Form **990**

DLN: 93493088008158

OMB No 1545-0047

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

•		nue Service	► Information about	: Form 990 and its instructions is at <u>wwi</u>	w IRS gov/for	<u> 1990</u>		Inspection	
A F	or the	e 2016 c	alendar year, or tax year beginr	ning 07-01-2016 , and ending 06-3	0-2017				
☐ Ad	dress o	pplicable change	C Name of organization Palm Beach County Food Bank Inc			D Employ 90-078		ication number	
☐ Ini _ Fir		urn	Doing business as			-			
		nınated 1 return	Number and street (or P O box if ma 525 Gator Drive		ne number				
_		on pending	City or town, state or province, count	ry, and ZIP or foreign postal code		(561) 6	570-2518		
			Lantana, FL 33462				eceipts \$ 10	0,014,051	
			F Name and address of principal Karen Erren	officer		s a group re	turn for		
			525 Gator Drive Lantana, FL 33462			rdınates? ıll subordına	tes	□Yes ☑No □Yes □No	
 I ⊤a	x-exen	npt status	·	nsert no)	inclu		list (see	instructions)	
J W	ebsit	e:▶ ww	w pbcfoodbank org	113ert 110)	1	p exemptior	•	•	
			· •				T		
K Form	n of or	ganızatıon	Corporation Trust Assoc	lation ☐ Other ►	L Year of form	iation 2012	M State	of legal domicile FL	
Pa	rt I	Sum	mary						
	1 E	Briefly des	cribe the organization's mission or						
e)			Beach County Food Bank is dedicat ducation and financial assistance s	ed to fighting hunger and improving foc ervices	od security in l	Palm Beach	County b	y providing food,	
anc	=								
Ě	-								
Activities & Governance	,	Check thi	s box • I if the organization disc	continued its operations or disposed of r	more than 25%	6 of its net a	assets		
ত স				body (Part VI, line 1a)			з	11	
~ Sé	4	Number o	of independent voting members of	the governing body (Part VI, line 1b) .			4	11	
Ĕ	5	Total nun	nber of individuals employed in cale	endar year 2016 (Part V, line 2a)		•	5	28	
Ç	6	Total nun	nber of volunteers (estimate if nece	essary)			6	2,876	
٠.	7a	Total unr	elated business revenue from Part	VIII, column (C), line 12		•	7a	0	
	Ь	Net unrel	ated business taxable income from	Form 990-T, line 34			7b	0	
					Pr	ior Year		Current Year	
<u>⊴</u> :			ions and grants (Part VIII, line 1h)			10,412,		9,903,380	
Ravenua		-	,			0 0			
å	1		nt income (Part VIII, column (A), l	• •			319	621	
	1		renue (Part VIII, column (A), lines	t equal Part VIII, column (A), line 12)		10,439,	961	63,203 9,967,204	
			nd similar amounts paid (Part IX, co			8,077,	_	8,027,284	
			paid to or for members (Part IX, co	, ,,		8,077,	0	0,027,204	
(0		•		nefits (Part IX, column (A), lines 5–10)		1,162,		1,353,382	
Expenses			nal fundraising fees (Part IX, colun				0	0	
D G	Ι.		aising expenses (Part IX, column (D), lin						
Ā	1		penses (Part IX, column (A), lines 1	· · · · · · · · · · · · · · · · · · ·		721,	948	777,552	
	18	Total exp	enses Add lines 13–17 (must equa	al Part IX, column (A), line 25)		9,961,	848	10,158,218	
	19	Revenue	less expenses Subtract line 18 fro	m line 12		478,	113	-191,014	
Net Assets or Fund Balances					Beginning	of Current \	/ear	End of Year	
alar	20	Total ass	ets (Part X, line 16)			2,607,	418	2,479,456	
A As			ilities (Part X, line 26)			113,		176,277	
Ş.	1		s or fund balances Subtract line 2			2,494,		2,303,179	
Pai			ature Block						
		alties of p	erjury, I declare that I have examı	ned this return, including accompanying					
	ledge :nowle		f, it is true, correct, and complete	Declaration of preparer (other than offi	cer) is based (on all inform	ation of v	which preparer has	
		l k							
		Signati	ure of officer		20 Da	18-03-19 te			
Sign Here									
	•		Erren Executive Director r print name and title						
		17	rınt/Type preparer's name		Date		PTIN		
Paid	d		avid J Thomas	David J Thomas	Ch		P00002419	9	
	a pare	er 🗏	rm's name			m's EIN ► 65	-1083521		
	On	1 -	ırm's address ► 125 Butler Street		Ph	one no (561)	689-6000		
			West Palm Beach, FL 3:	3407					
May t	he IR	S discuss	this return with the preparer show	n above? (see instructions)			. 🗹 Y	res 🗌 No	

Form	990 (2016)					Page 2
Par	t IIII Statement	of Program Service	e Accomplis	hments		
	Check If Sche	edule O contains a respo	onse or note to	any line in this Part III		🗆
1	Briefly describe the	organization's mission				
	Palm Beach County Fo ation and financial ass		fighting hunger	and improving food sec	urity in Palm Beach County by prov	iding food, nutrition
2	Did the organization	undertake any significa	ant program ser	vices during the year wh	ıch were not listed on	
	the prior Form 990 o	or 990-EZ?				☐ Yes ☑ No
	If "Yes," describe the	ese new services on Sch	nedule O			
3	Did the organization	cease conducting, or m	nake significant	changes in how it condu	cts, any program	
		ese changes on Schedu				☐ Yes 🗹 No
4	Describe the organize Section 501(c)(3) are	zation's program service	accomplishmer	I to report the amount of	argest program services, as measul grants and allocations to others, th	
4a	(Code) (Expenses \$	9,940,340	including grants of \$	8,027,284) (Revenue \$)
	See Additional Data				, , ,	r
	1					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program serv	ices (Describe in Schedi	ule O) uding grants of	\$) (Revenue \$)
4e	Total program ser	vice expenses >	9.940.3	40		

Section 501(c)(3) organizations.

or X as applicable

Page 3

No

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

No

No

Nο

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Nο

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Νo

Nο

Form **990** (2016)

Checklist of Required Schedules	
e organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete	
dule A 😘	1
e organization required to complete Schedule B. Schedule of Contributors (see instructions)? 🛸	2

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Yes

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11a

11b

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11d

11e

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14a

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Yes

Yes

Yes

Yes

Yes

No

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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.

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,"

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . 🥞

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

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24d

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25b

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Yes

Form 990 (2016)

Yes

Yes

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Nο

Page 4

orm	990 (2016)			Page 5
Par	t 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
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 2			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
	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	2ь	Yes	
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)	20	165	
За	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
С	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).			
а	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		
С	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			
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
	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?			
٥-	Did the annual was a second to a second to second a distribution of the second second 40003	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
L2a	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			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
b	additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

orm	990 (2016)			Page 6
Part	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions		nse to li	nes ✓
Sec	Check if Schedule O contains a response or note to any line in this Part VI	• •	• •	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	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 11			
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			
а	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	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
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
10-	Did the consensation have been been been been as of file been	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	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)			
	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
	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?	4.51		
	ction C. Disclosure	16b		
	List the States with which a copy of this Form 990 is required to be filed▶			
	FL 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			
19	Own website Another's website Upon request Other (explain in Schedule O) 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 Yanet Campbell-Saunders 525 Gator Dr Lantana, FL 33462 (561) 670-2518			
			orm 00	0 (2016)

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

(A) Name and Title	(B) Average hours per week (list any hours	Position than o	ne bo	ox, ι n of or/t	t che unle: ficer rust	ss pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC) MISC) r		organization and related organizations	
(1) Gary Woodfield Chairman	1 00	Х		x				0	0	0	
(2) Martı LaTour Treasurer	1 00	х		×				0	0	0	
(3) Rev Pam Cahoon Secretary	1 00	Х		х				0	0	0	
(4) Mark Busse Director	1 00	X						0	0	0	
(5) James Greco Director	1 00	X						0	0	0	
(6) Bill Kramer Director	1 00	X						0	0	0	
(7) Deborah Pucillo Director	1 00	X						0	0	0	
(8) Jonathon Kahn Director	1 00	Х						0	0	0	
(9) Laura Russell Director	1 00	Х						0	0	0	
(10) Rev Kımberly Still Director	1 00	Х						0	0	0	
(11) Glenn Milspaugh Director	1 00	Х						0	0	0	
(12) Karen Erren Executive Director	40 00			×				0	0	0	
(13) Peretz Borman Former Executive Director	40 00			х				140,000	0	4,200	

