIGHTS BAPTIST CHURCH 16700 NE SR 26 HAWTHORNE, FL 32640	59-6543241	501(C)(3)		28,294	FMV	FOOD	FEED THE HUNGRY
OTTER CREEK BAPTIST CHURCH 171 SW 3RD STREET PO BOX 17 OTTER CREEK, FL 32683	59-2332078	501(C)(3)		28,303	FMV	FOOD	FEED THE HUNGRY
OUR LORD AND SAVIOR COMMUNITY CNTR FOR HUMAN DEVELOPMENT INC 6169 SE 91ST TRAIL TRENTON, FL 32693	51-0145238	501(C)(3)		29,146	FMV	FOOD	FEED THE HUNGRY

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
PARKVIEW BAPTIST CHURCH 3403 NW 13TH STREET GAINESVILLE, FL 32609	59-0838096	501(C)(3)		29,662	FMV	FOOD	FEED THE HUNGRY
PASSAGE MINISTRIES INC 2020 NE 15TH STREET GAINESVILLE, FL 32609	36-4491241	501(C)(3)		29,812	FMV	FOOD	FEED THE HUNGRY
PLEASANT PLAIN UMC 1910 NW 166TH NEWBERRY, FL 32669				11,894	FMV	FOOD	FEED THE HUNGRY

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
PLEDGE 5 FOUNDATION INC 18 SW 2ND AVE GAINESVILLE, FL 32601	27-1208090	501(C)(3)		31,138	FMV	FOOD	FEED THE HUNGRY
PRAXEIS MINISTRIES 7686 OAK DR KEYSTONE HEIGHTS, FL 32656	46-1782369	501(C)(3)		35,021	FMV	FOOD	FEED THE HUNGRY
PRAYER AND DELIVERANCE MINISTRY INCORPORATED 7914 SW ARCHER RD GAINESVILLE, FL 32608	27-0130079	501(C)(3)		37,499	FMV	FOOD	FEED THE HUNGRY

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
PROMISE DRIVEN CHURCH INC PO BOX 6096 GAINESVILLE, FL 32627	27-1652099	501(C)(3)		38,574	FMV	FOOD	FEED THE HUNGRY
RALEIGH CHURCH OF GOD BY FAITH 7891 NE HWY 41 WILLISTON, FL 32696	59-1631564	501(C)(3)		39,817	FMV	FOOD	FEED THE HUNGRY
RICHARD MARSHALL				5,610	FMV	FOOD	FEED THE HUNGRY

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
RICHERT HOUSE 1734 SE 2ND AVENUE GAINESVILLE, FL 32601	20-5621656	501(C)(3)		50,491	FMV	FOOD	FEED THE HUNGRY
RIVER OF LIFE				5,234	FMV	FOOD	FEED THE HUNGRY
RIVER OF LIFE MINISTRIES PO BOX 1506 CROSS CITY, FL 32628	27-3586200	501(C)(3)		42,675	FMV	FOOD	FEED THE HUNGRY

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
RMW UNLIMITED INC 8602 SW 145 PLACE ARCHER, FL 32618	45-5076648	501(C)(3)		42,845	FMV	FOOD	FEED THE HUNGRY
RONALD MCDONALD 1600 SW 14TH ST GAINESVILLE, FL 32608	59-1887896	501(C)(3)		43,027	FMV	FOOD	FEED THE HUNGRY
SAND HILL CHURCH				18,098	FMV	FOOD	FEED THE HUNGRY

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
SANTA FE BLOUNT 401 NW 6TH AVE GAINESVILLE, FL 32601				5,793	FMV	FOOD	FEED THE HUNGRY
SANTE FE BAPTIST CHURCH 7505 NW CR 236 ALACHUA, FL 32615	59-2961144	501(C)(3)		44,710	FMV	FOOD	FEED THE HUNGRY
SECOND HARVEST FOOD BANK OF THE BIG BEND 4446 ENTREPOT BLVD TALLAHASSEE, FL 32310	59-2610345	501(C)(3)		45,782	FMV	FOOD	FEED THE HUNGRY

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
SEVEN GABLES FOOD MINISTRY PO BOX 87 MAYO, FL 32066	59-2347952	501(C)(3)		45,930	FMV	FOOD	FEED THE HUNGRY
SEVENTH DAY ADVENTIST FOOD OUTREACH 23945 NE 113TH AVENUE FT MCCOY, FL 32134	52-0643036	501(C)(3)		45,986	FMV	FOOD	FEED THE HUNGRY
SHOWERS OF BLESSINGS HARVEST CENTER 2615 SE 15TH STREET GAINESVILLE, FL 32641	59-3435783	501(C)(3)		46,705	FMV	FOOD	FEED THE HUNGRY