Part VII

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

Page 8

	(A) Name and Title	hours per week (list any hours director/trustee) hours per week (list any hours director/trustee) hours per than one box, unless person compensation from the any hours director/trustee) compensation compensation from the organization (W-organizations (W-orga		w-	(F) Estimated amount of other compensation from the organization and									
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/109	Э- МІ Э С)	2/1099-MISC	,	related organizations	
сТ	ub-Total	Part VII, Sectio	nΑ.		• .		>			140,000		0		4,200
2	Total number of individuals (includin of reportable compensation from the			e list	ed al	bove	e) who	rece	eived mo	re than \$1	00,000			
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>			ee, k	ey e	mple •	oyee, o	or hi	ghest cor	mpensated	employee on	3	Yes	No No
4	For any individual listed on line 1a, is organization and related organization individual										n the	4		No
5	Did any person listed on line 1a rece services rendered to the organization								_	tion or indi	vidual for	5		No
Se	ction B. Independent Contrac	tors												
1	Complete this table for your five high from the organization Report compe											npen	sation	
	Name	(A) and business addre	ess							Desc	(B) ription of services			C) ensation

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 \blacktriangleright 0

Part		I Statement of	Revenue						rage 3
				a respo	onse or note to any	/ line in this Part VIII			🗆
						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campaig	ns	1a	225,456		revenue		512-514
ons, Gifts, Grants Similar Amounts		b Membership dues		1b					
ira nou		c Fundraising events		1c	133,125				
S. C		d Related organizatio		1d					
		e Government grants (co		1e	555,295				
<u>8</u> .≣		f All other contributions		l re					
tior sr S		and similar amounts n above		1f	8,989,504				
tributio Other (l,	g Noncash contribution	ons included						
Contributions, Gifts, Grants and Other Similar Amounts		ın lınes 1a-1f \$		7,69	1,404				
<u>ت</u> ک	_Ի	Total. Add lines 1a-1	lf		<u> </u>	9,903,380			
ξE	-				Busines	s Code			
Ϋ́	2a -			-					
o≛	b	. "							
3	С								
₹.	d								
ran	e f	All other program se							
Program Service Revenue		Total.Add lines 2a-2f			_				
		Investment income (ii			nterest and other	1	T	1	<u> </u>
		similar amounts) .				621	L		621
		Income from investm		-	•	•			
	5	Royalties	(1) Date			<u> </u>			
	62	Gross rents	(ı) Rea	l l	(II) Personal	_			
	-								
	Ŀ	Less rental expenses							
		Rental income or				-			
		(loss)							
	•	Net rental income o			(u) Ohloon	1			
	7a	Gross amount	(ı) Securit	lies	(II) Other	-			
		from sales of assets other							
		than inventory							
	Ŀ	Less cost or other basis and							
	_	sales expenses				_			
		Gain or (loss) Net gain or (loss)			•	-			
		Gross income from f		ents					
ne		(not including \$ contributions reporte	133,125	of					
₹		See Part IV, line 18		. a	108,42	3			
Other Revenue	Ŀ	Less direct expense	s	ь	46,84	7			
er		: Net income or (loss)			ents	61,576	5		61,576
\$	9a	Gross income from g See Part IV, line 19		ies					
				a					
		Less direct expense		ь					
		: Net income or (loss)		activiti	es >	_			
	10	Gross sales of invent returns and allowand	tory, less ces						
				a	!				
	Ŀ	Less cost of goods s	sold	ь					
	•	Net income or (loss) Miscellaneous		invent					
	11	•aOther Income	Revenue		Business Code 90009	99 1,627	7		1,627
		Julei Income				_,,,,			
	Ŀ	·			•				
	•	:				+		1	
		All other revenue .				+			
		Total. Add lines 11a			•				
	12	! Total revenue. See	Instructions			1,627			
						9,967,204	1	0	63,824 Form 990 (2016)

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	ınızatıons must comp	lete column (A)	_
Check if Schedule O contains a response or note to any	line in this Part IX	<u></u>		<u> </u>
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) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	7,682,878	7,682,878		
2 Grants and other assistance to domestic individuals See Part IV, line 22	344,406	344,406		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	151,347	110,482	22,703	18,162
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	990,475	916,257	16,316	57,902
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,440	6,530	477	433
9 Other employee benefits	120,997	112,246	4,260	4,491
10 Payroll taxes	83,123	76,870	3,066	3,187
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	15,500	5,966	9,534	
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)	22,752	14,711	6,091	1,950
12 Advertising and promotion	87,132	632		86,500
13 Office expenses	72,545	52,435	8,064	12,046
14 Information technology	13,139	13,139		
15 Royalties				
16 Occupancy	247,811	243,195	2,094	2,522
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	41,229	38,129	1,519	1,581
20 Interest	3,615	3,615		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	156,879	155,734	96	1,049
23 Insurance 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)	45,241	44,559	309	373
a Truck, Freight and Fuel	75,495	75,495		
b Warehouse Operating Exp	39,472	39,472		
c Misc Expenses	3,589	3,589		
d Special Events to pg 9	-46,847			-46,847
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,158,218	9,940,340	74,529	143,349
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)				

		·			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing				1	
	2	Savings and temporary cash investments .		[1,315,300	2	1,111,371
	3	Pledges and grants receivable, net	15,907	3	6,730		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L			5		
ssets	6 7	Loans and other receivables from other disquali- section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L Notes and loans receivable, net	(c)(3)(B), and of section 501(c)(9)		6		
SS	8	Inventories for sale or use			844,610	8	887,129
⋖	9	Prepaid expenses and deferred charges			3,562	9	6,923
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	957,372			
	b	Less accumulated depreciation	10 b	517,519	391,670	10 c	439,853
	11	Investments—publicly traded securities .			11		
	12	Investments—other securities See Part IV, line	11 .	[12	
	13	Investments—program-related See Part IV, line	e 11 .	[13	
	14	Intangible assets		14			

36,369

63,225

50.000

113,225

2.075.650

418.543

2,494,193

2.607.418

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22 23

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31 32

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34

2,607,418

27,450

66,916

109.361

176,277

1.779.845

523,334

2,303,179

2.479.456 Form **990** (2016)

2,479,456

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33 34

Liabilities 22

Fund Balances

Assets or

Net

Other assets See Part IV, line 11 . . .

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Accounts payable and accrued expenses

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Total assets.Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a

3b

No

Form 990 (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 90-0788707

Name: Palm Beach County Food Bank Inc

Form 990 (2016)

Form 990, Part III, Line 4a: During the year ended June 30, 2017, the Palm Beach County Food Bank, Inc. served 170 organizations through 4 programs. It distributed almost 5 million pounds of food to more than 100 agencies on the front-line of hunger relief from Tequesta to Boca Raton and from Belle Glade and Pahokee to the Coast. In addition, the Food Bank operates Food4OurKids which distributed almost 15,000 meals at 32 partner sites during the summer with weekly backpacks of food, helped more than 6,200 individuals receive \$3.5 million of federal food benefit assistance, and graduated almost 900 from Nutrition Driven, a nutrition education program in partnership with the Palm Beach County Extension/University of Florida Institute for Food and Agriculture Sciences

efile	e GRA	APHIC prii	nt - DO NOT PROCE	SS	As Filed Data -			DLN: 9	3493088008158
SCH	IED	ULE A	Puhl	ic C	harity Statu	s and Pub	olic Supp	ort	OMB No 1545-0047
(For	m 990			he org	ganization is a secti	ion 501(c)(3) d	organization o		2016
990E	(Z)			•	4947(a)(1) nonexe ▶ Attach to Form 9				2010
•		the Treasury	► Information	about	Schedule A (Form			ıctions is at	Open to Public Inspection
Name	e of th	ue Service ne organiza			www.ns.ge	<u> </u>		Employer identific	<u> </u>
Palm B	each C	ounty Food Ba	nk Inc					90-0788707	
Pai			for Public Charity S					See instructions.	
	rganız		a private foundation bed		•	•	,	/A>/:>	
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2			scribed in section 170			·	• • • • • • • • • • • • • • • • • • • •		
3		•	or a cooperative hospita		-				
4		name, city,	esearch organization op and state			-			·
5			ation operated for the b (iv). (Complete Part II		of a college or univer	sity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local governme	nt or o	governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).	
7	✓		ation that normally rece ' 0(b)(1)(A)(vi). (Com			s support from a	governmental u	ınıt or from the gener	al public described in
8		A communi	ty trust described in se	ction	170(b)(1)(A)(vi)	Complete Part I	I)		
9			ural research organizati rant college of agricultu						ege or university or a
LO		from activit	ation that normally rece les related to its exemp income and unrelated See section 509(a)(2)	ot func busine	tions—subject to cert ss taxable income (le	ain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
1		•	ation organized and ope	•		public safety S	ee section 509	(a)(4).	
12		more public	ation organized and ope ly supported organizati through 12d that desc	ons de	escribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
а		Type I. A so	supporting organization n(s) the power to regul Part IV, Sections A ai	opera	ted, supervised, or co	ontrolled by its si	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting organization nt of the supporting org plete Part IV, Section	n supe janizat	ion vested in the san				
С		Type III f	unctionally integrated organization(s) (see ins	d. A su	ipporting organization				ted with, its
d		Type III n	on-functionally integrated The organics) You must complete	rated zation	A supporting organi generally must satisf	zation operated i y a distribution i	ın connection wi	th its supported organ	
e		Check this	box if the organization or Type III non-function	receive	ed a written determin	ation from the II	RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter		of supported organizat			o. gaa			
g			ing information about t			•		_	
(i)Na	ame of	f supported o	organization (ii)EIf	N	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governin	ation listed in	Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
				-+					
Total			tion Act Notice, see t			Cat No 11285	_	 Schedule A (Form 9	

Sch	edule A (Form 990 or 990-EZ) 2016						Page 2
P	art II Support Schedule for (Complete only if you ch III. If the organization for	ecked the box o	on line 5, 7, 8, or	9 of Part I or If	the organization	failed to qualify	
S	ection A. Public Support					,	_
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	8,769,826	10,094,272	10,802,177	10,462,756	9,903,380	50,032,411
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						
4	Total. Add lines 1 through 3	8,769,826	10,094,272	10,802,177	10,462,756	9,903,380	50,032,411
	The portion of total contributions by each person (other than a governmental unit or publicly	2,,				.,,	
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9,186,043
	Public support. Subtract line 5 from line 4						40,846,368
<u>S</u>	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c) 2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	8,769,826	10,094,272	10,802,177	10,462,756	9,903,380	50,032,411
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and		23	459	619	821	1,922
9	income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on						
10			4,741	277	2,165	1,627	8,810
11	Total support. Add lines 7 through 10						50,043,143
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	-		•	•	· · · · · · <u> </u>	nization,
_	check this box and stop here					▶⊔	
	ection C. Computation of Publi	• •	•	1 (6)		T T	
	Public support percentage for 2016 (III			olumn (f))		14	81 620 %
	Public support percentage for 2015 Sc 33 1/3% support test—2016. If the			n line 12 and line	14 is 22 1/2% or i	15	
	and stop here. The organization qual 33 1/3% support test—2015. If the	ifies as a publicly s	supported organizat	tion			▶ ☑
Ī	box and stop here . The organization 10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization meets	qualifies as a pub t— 2016. If the org in meets the "facts	olicly supported org ganization did not c grand-circumstance	anization theck a box on line s" test, check this	e 13, 16a, or 16b, a box and stop her	and line 14 e. Explain	▶ □
b	organization 10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz Explain in Part VI how the organization	zation meets the "i	facts-and-circumsta	ances" test, check	this box and stop	here.	▶□
18	supported organization Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see	▶□

Section A. Public Support								
the organization fails to qualify under the tests listed below, please complete Part II.)								
(Complete only if you checked the box on line 10 of Part 1 or if the organization failed to qualify under Part 11. I	ίT							

Se	Section A. Public Support							
	Calendar year	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total	
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and							
_	membership fees received (Do not	I						
	ınclude any "unusual grants`")	<u> </u>						
2	Gross receipts from admissions,	I						
	merchandise sold or services performed, or facilities furnished in	I						
	any activity that is related to the	I						
	organization's tax-exempt purpose	I						
_	Cross receipts from activities that are							
3	Gross receipts from activities that are not an unrelated trade or business	I						
	under section 513	I						
4	Tax revenues levied for the							
	organization's benefit and either paid	I						
5	to or expended on its behalf The value of services or facilities							
,	furnished by a governmental unit to	I						
	the organization without charge	ļ						
6	Total. Add lines 1 through 5	<u></u>						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	I						
	5 received from disqualified persons	<u> </u>						
b	Amounts included on lines 2 and 3							
	received from other than disqualified	I						
	persons that exceed the greater of \$5,000 or 1% of the amount on line	I						
	13 for the year	I						
C	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
	from line 6)							
31	ection B. Total Support	Г	1	T	Т			
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d) 2015	(e) 2016	(f)Total	
9	Amounts from line 6							
.0a	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and							
ь	income from similar sources Unrelated business taxable income							
U	(less section 511 taxes) from							
	businesses acquired after June 30,							
	1975							
	Add lines 10a and 10b Net income from unrelated business							
11	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) First five years. If the Form 990 is fo	r the organization	te first second the	hird fourth or fift	 	ction 501/c)(2) a:	raanization	
14	check this box and stop here	Tale organización	r a mac, second, ti	ma, iourtii, or iiit	ii tax yeai as a se	CCOT 301(C)(3) 01	yanızatıon, ► □	
<u> </u>	ection C. Computation of Public	Support Perce	ntage					
15	Public support percentage for 2016 (lin			column (f))		15		
16	Public support percentage from 2015 S		· ·	(.,,		16		
	ection D. Computation of Invest	<u> </u>				10		
17	Investment income percentage for 20:			line 13, column (f))	17		
18	Investment income percentage from 2			,(••	18		
	331/3% support tests—2016. If the			on line 14, and lir	ie 15 is more than		e 17 is not	
	more than 33 1/3%, check this box and						▶ □	
	33 1/3% support tests—2015. If the						. —	

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

ightharpoons

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Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete

7

8

10a

Schedule A (Form 990 or 990-EZ) 2016

Sections A and D, and complete Part V) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	1 - '		l

	(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2)	L
	W 20010 305 (4)(1) 01 (2)	L
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)	Ĺ
	below	ſ
•	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the	

	III Section 309(a)(1) or (2)	2	i	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a		
b	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use			

	below	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below		
	Did the eventualities have observed and discussion in deciding whather to make make to the fewering comparted	\Box	

		30	l		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use				
a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b ın Part I, answer (b) and (c) below				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections				
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support				

	to the foleigh supported organization was used exclusively for section 170(e)(2)(b) purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by		
	amendment to the organizing document)	5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its		

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Par	** Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
C-	ection B. Type I Supporting Organizations			
se	ection 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 of	ır 🗆	1.03	""
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa			
	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	1		
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? 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	2		
			•	•
Se	ection C. Type II Supporting Organizations		Yes	N.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of [res	No
1	were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	or		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
		1		
				•
Se	ection D. All Type III Supporting Organizations		Τ.,	
	Did the appropriate provide to each of the growth of account to the last the cold of the cold of the	,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of			
	Form 990 that was most recently filed as of the date of notification, and (III) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	<u> </u>	-	<u> </u>
2	Were any of the organization's officers directors or trustoes either (1) appointed or elected by the supported arrangement	n 1		
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? If "No," explain in Part VI how the organization	"		
	maintained a close and continuous working relationship with the supported organization(s)	<u> </u>		
_	Divinion of the valeting described in (2) did the surround of	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
	ection 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 instr	actions)		
a				
b				
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instru	ictions))
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? If "Yes," then in Part VI identify those supporte organizations and explain how these activities directly furthered their exempt purposes, how the organization was	3		
	responsive to those supported organizations, and how the organization determined that these activities constituted	<u> </u>		
	substantially all of its activities	2a		
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? 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	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.	of 3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	<u> </u>	1	
,	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		
		,	1	

-	Add lifles 1 till odgif 5			
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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		

d	Total (add lines 1a, 1b, and 1c)	1d	
е	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	

Schedule A (Form 990 or 990-EZ) (2016)

e Excess from 2016. . . .