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
SIMMON GROVE BETHELITE BAPTIST CHURCH INC 17800 NE 77TH LANE ORANGE HEIGHTS, FL 32640	20-6208778	501(C)(3)		47,132	FMV	FOOD	FEED THE HUNGRY
SISTERS HELPING SISTER 1635 NORTH EAST 28TH AVE GAINESVILLE, FL 32609	80-0392418	501(C)(3)		8,407	FMV	FOOD	FEED THE HUNGRY
SISTERS HELPING SISTERS IN NEED 1635 NE 28TH AVENUE GAINESVILLE, FL 32609	80-0392418	501(C)(3)		47,901	FMV	FOOD	FEED THE HUNGRY

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
SOCIETY OF ST VINCENT DEPAUL 111 N FRANCIS STREET INTERLACHEN, FL 32148	59-2374931	501(C)(3)		48,583	FMV	FOOD	FEED THE HUNGRY
SPRING RIDGE FIRST CHURCH OF GOD NE 52ND PLACE HIGH SPRINGS, FL 32643	59-1874803	501(C)(3)		50,824	FMV	FOOD	FEED THE HUNGRY
SPRINGHILL MISSIONARY BAPTIST CHURCH INC 120 SE WILLISTON RD GAINESVILLE, FL 32601	59-3648946	501(C)(3)		52,619	FMV	FOOD	FEED THE HUNGRY

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
ST AUGUSTINE CHURCH (ALPHA RETREAT CATHOLIC MINISTRY INC) 1738 W UNIVERSITY AVE GAINESVILLE, FL 32603	45-2076218	501(C)(3)		52,750	FMV	FOOD	FEED THE HUNGRY
ST FRANCIS HOUSE 413 S MAIN ST GAINESVILLE, FL 32601	59-1978981	501(C)(3)		8,572	FMV	FOOD	FEED THE HUNGRY
ST JOHN THE EVAN ST VINCENT DEPAUL PO BOX 863 CHIEFLAND, FL 32644	65-0709465	501(C)(3)		53,165	FMV	FOOD	FEED THE HUNGRY

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
ST ALBANS				7,672	FMV	FOOD	FEED THE HUNGRY
STARLIGHT TEMPLE HOUSE OF REFUGE 4651 NE 1ST AVENUE GAINESVILLE, FL 32641	26-3837280	501(C)(3)		55,651	FMV	FOOD	FEED THE HUNGRY
SUWANNEE FOREST PARK HILL CENTER PO BOX 885 OLD TOWN, FL 32680				56,449	FMV	FOOD	FEED THE HUNGRY

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
SUWANNEE RIVER CAMPFIRE MINISTRIES 275 NW STEPHEN FOSTER DR WHITE SPRINGS, FL 32096		501(C)(3)		58,696	FMV	FOOD	FEED THE HUNGRY
THE ARC OF BRADFORD 5144 SW 155TH STREET STARKE, FL 32091	59-1696581	501(C)(3)		60,241	FMV	FOOD	FEED THE HUNGRY
THE JA'NIYAH IRVING YOUTH FOUNDATION 1420 SE 41ST AVENUE GAINESVILLE, FL 32641	80-0710924	501(C)(3)		60,874	FMV	FOOD	FEED THE HUNGRY

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
THE NEW BEGINNING CHRISTIAN WORSHIP 402 NW 6TH AVE Micanopy, FL 32667	38-3901674	501(C)(3)		62,652	FMV	FOOD	FEED THE HUNGRY
THE ROCK OF GAINESVILLE 9818 SW 24TH AVENUE GAINESVILLE, FL 32607	59-2818694	501(C)(3)		62,725	FMV	FOOD	FEED THE HUNGRY
THE SALVATION ARMY 639 E UNIVERSITY DRIVE GAINESVILLE, FL 32601	58-0661067	501(C)(3)		43,142	FMV	FOOD	FEED THE HUNGRY

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
THE SUMMIT PO BOX 21 HIGH SPRINGS, FL 32655	27-2058537	501(C)(3)		63,272	FMV	FOOD	FEED THE HUNGRY
TRINITY UNITED METHODIST CHURCH 4000 NW 53RD AVE GAINESVILLE, FL 32653	59-1113259	501(C)(3)		132,263	FMV	FOOD	FEED THE HUNGRY
UF BAPTIST COLLEGIATE MINISTRY UNIVERSITY OF FLORIDA GAINESVILLE, FL 32601				8,581	FMV	FOOD	FEED THE HUNGRY

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
UF BAPTIST COLLEGIATE MINISTRY 1604 W UNIVERSITY AVENUE GAINESVILLE, FL 32603		501(C)(3)		67,567	FMV	FOOD	FEED THE HUNGRY
UF CAMPUS MINISTRY UNIVERSITY OF FLORIDA GAINESVILLE, FL 32601				6,791	FMV	FOOD	FEED THE HUNGRY
UF CHRISTIAN CAMPUS HOUSE 1810 NW 1ST AVE GAINESVILLE, FL 32603				16,168	FMV	FOOD	FEED THE HUNGRY

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
UF FIELD AND FORK PANTRY 520 NEWELL DRIVE GAINESVILLE, FL 32603				69,387	FMV	FOOD	FEED THE HUNGRY
UNITED CHRISTIAN PO BOX 1486 CROSS CITY, FL 32628	59-2495091	501(C)(3)		71,790	FMV	FOOD	FEED THE HUNGRY
UNITED CHRISTIAN SERVICE 264 NE 210 AVE CROSS CITY, FL 32628	59-2495091			9,565	FMV	FOOD	FEED THE HUNGRY