Schedule A (hedule A (Form 990 or 990-EZ) 2016						
Part VI	Provide the explar lines 1, 2, 3b, 3c, line 1; Part IV, Se Section B, line 1e;	Iformation. Inations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section Ction D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this onal information. (See instructions).	C,				
Facts And Circumstances Test							
990 Scher	dule A, Supplemen	atal Information					
	urn Reference	Evplanation					

Return Reference Explanation

Schedule A, Part II, Line 10, Other Support - 2013 Amount \$ 4,741 2014 Amount \$ 277 2015 Amount \$ 2,165 2016 Amount \$ 1,627 Explanation of Other Income

Schedule A (Form 990 or 990-F7) 2016

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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.

2016

DLN: 93493088008158

Department of the Treasury
Internal Revenue Service

Inform

Name of the organization

(Form 990)

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

Open to Public Inspection

Pair	n Beach (County Food Bank Inc			90-078870	7	
Pa	rt I	Organizations Maintaining Donor Complete if the organization answere					
			(a) Donor advised fund	ds	(b)Funds	and other accou	unts
L	Tota	I number at end of year					
2	Aggr year	regate value of contributions to (during)					
3	Aggr	regate value of grants from (during year)					
1	Aggr	regate value at end of year					
5		e organization inform all donors and donor are the organization's property, subject to t			advised	□ Y	res 🗌 N
5	used c	e organization inform all grantees, donors, only for charitable purposes and not for the ring impermissible private benefit?	and donor advisors in writing benefit of the donor or donor	that grant funds ca advisor, or for any	an be other purpose	□ Y	∕es □ N
Pa	rt II	Conservation Easements. Complet	e if the organization answ	ered "Yes" on Fo	rm 990, Part	IV, line 7.	
L	Purpos	se(s) of conservation easements held by the	e organization (check all that	apply)			
	□ F	Preservation of land for public use (e g , rec	reation or education)	Preservation of	an historically in	mportant land a	rea
	□ F	Protection of natural habitat		Preservation of	a certified histor	rıc structure	
	□ F	Preservation of open space					
2		lete lines 2a through 2d if the organization linent on the last day of the tax year	neld a qualified conservation o	contribution in the			
а		number of conservation easements			2a Hele	d at the End of	the Year
b		acreage restricted by conservation easemen	ts		2b		
c		er of conservation easements on a certified		(a)	2c		
d		er of conservation easements included in (c ire listed in the National Register	acquired after 8/17/06, and	not on a historic	2d		
3	Numbe tax ye	er of conservation easements modified, transar ►	nsferred, released, extinguishe	ed, or terminated b	by the organizat	ion during the	
1	Numb	er of states where property subject to cons	ervation easement is located i	-	_		
5	Does t and er	the organization have a written policy regar nforcement of the conservation easements i	ding the periodic monitoring, t holds?	inspection, handlin	g of violations,	☐ Yes	□ No
5	Staff a	and volunteer hours devoted to monitoring,	ınspecting, handling of violati	ons, and enforcing	conservation e	asements durin	g the year
7	Amour ▶ \$	nt of expenses incurred in monitoring, inspe	ecting, handling of violations,	and enforcing cons	ervation easem	ents during the	year
3	Does 6	each conservation easement reported on lin	e 2(d) above satisfy the requi	rements of section	170(h)(4)(B)(ı)	
	and se	ection 170(h)(4)(B)(ii)?	, , , , , , , , , , , , , , , , , , , ,			Yes	□ No
•	balanc	t XIII, describe how the organization report ce sheet, and include, if applicable, the text ganization's accounting for conservation ea	of the footnote to the organiz			t, and	
ar	t III	Organizations Maintaining Collect Complete if the organization answere	•	•	ther Similar	Assets.	
La	art, hi	organization elected, as permitted under Si storical treasures, or other similar assets he le, in Part XIII, the text of the footnote to it	eld for public exhibition, educa	ation, or research ii	n furtherance of		
b	hıstorı	organization elected, as permitted under Si ical treasures, or other similar assets held fo ing amounts relating to these items					
((i) Reve	nue included on Form 990, Part VIII, line 1			▶ \$		
(i	i i) Asset:	s included in Form 990, Part X			▶ \$		
2		organization received or held works of art, ing amounts required to be reported under			nancıal gaın, pro	ovide the	
а		ue included on Form 990, Part VIII, line 1			▶ \$		
b	Assets	s included in Form 990, Part X			▶ \$		
01	0	ork Poduction Act Notice see the Inst	ustions for Form 000	Cat N	lo 52283D C	chodulo D (Eo	000\ 201

Par	t III	Organizations Mair	ntaining Col	lections o	f Art, H	Iistori	cal Tr	easu	ıres, or	Other	Similar A	Assets (c	ontınued	')
3		ig the organization's acquis is (check all that apply)	sition, accessioi	n, and other	records,	check	any of	the fo	llowing t	hat are a	significant	use of its	collectio	n
а		Public exhibition				d		Loan	or excha	ange prog	ırams			
b		Scholarly research				е		Othe	r					
С		Preservation for future g	enerations											
4		ride a description of the org XIII	ganızatıon's col	lections and	explain l	how the	ey furth	er the	e organız	ation's ex	kempt purp	oose in		
5		ng the year, did the organiets to be sold to raise funds									ular	☐ Yes	. D	No
Pa	rt IV	Escrow and Custoc Complete if the orga X, line 21.			" on For	m 990	, Part	IV, lı	ne 9, or	reporte	ed an amo			
1a		ne organization an agent, to uded on Form 990, Part X?	rustee, custodi	an or other	ıntermedi	ary for	contrib	oution	s or othe	er assets	not	☐ Yes	, [No
b	īf "∖	es," explain the arrangem	ent in Part XIII	and comple	ete the fo	llowing	table		Г			Amount		
c		inning balance	ent in rait Am	and comple	te the lo	nowing	table		ŀ	1c		Amount		
d	_	itions during the year							ŀ	1d				
е		ributions during the year							ŀ	1e				
f		ing balance							ŀ	1f				
2 a		the organization include ar	amount on Fo	rm 990 Par	t X line:	21 for	escrow	or cu	L Istodial a	ccount lia	ability?			
b		es," explain the arrangement			•						,	⊔ Yes 	_	No]
Pa	rt V	Endowment Funds	. Complete ıf	the organ	ızatıon a	nswer	ed "Ye	es" or	ı Form 🤄	990, Par	t IV, line	10.		
				(a)Curren	t year	(b) P	rıor year	-	(c)Two ye	ears back	(d)Three y	ears back	(e)Four y	ears back
	_	ning of year balance .												
		ibutions												
С	Net ır	nvestment earnings, gains,	and losses											
d	Grant	s or scholarships	•											
е		expenditures for facilities rograms												
f	Admır	nistrative expenses												
g	End o	f year balance												
2	Prov	ride the estimated percenta	age of the curre	ent year end	balance	(line 1	g, colur	nn (a))) held as	s				
а	Boai	rd designated or quasi-end	owment 🟲											
b	Pern	manent endowment 🟲												
С	Tem	porarily restricted endowm	nent 🟲											
	The	percentages on lines 2a, 2	b, and 2c shou	ld equal 100)%									
3а		there endowment funds no inization by	t in the posses	sion of the o	organızat	on that	t are he	eld an	d admini	stered fo	r the		Yes	s No
	(i) t	unrelated organizations .										3a		
b		related organizations . 'es" on 3a(II), are the relate		 ns listed as r	equired o	 on Sche	dule R	· .	· · ·			. 3a		
4	Des	cribe in Part XIII the intend	led uses of the	organizatio	n's endov	vment f	unds							
Pa	rt VI	, ,			_									
	Desc	Complete if the orga	(a) Cost or oth (investme	ner basis	(b)Cost			_			m 990, Pa epreciation		10. d) Book va	ilue
1a	Land													
b	Buıldı	ngs												
c	Lease	hold improvements					11	3,448			41,290			72,158
d	Equip	ment					81	9,010			474,574			344,436
е	<u>Other</u>	·					2	4,914			1,655	;		23,259
Tota	Δda	l lines 1a through 1e (Colu	mn (d) must a	gual Form 9	90 Part	X colur	nn (R)	line 1	10(c))		•			420.052

Part VII Investments—Other Securities. Complete if the orga See Form 990, Part X, line 12.	ınızatıon answer	ed 'Yes' on Form 99	0, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		od of valuation f-year market value
)Financial derivatives			
)Other	_		
)			
)			
)			
tal. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	124	
Investments—Program Related. Complete if the org See Form 990, Part X, line 13.	ganization answe	ered 'Yes' on Form S	990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Meth Cost or end-c	od of valuation of-year market value
)			
)			
5)			
)			
)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Other Assets. Complete if the organization answered 'Yes' or (a) Description	n Form 990, Part 1	IV, line 11d See Form	990, Part X, line 15 (b) Book value
.)			
)			
)			
)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 15)			. •
Part X Other Liabilities. Complete if the organization answere See Form 990, Part X, line 25.		· · · · · · · · · · · · · · · · · · ·	.1e or 11f.
(a) Description of liability) Federal income taxes	(b) Book	< value	
,			
apital Lease		109,361	
)			
)			
)			
tal. (Column (b) must equal Form 990, Part X, col (B) line 25)	 	109,361	

Net unrealized gains (losses) on investments . . . 2a а Donated services and use of facilities . 2b b 2c c

Recoveries of prior year grants . . . Other (Describe in Part XIII) . . 2d d е Add lines 2a through 2d . . .

Subtract line 2e from line 1 . Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b.

Other (Describe in Part XIII) b Add lines 4a and 4b . . .

4 5

Total expenses and losses per audited financial statements .

Donated services and use of facilities .

Prior year adjustments . . .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Other (Describe in Part XIII)

Supplemental Information

Schedule D (Form 990) 2016

Part XI

3

1

2

а b

d

е 3

а

b

C

Part XIII

5

4

Part XII

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

4a

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

4b Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2a

2b

2c

2d

4b

Explanation

4c Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

46.847

2e

3

4c

5

46.847

2e

3

Page 4

46,847

9,967,204

9,967,204

10,205,065

46,847

10.158.218

10,158,218

Schedule D (Form 990) 2015

10,014,051

Page 5	Schedule D (Form 990) 2015
tinued)	Part XIII Supplemental Information (co
Explanation	Return Reference

Schedule D (Form 990) 2016

Additional Data

Software ID:

Software Version:

EIN: 90-0788707

Name: Palm Beach County Food Bank Inc

Supplemental Information

Return Reference	Explanation
Part X, Line 2	The Food Bank is a not-for-profit corporation that is exempt from income taxes under the I nternal Revenue Code Section 501(c)(3) and comparable state law as a charitable organizati on, whereby only unrelated business income, as defined by Internal Revenue Code Section 50 9(a)(1) is subject to federal income tax. The Food Bank currently has no unrelated busines income and, accordingly, no provision for income taxes has been recorded. The Food Bank follows FASB ASC 740-10, Accounting for Uncertainty in Income Taxes. This pronouncement se eks to reduce the diversity in practice associated with certain aspects of measurement and recognition in accounting for income taxes. It prescribes a recognition threshold and mea surement attribute for financial statement recognition and measurement of a tax position that an entity takes or expects to take in a tax return. An entity may only recognize or continue to recognize tax positions that meet a "more likely than not" threshold. The Food B ank assesses its income tax positions based on management's evaluation of the facts, circumstances and information available at the reporting date. The Food Bank uses the prescribe d "more likely than not" threshold when making its assessment. There are currently no open federal or state income tax years under audit.

Supplemental Information	
Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	Direct Special Event Expenses 46,847

S

Supplemental Information	
Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	Direct Special Event Expenses 46,847

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493088008158 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **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 Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number** Name of the organization Palm Beach County Food Bank Inc 90-0788707 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations 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 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 (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No

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

Total

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. (c)Other events (a)Event #1 (b) Event #2 (d) Total events **Empty Bowls-Empty Bowls-Palm** (add col (a) through Delray Beach (total number) col (c)) Revenue (event type) (event type) 1 Gross receipts. 126,859 70,414 44,275 241,548 2 Less Contributions. 70,000 21,875 41,250 133,125 3 Gross income (line 1 minus 56,859 48,539 3,025 line 2) 108,423 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment Other direct expenses 42,623 2,791 1,432 46,846 10 Direct expense summary Add lines 4 through 9 in column (d) 46,846 11 Net income summary Subtract line 10 from line 3, column (d) . . . 61,577 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

Sche	dule G (Form 990 or 990-EZ) 2016					F	age					
11	Does the organization conduct gaming	j activities with nonmember:	s?		☐Yes	□No						
12	Is the organization a grantor, benefici- formed to administer charitable gamin		member of a partnership or other entity		□Yes	□No						
13	Indicate the percentage of gaming act	ivity conducted in										
а	The organization's facility			13a								
b	An outside facility			13b			(
14	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events books and re	cords								
	Name •											
	Address >											
15a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		□Yes	□No						
b			anization 🕨 \$ and th	e								
	amount of gaming revenue retained b	y the third party $ hildsymbol{\blacktriangleright}$ \$										
С	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											
а	,	te law to make charitable di	stributions from the gaming proceeds to		_							
_	retain the state gaming license?				☐ Yes	□No						
b	·		uted to other exempt organizations or spent									
В-	in the organization's own exempt activ			- (···) -	and (\. n	ad Dawt						
Pal		l5c, 16, and 17b, as app	cions required by Part I, line 2b, column licable. Also complete this part to provid									
	Return Reference		Explanation									
			<u>'</u>	ule G (F	orm 990 or	990-EZ)	201					

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493088008158 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) **2016** Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer Identification number** Palm Beach County Food Bank Inc 90-0788707 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eliqibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant ıf applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance other) or government assistance See Additional Data Table (1)(2)(3)(4)

(6)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Page 2

Schedule I (Form 990) 2016

Food supplies purchased for direct distribution to the needy (1)

(4)

(5)

(6) (7)

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

The organization awards assistance based upon the mission of the recipient organization and its history of achieving its program objectives

Explanation

Schedule I (Form 990) 2016

(2)

(3)

Part IV

Part I, Line 2

Return Reference

Additional Data

West Palm Beach, FL 33415

AHOP A Way Community

2036 North Dixie Highway West Palm Beach, FL 33407

Outreach

Software ID: Software Version:

46-2946422

EIN: 90-0788707

501(C)(3)

Name: Palm Beach County Food Bank Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or aovernment assistance A Place Called Hope Outreach 02-0579135 501(C)(3) 17,304 Number of Pounds of Food Supplies Unrestricted Support of the Assemblies of God Food X \$1 67/lb 760 South Military Trail

7,519 Number of Pounds of

Food X \$1 67/lb

Food Supplies

Unrestricted Support

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-2486620 501(C)(3) 20,674 Number of Pounds of Food Supplies Unrestricted Support Aid to Victims of Domestic Food X \$1 67/lb

Abuse (AVDA) 2905 South Federal Highway Delray Beach, FL 33483 Food Supplies Alliance Primitive Ministries Inc. 20-4529084 501(C)(3) 32.948 Number of Pounds of Unrestricted Support

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

2411 North Federal Highway

Delray Beach, FL 33483

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 47-2851445 501(C)(3) 32.606 Number of Pounds of Food Supplies Unrestricted Support Food X \$1 67/lb

Arms of Hope Community Inc 1512 Wing Field Street Lake Worth, FL 33460

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

Palm Springs, FL 33461

Art and Compassion Inc 06-1730441 501(C)(3) 45,252 Number of Pounds of Food Supplies Unrestricted Support 5601 Waterview Circle Food X \$1 67/lb

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 65-0950530 501(C)(3) 16.931 Number of Pounds of Food Supplies Unrestricted Support Barton ElementaryFor the Children Food X \$1 67/lb 1700 Barton Road Lake Worth, FL 33460 Be Encouraged in the Word 57-1201241 501(C)(3) 28.480 Number of Pounds of Food Supplies Unrestricted Support

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

Ministries Inc

521 N Federal Highway Boynton Beach, FL 33435

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Bethany Baptist Church of the 02-0553057 501(C)(3) 66,827 Number of Pounds of Food Supplies Unrestricted Support Food X \$1 67/lb

Palm Beaches 6353 Wallis Road West Palm Beach, FL 33413

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

Bethel Church of God Inc.