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
UNITED PENTECOSTAL CHURCH OF GAINESVILLE 8105 NW 23RD AVENUE GAINESVILLE, FL 32606	59-2427430	501(C)(3)		73,485	FMV	FOOD	FEED THE HUNGRY
US NAVAL SEA CADETS PO BOX 3311 TRENTON, FL 32056				76,862	FMV	FOOD	FEED THE HUNGRY
VINEYARD CHRISTIAN FELLOWSHIP 3536 NW 8TH AVE GAINESVILLE, FL 32605	59-2865879	501(C)(3)		77,141	FMV	FOOD	FEED THE HUNGRY

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
VOICE OF FAITH DELIVERANCE TEMPLE INC 2029 SE 2ND PL GAINESVILLE, FL 32641	59-2219461	501(C)(3)		81,258	FMV	FOOD	FEED THE HUNGRY
WALDO HISTORICAL SOCIETY PO BOX 459 WALDO, FL 32694	33-1119027	501(C)(3)		82,591	FMV	FOOD	FEED THE HUNGRY
WALKER CREEK BETHEL BAPTIST CHURCH 4980 S STATE ROAD 349 BRANFORD, FL 32008	59-3570092	501(C)(3)		84,999	FMV	FOOD	FEED THE HUNGRY

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
WESTSIDE BAPTIST CHURCH 10000 WEST NEWBERRY ROAD GAINESVILLE, FL 32606	59-1032948	501(C)(3)		86,826	FMV	FOOD	FEED THE HUNGRY
WHITE SPRINGS CONG HOLINESS CHURCH 16633 SUWANEE ST WHITE SPRINGS, FL 32096	59-3243094	501(C)(3)		92,844	FMV	FOOD	FEED THE HUNGRY
WILLISTON CHURCH OF GOD 850 SW 7TH ST WILLISTON, FL 32696				104,006	FMV	FOOD	FEED THE HUNGRY

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
WIND OF THE SPIRIT PO BOX 1779 OLD TOWN, FL 32680	65-0785204	501(C)(3)		165,725	FMV	FOOD	FEED THE HUNGRY
WINDSOR BAPTIST CHURCH 918 SE CR 234 GAINESVILLE, FL 32641	59-2888666	501(C)(3)		165,775	FMV	FOOD	FEED THE HUNGRY
WITNESS OF CHRIST 55 N MAIN ST HIGH SPRINGS, FL 32643				13,178	FMV	FOOD	FEED THE HUNGRY

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
WITNESSES OF CHRIST MINISTRIES 55 NORTH MAIN STREET HIGH SPRINGS, FL 32643	45-2676169	501(C)(3)		189,469	FMV	FOOD	FEED THE HUNGRY
WOMEN WORKING WITH WOMEN (4W'S) 530 W UNIVERSITY GAINESVILLE, FL 32601	45-4758789	501(C)(3)		7,466	FMV	FOOD	FEED THE HUNGRY
WOODSIDE BAPTIST CHURCH-OCALA (DOWNTOWN BAPTIST) 2450 NE 28TH STREET OCALA, FL 34470	59-3147466	501(C)(3)		232,181	FMV	FOOD	FEED THE HUNGRY

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
WORLDWIDE CHRISTIAN MINISTRY PO BOX 928 CRAWFORDVILLE, FL 32326	59-3416556	501(C)(3)		1,085,738	FMV	FOOD	FEED THE HUNGRY

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 BREAD OF THE MIGHTY FOOD BANK INC	Employer identification number 59-2805577
---	--

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	7,151,798	5,841,955	SEE PART II
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No	
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No	
b If "Yes," describe in Part II				
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

Supplemental Information.

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

Return Reference	Explanation
PART I, COLUMN (B)	CONTRIBUTIONS IN POUNDS USDA DONATED 186,458 POUNDS VALUED AT \$ 93 PER POUND AND OTHER DONATED FOOD (6,965,340) VALUED AT \$ 80 PER POUND

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
BREAD OF THE MIGHTY FOOD BANK INC**Employer identification number**

59-2805577

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM IS REVIEWED BY SENIOR STAFF AND DELIVERED TO THE BOARD PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE PROCESS FOR DETERMINING COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DONE BY GATHERING INFORMATION OF COMPARABLE POSITIONS FROM THE FEEDING AMERICA WEBSITE DOCUMENTATION AND RECORD KEEPING WITH RESPECT TO DELIBERATIONS AND DECISIONS ON COMPENSATION AMOUNT IS DOCUMENTED IN THE BOARD MINUTES, AND REVIEWED AND APPROVED BY THE GOVERNING BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALL GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST A LINK TO THE FOOD BANK'S FORM 990 ON THE GUIDESTAR WEBSITE IS PROVIDED ON THE BOOD BANK'S WEBSITE