Lake Worth, FL 33461

Food Supplies 01-0553917 501(C)(3) 29.211 Number of Pounds of Unrestricted Support 4610 Luzon Ave Food X \$1 67/lb

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Bethel Evangelical Church 65-0239870 501(C)(3) 47.904 Number of Pounds of Food Supplies Unrestricted Support 5780 Atlantic Ave Food X \$1 67/lb

90,898 Number of Pounds of

Food X \$1 67/lb

Food Supplies

Unrestricted Support

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

501(C)(3)

Delray Beach, FL 33484
Boca Helping Hands Inc

1500 NW 1st Court

Boca Raton, FL 33432

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Bright Star Church 45-4747565 501(C)(3) 46,111 Number of Pounds of Food Supplies Unrestricted Support Food X \$1 67/lb

International 4645 Gun Club Rd West Palm Beach, FL 33415

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

Riviera Beach, FL 33404

Food Supplies Catholic Charities-St Francis 59-2470479 501(C)(3) 11.673 Number of Pounds of Unrestricted Support 100 W 20th Street Food X \$1 67/lb

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 59-2470479 501(C)(3) 23.800 Number of Pounds of Food Supplies Unrestricted Support Food X \$1 67/lb

Catholic Charities-St Marv's 1200 East Main St Pahokee, FL 33476

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

Riviera Beach, FL 33404

Children's Outreach Inc. 36-4737341 501(C)(3) 8,019 Number of Pounds of Food Supplies Unrestricted Support 1608 Broadway Ave Food X \$1 67/lb

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-0900460 501(C)(3) 30.348 Number of Pounds of Food Supplies Church by the Glades-Lake Unrestricted Support Worth Food X \$1 67/lb 127 South M Street Lake Worth, FL 33460

Worth
127 South M Street
Lake Worth, FL 33460

Church of the Harvest (Glades Area Pantry)
397 E Main Street

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

Pahokee, FL 33476

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance CIDRA 26-4732554 501(C)(3) 11.470 Number of Pounds of Food Supplies Unrestricted Support 865 S Congress Ave Food X \$1 67/lb Palm Springs, FL 33406

45,885 Number of Pounds of

Food X \$1 67/lb

Food Supplies

Unrestricted Support

Club 100 Charities Inc.

425 Crescent Drive Lake Park, FL 33403 20-3929694

501(C)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Coalition for Independent 65-0174695 501(C)(3) 5.078 Number of Pounds of Food Supplies Unrestricted Support Living Options (CILO) Food X \$1 67/lb

6800 Forest Hill Blvd Greenacres, FL 33413 65-0564305 501(C)(3) 22.090 Number of Pounds of Food Supplies Community Care-Giving

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

Royal Palm Beach, FL 33411

Unrestricted Support Ministry Inc Food X \$1 67/lb 1128 Royal Palm Beach Blvd

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance Community Caring Center of 65-0447796 501(C)(3) 24,336 Number of Pounds of Food Supplies Unrestricted Support

Greater Boynton Beach 145 NE 4th Avenue Boynton Beach, FL 33435				Food X \$1 6//Ib		
Community of Hope (formerly Good Shepherd)	36-2167731	501(C)(3)	,	Number of Pounds of Food X \$1 67/lb	Food Supplies	Unrestricted Support

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

2341 S Military Trail West Palm Beach, FL 33415

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance Covenant Centre International 65-0338166 501(C)(3) 9.645 Number of Pounds of Food Supplies Unrestricted Support (CCI) Food X \$1 67/lb 9153 Roan Lane Palm Beach Gardens, FL 33403

Food Supplies

Unrestricted Support

63,659 Number of Pounds of

Food X \$1 67/lb

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

501(C)(3)

CROS Caring Kitchen

Delray Beach, FL 33444

196 NW 8th Ave

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance CROS Delray Beach Pantry 59-1802917 501(C)(3) 34.601 Number of Pounds of Food Supplies Unrestricted Support Food X \$1 67/lb 141 SW 12th Ave Delray Beach, FL 33444

49,514 Number of Pounds of

Food X \$1 67/lb

Food Supplies

Unrestricted Support

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

501(C)(3)

CROS Lake Worth Food Pantry

1615 Lake Ave

Lake Worth, FL 33460

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 59-1802917 501(C)(3) 17.836 Number of Pounds of Food Supplies Unrestricted Support CROS Riviera Beach Food Pantry Food X \$1 67/lb 2051 Martin Luther King Blvd Riviera Beach, FL 33404 80-0167886 501(C)(3) 39.524 Number of Pounds of Food Supplies Dot and Ruby Helping Hand Unrestricted Support

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

Program 1140 NE 18th ST Belle Glade, FL 33430

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Eglise Chretienne Haitienne De 65-0516893 501(C)(3) 18,719 Number of Pounds of Food Supplies Unrestricted Support Food X \$1 67/lb Palm Beach Inc

300 N Jog Road
West Palm Beach, FL 33413

Eglise de Dieu de Beree 65-0909304 501(C)(3)

25,641 Number of Pounds of Food Supplies Unrestricted Support

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

4731 W Atlantic Ave Ste B-4

Delray Beach, FL 33445

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Eglise De La Mission Semence 26-3461687 501(C)(3) 46.209 Number of Pounds of Food Supplies Unrestricted Support Food X \$1 67/lb 508 N G St Lake Worth, FL 33460 Eglise la Bonne Nouvelle de 46-1141332 501(C)(3) 31.313 Number of Pounds of Food Supplies Unrestricted Support

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

Jesus Christ

5906 Hypoluxo Road Lake Worth, FL 33463

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance FI Sol 01-0870672 501(C)(3) 25.399 Number of Pounds of Food Supplies Unrestricted Support Food X \$1 67/lb

106 Military Trail Jupiter, FL 33458

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

West Palm Beach, FL 33411

Estella's Brilliant Bus 30-0493352 501(C)(3) 20,349 Number of Pounds of Food Supplies Unrestricted Support 1701 Skees Road Food X \$1 67/lb

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Estella's Brilliant Bus at 30-0493352 501(C)(3) 42,546 Number of Pounds of Food Supplies Unrestricted Support Labacida Food X \$1 67/lb 09

Food Supplies

Unrestricted Support

51.243 Number of Pounds of

Food X \$1 67/lb

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

501(C)(3)

Lakesiae	
2156 Okeechobee Blv	′d
West Palm Beach, FL	334

819 Washington Street

Lake Worth, FL 33460

65-1012365

Extended Arm Inc.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 03-0484951 501(C)(3) 89.435 Number of Pounds of Food Supplies Extended Hands Community Unrestricted Support Outreach Inc Food X \$1 67/lb 540 Cheerful Street West Palm Beach, FL 33407 Farmworker Coordinating 59-1830267 501(C)(3) 45.649 Number of Pounds of Food Supplies Unrestricted Support Council of Belle Glade Food X \$1 67/lb

233 W Ave A Belle Glade, FL 33430

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 501(C)(3) 31,991 Number of Pounds of Food Supplies Unrestricted Support Farmworker Coordinating 59-1830267 Food X \$1 67/lb Council of Lake Worth 1123 Crestwood Blvd Lake Worth, FL 33460

Food Supplies

Unrestricted Support

297.447 Number of Pounds of

Food X \$1 67/lb

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

501(C)(3)

Feeding the Hungry 1

1651 62nd Ave South

West Palm Beach, FL 33415

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance First Baptist Church of Lantana 59-1381873 501(C)(3) 34.277 Number of Pounds of Food Supplies Unrestricted Support Food X \$1 67/lb

1126 Lantana Rd Lantana, FL 33462 First Christian Church of 26-2899437 501(C)(3) 50.846 Number of Pounds of Food Supplies Unrestricted Support Galilee Inc. Food X \$1 67/lb 403 NE 6th Ave

Boynton Beach, FL 33435

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 65-1042584 501(C)(3) 59.215 Number of Pounds of Food Supplies First Foundation of Apostles Unrestricted Support Church Food X \$1 67/lb Unrestricted Support

135 NF 7th Ave Boynton Beach, FL 33435 First Seventh Day Adventist 65-0181052 501(C)(3) 59.470 Number of Pounds of Food Supplies Church of West Palm Beach Food X \$1 67/lb

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

6300 Summit Blvd West Palm Beach, FL 33415

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 59-2242689 501(C)(3) 7.697 Number of Pounds of Food Supplies Florida Department of Health Unrestricted Support (FLDOH)-Delray Beach Food X \$1 67/lb Unrestricted Support

225 S Congress Ave Delray Beach, FL 33445 80-0139607 501(C)(3) 47.998 Number of Pounds of Food Supplies God's Army Raising Youth (GARY Foundation) Food X \$1 67/lb

5139 Woodstone Circle Fast Lake Worth, FL 33463

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance God's Stone Tabernacle 27-2971819 501(C)(3) 26.995 Number of Pounds of Food Supplies Unrestricted Support Ministries Food X \$1 67/lb 601 Covenant Drive Belle Glade, FL 33430

73.023 Number of Pounds of

Food X \$1 67/lb

Food Supplies

Unrestricted Support

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

501(C)(3)

Good Samaritan Alliance

425 NE 10th Ave Boynton Beach, FL 33435

Church of Boynton Beach

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Gospel Prayer Band Church 65-0571285 501(C)(3) 27.529 Number of Pounds of Food Supplies Unrestricted Support Food X \$1 67/lb

Gospel Prayer Band Church
420 Martin Luther King Blvd
South Bay, FL 33493

Hacer Ministry Corp

27,529 Number of Pounds of Food Supplies

Unrestricted Support
Food X \$1 67/lb

Unrestricted Support
Food Supplies

Unrestricted Support
Food Supplies

Unrestricted Support
Food Supplies

Unrestricted Support
Food Supplies

Unrestricted Support

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

2727 Georgia Ave

West Palm Beach, FL 33405

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 06-1639076 501(C)(3) 49.559 Number of Pounds of Food Supplies Haitian Pentecostal Church Unrestricted Support 428 Martin Luther King Jr Blvd Food X \$1 67/lb Boynton Beach, FL 33435

30,482 Number of Pounds of

Food X \$1 67/lb

Food Supplies

Unrestricted Support

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

501(C)(3)

Heart of Gold Christian Temple

West Palm Beach, FL 33407

5503 Broadway

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 27-5061496 501(C)(3) 23,719 Number of Pounds of Food Supplies Unrestricted Support Heart of Victory Community Food X \$1 67/lb Worship Center

2000 N Florida Mango Road West Palm Beach, FL 33409 Food Supplies 45-5356622 501(C)(3) 39.252 Number of Pounds of Unrestricted Support

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

Helping Hand Outreach 2300 Palm Beach Lakes Blvd

West Palm Beach, FL 33409

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 26-2931548 501(C)(3) 26.705 Number of Pounds of Food Supplies Unrestricted Support Helping Hands Assistance Program Inc Food X \$1 67/lb 2930 S Joa Rd Greenacres, FL 33467 Holy Name of Jesus Food 59-0853395 501(C)(3) 57.762 Number of Pounds of Food Supplies Unrestricted Support

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

Pantry

345 S Military Trail West Palm Beach, FL 33415

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance Iglesia Bautista Central de 65-0784729 501(C)(3) 18.480 Number of Pounds of Food Supplies Unrestricted Support Greenacres Inc Food X \$1 67/lb 200 Swain Blvd Greenacres, FL 33463

55.780 Number of Pounds of

Food X \$1 67/lb

Food Supplies

Unrestricted Support

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

501(C)(3)

Impacting Worldwide

Evangelistic Ministry

521 Belvedere Road West Palm Beach, FL 33405

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Inlet Grove High School 115 7.267 Number of Pounds of Food Supplies Unrestricted Support 20-0350216 Food X \$1 67/lb 600 W 28th Street Riviera Beach, FL 33404

JAY (Jesus and You) Outreach 65-0452075 501(C)(3) 98,620 Number of Pounds of Food Supplies Unrestricted Support Ministres Inc. Food X \$1 67/lb

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

2831 Avenue S

Riviera Beach, FL 33404

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Jacobson Family Food Pantry 65-1115689 501(C)(3) 5,468 Number of Pounds of Food Supplies Unrestricted Support

JFS				Food X \$1 67/lb		
430 S Congress Ave 1-C						
Delray Beach, FL 33445						
Jeff Industries Inc	59-2516157	501(C)(3)	19,387	Number of Pounds of	Food Supplies	Unrestricted Support

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

113 East Coast Ave

Hypoluxo, FL 33462

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance John 316 Evangelical Baptist 65-0575865 501(C)(3) 28.279 Number of Pounds of Food Supplies Unrestricted Support Food X \$1 67/lb Church 620 Blue Bird Dr

Church
620 Blue Bird Dr
Delray Beach, FL 33444

Joy of Living 46-2014964 501(C)(3)
465 North Haverhill Rd

Food X \$1 67/lb

B, 255 Number of Pounds of Food Supplies Unrestricted Support Food X \$1 67/lb

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

West Palm Beach, FL 33415

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Lakocido Unitod Mothodist 59-1109353 E01(C)(3) 15 367 Number of Pounds of Food Supplies Unrestricted Support

Church Inc 1801 12th Ave South Lake Worth, FL 33461	33 1103333	301(0)(3)		Food X \$1 67/lb	. Составренов	omestricted Support
Liberty Movement Ministry	27-8049384	501(C)(3)	79,782	Number of Pounds of	Food Supplies	Unrestricted Support

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

2501 Bristol Road

West Palm Beach, FL 33409

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Martha's Kitchen 23-6393377 501(C)(3) 12.872 Number of Pounds of Food Supplies Unrestricted Support 231 North Federal Highway Food X \$1 67/lb Lake Worth, FL 33460

40,069 Number of Pounds of

Food X \$1 67/lb

Food Supplies

Unrestricted Support

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

501(C)(3)

Meriolynn Foundation Inc

Delray Beach, FL 33445

160 Congress Park Dr

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 41-2025538 501(C)(3) 41.426 Number of Pounds of Food Supplies Unrestricted Support Metropolitan Community Church of the Palm Beaches Food X \$1 67/lb

4857 Northlake Blvd Palm Beach Gardens, FL 33418						
More Than Conquerors Ministries	58-2116261	501(C)(3)		Number of Pounds of Food X \$1 67/lb	Food Supplies	Unrestricted Support

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

7071 Garden Road Riviera Beach, FL 33404

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance National Church of God 59-2201186 501(C)(3) 5.364 Number of Pounds of Food Supplies Unrestricted Support 1129 West Silver Beach Road Food X \$1 67/lb Riviera Beach, FL 33404

27,749 Number of Pounds of

Food X \$1 67/lb

Food Supplies

Unrestricted Support

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

501(C)(3)

Nelson's Outreach MinistriesIncl

1253 10th Street Lake Park, FL 33403

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance New Birth Deliverance Baptist 65-0269611 501(C)(3) 15,479 Number of Pounds of Food Supplies Unrestricted Support C--- V 41 C7/IL

Food X \$1 67/lb

Church				F000 X \$1 6//ID		
1650 S Main St						
Belle Glade, FL 33430						
Oasis Compassion Agency	65-0946248	501(C)(3)	47,208	Number of Pounds of	Food Supplies	Unrestricted Support

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

Oasis Compassion Agency 4872 10th Ave North

Greenacres, FL 33463

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 33-1161623 501(C)(3) 19.020 Number of Pounds of Food Supplies Omnipotent Outreach Unrestricted Support Food X \$1 67/lb

Ministries Inc 3209 N Autralian Ave West Palm Beach, FL 33407 Our Support for Children In 75-3238083 501(C)(3) 62.939 Number of Pounds of Food Supplies Unrestricted Support Need Inc Food X \$1 67/lb

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

229 SE 2nd Ave Delray Beach, FL 33483

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Palm Beach Recovery Coalition I 51-0608130 501(C)(3) 18.884 Number of Pounds of Food Supplies Unrestricted Support 311 N Federal Hwy Food X \$1 67/lb Lake Worth, FL 33460

60,434 Number of Pounds of

Food X \$1 67/lb

Food Supplies

Unrestricted Support

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

501(C)(3)

Pathway to Prosperity Inc

Boynton Beach, FL 33435

900 N Seacrest Blvd

27-3550271

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 59-1084179 501(C)(3) 38.317 Number of Pounds of Food Supplies Program REACH Unrestricted Support 1318 Henrietta Ave Food X \$1 67/lb West Palm Beach, FL 33401

54,457 Number of Pounds of

Food X \$1 67/lb

Food Supplies

Unrestricted Support

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

501(C)(3)

Redemptive Life Fellowship Inc |

4431 Embarcadero Drive

West Palm Beach, FL 33407

65-0286937

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance Revival Community Outreach 30-0686477 501(C)(3) 53.157 Number of Pounds of Food Supplies Unrestricted Support Ministries Food X \$1 67/lb 59-1563158 28.199 Number of Pounds of Food Supplies Unrestricted Support

1144 W 6th Street Riviera Beach, FL 33404 Royal Palm Covenant Food 501(C)(3) Food X \$1 67/lb Pantry

650 Roval Palm Beach Blvd Royal Palm Beach, FL 33411

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance Salem Haitian Evangelical 65-0531379 501(C)(3) 8.766 Number of Pounds of Food Supplies Unrestricted Support Lutheran Church Food X \$1 67/lb 1020 S Dixie Highway Lake Worth, FL 33460 Seagull Academy for 59-1879968 501(C)(3) 9.466 Number of Pounds of Food Supplies Unrestricted Support Independent Living (SAIL) Food X \$1 67/lb

6250 North Military Trail Riviera Beach, FL 33407

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 90-0410257 501(C)(3) 24,466 Number of Pounds of Food Supplies Unrestricted Support Shammah Baptist Worship Food X \$1 67/lb Center 3812 Jog Road Greenacres, FL 33467

Food Supplies

Unrestricted Support

5.039 Number of Pounds of

Food X \$1 67/lb

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

501(C)(3)

Shiloh SDA Church

4968 Cyprus Lane

West Palm Beach, FL 33417

52-0643036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Siloe Baptist Church of West 65-0852817 501(C)(3) 29,630 Number of Pounds of Food Supplies Unrestricted Support Food X \$1 67/lb Palm Beach 1527 North Haverhill Road

Food X \$1 67/lb

1527 North Haverhill Road
West Palm Beach, FL 33417

St Ann Church 59-6001732 501(C)(3) 33,334 Number of Pounds of Food Supplies Unrestricted Support

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

310 N Olive Ave

West Palm Beach, FL 33401

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance St George's Center Inc 59-1318856 501(C)(3) 66.270 Number of Pounds of Food Supplies Unrestricted Support 21 W 22nd Street Food X \$1 67/lb Riviera Beach, FL 33404

35,666 Number of Pounds of

Food X \$1 67/lb

Food Supplies

Unrestricted Support

St Mary Catholic Church

1200 Fast Main Street

Pahokee, FL 33476

59-2438903

501(C)(3)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 59-2328790 501(C)(3) 36.189 Number of Pounds of Food Supplies St Mary Coptic Orthodox Unrestricted Support Church Food X \$1 67/lb 15450 Lyons Road Delray Beach, FL 33446 St Paul of the Cross Catholic 53-0196617 501(C)(3) 6.652 Number of Pounds of Food Supplies Unrestricted Support Church and SVDP Food X \$1 67/lb

10970 Jack Nicklaus Drive North Palm Beach, FL 33408

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance St Peter's Catholic Church 65-0012587 501(C)(3) 24.797 Number of Pounds of Food Supplies Unrestricted Support 1701 Indian Creek Pkwy Food X \$1 67/lb Jupiter, FL 33458

32,360 Number of Pounds of

Food X \$1 67/lb

Food Supplies

Unrestricted Support

St Rita's Catholic Church

4759 S Congress Ave Lake Worth, FL 33461 59-2290631

501(C)(3)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance The Arc of the Glades 59-1760374 501(C)(3) 48.583 Number of Pounds of Food Supplies Unrestricted Support Food X \$1 67/lb 4250 NW 16th St Belle Glade, FL 33430

The Divine Church of God of 27-0482257 501(C)(3) 34,655 Number of Pounds of Food Supplies Unrestricted Support Food X \$1 67/lb Prophecy 2845 N Military Trail

West Palm Beach, FL 33409

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance The Life Center of Palm Beach 27-5483887 501(C)(3) 33.377 Number of Pounds of Food Supplies Unrestricted Support County Inc Food X \$1 67/lb Unrestricted Support

1136 W 10th St Riviera Beach, FL 33404 The Lord's Place - Family 59-2240502 501(C)(3) 22.407 Number of Pounds of Food Supplies Food X \$1 67/lb Campus

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

4964 Wedgewood Way West Palm Beach, FL 33417

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 59-2240502 501(C)(3) 25.842 Number of Pounds of Food Supplies The Lord's Place - Men's Unrestricted Support Food X \$1 67/lb 59-2240502 9.237 Number of Pounds of Food Supplies Unrestricted Support

Campus 1750 NF 4th Street Boynton Beach, FL 33435 The Lord's Place - Women's 501(C)(3)

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

Lake Worth, FL 33460

Food X \$1 67/lb Campus 711 S 1 Street

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance The Rock Ministries Inc. 03-0413083 501(C)(3) 27.633 Number of Pounds of Food Supplies Unrestricted Support 200 Dorothy Wilford Cir Food X \$1 67/lb

124,875 Number of Pounds of

Food X \$1 67/lb

Food Supplies

Unrestricted Support

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

501(C)(3)

Belle Glade, FL 33430
The Soup Kitchen

8645 W Boynton Beach Blvd

Boynton Beach, FL 33472

59-2628415

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance The Valley of Love Ministries 41-2273650 501(C)(3) 49.976 Number of Pounds of Food Supplies Unrestricted Support Food X \$1 67/lb 1901 Broadway Riviera Beach, FL 33404

8,161 Number of Pounds of

Food X \$1 67/lb

Food Supplies

Unrestricted Support

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

501(C)(3)

59-1276272

The Way Cafe

3730 Kirk Road

Lake Worth, FL 33461

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-1726789 501(C)(3) 12,673 Number of Pounds of Food Supplies Trinity United Methodist Unrestricted Support Food X \$1 67/lb Church

Food X \$1 67/lb

1401 9th Street West Palm Beach, FL 33401 Food Supplies 30-0194610 501(C)(3) 51.432 Number of Pounds of Unrestricted Support

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

True Fast Outreach Ministries 638 6th Street

West Palm Beach, FL 33401

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 65-0287465 501(C)(3) 98.034 Number of Pounds of Food Supplies Unrestricted Support United Haitian Baptist Food Food X \$1 67/lb

Ministry 2015 Parker Ave West Palm Beach, FL 33401 Village Baptist Church (Feed 59-0766989 501(C)(3) 182.192 Number of Pounds of Food Supplies Unrestricted Support the Hungry) Food X \$1 67/lb

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

3600 Village Blvd

West Palm Beach, FL 33407

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Unrestricted Support

Food X \$1 67/lb

Villages of Hope 501(C)(3) 18.622 Number of Pounds of Food Supplies 20-4591024

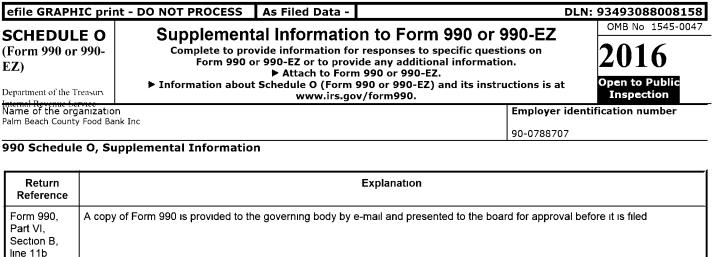
Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3551 Burma Circle

Lake Park, FL 33403

DLN: 93493088008158 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2016 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Palm Beach County Food Bank Inc 90-0788707 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line Art—Works of art . . 2 Art—Historical treasures Art-Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . 8 Intellectual property Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . Qualified conservation contribution-Historic structures 14 Qualified conservation contribution—Other . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles . . Food inventory . . . 7,691,404 Wholesale market value 19 20 Drugs and medical supplies 21 Taxidermy . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . Other ▶ (______ **26** Other ▶ (___ Other ► (_____ 27 Other ► (___ 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 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 Nο 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? Nο 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2016) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2016)						
Part II Supplemental Info						
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					
	Schedule M (Form 990) (2016)					



Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section B,
Inne 12c

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section B,
Inne 15a

The organization's compensation determination method is based on a review of published sal ary surveys. The Executive Director's salary is approved by the board of directors.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C.	The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request
line 19	

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part XII, Line
The audit report is evaluated annually at the audit report review meeting as presented by the independent auditor. The process has not changed from the prior year.