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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Palm Beach County Food Bank Inc

Doing business as

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

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

D Employer identification number
90-0788707

E Telephone number
(561) 670-2518

G Gross receipts $ 23,747,266

F Name and address of principal officer:
James Greco
525 Gator Drive
Lantana, FL 33462

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www.pbcfoodbank.org

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

L Year of formation: 2012

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
The Food Bank distributed over 10 Mil pounds of food to over 145 agencies in Palm Beach County.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	31
6	Total number of volunteers (estimate if necessary)	**6**	3,368
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	11,727,726	23,693,969
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,262	834
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,600	16,134
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,743,064	23,710,937
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,388,285	16,771,947
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,260,385	1,374,087
16a	Professional fundraising fees (Part IX, column (A), line 11e)	314,477	350,449
b	Total fundraising expenses (Part IX, column (D), line 25) ▶560,950		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,072,630	1,380,519
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	11,035,777	19,877,002
19	Revenue less expenses. Subtract line 18 from line 12	707,287	3,833,935

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,798,962	6,946,803
21	Total liabilities (Part X, line 26)	225,649	539,555
22	Net assets or fund balances. Subtract line 21 from line 20	2,573,313	6,407,248

Part II Signature Block

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

Sign Here

****** 2020-10-30
Signature of officer Date

James Greco Interim CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P01366363

Firm's name ▶ Holyfield & Thomas LLC — Firm's EIN ▶ 65-1083521

Firm's address ▶ 125 Butler Street, West Palm Beach, FL 33407 — Phone no. (561) 689-6000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 19,165,523 including grants of $ 16,771,947) (Revenue $)

See Additional Data

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

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

4d Other program services (Describe in Schedule O.)

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

4e **Total program service expenses** ▶ 19,165,523

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	11		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 31				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**	Yes		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		No	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**		No	
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**		No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		No	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		No	
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**		No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . **10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**				
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders **11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**				
c	Enter the amount of reserves on hand **13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		No	
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.	**15**		No	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.	**16**		No	

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	14		
	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**	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶Yanet Campbell-Saunders 525 Gator Dr Lantana, FL 33462 (561) 670-2518

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Marti LaTour Chairman	1.00	X		X				0	0	0
(2) William Kramer Treasurer	1.00	X		X				0	0	0
(3) Mark Busse Secretary	1.00	X		X				0	0	0
(4) James Greco Director	1.00	X						0	0	0
(5) Shelly Himmelrich Director	1.00	X						0	0	0
(6) Glenn Milspaugh Director	1.00	X						0	0	0
(7) Deborah Pucillo Director	1.00	X						0	0	0
(8) Jonathon Kahn Director	1.00	X						0	0	0
(9) Laura Russell Director	1.00	X						0	0	0
(10) Rev Kimberly Still Director	1.00	X						0	0	0
(11) Shandra Stringer Director	1.00	X						0	0	0
(12) Rev Dr Cecily Titcomb Director	1.00	X						0	0	0
(13) Gary Woodfield Director	1.00	X						0	0	0
(14) Billy Himmelrich Director	1.00	X						0	0	0
(15) Karen Erren Executive Director	40.00			X				143,827	0	8,197

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								143,827	0	8,197

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	324,109			
	b Membership dues	1b				
	c Fundraising events	1c	134,040			
	d Related organizations	1d				
	e Government grants (contributions)	1e	587,772			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	22,648,048			
	g Noncash contributions included in lines 1a - 1f: $	1g	16,562,885			
	h **Total.** Add lines 1a-1f		23,693,969			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		834			834
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ 134,040 of contributions reported on line 1c). See Part IV, line 18	8a	52,027			
	b Less: direct expenses	8b	36,329			
	c Net income or (loss) from fundraising events		15,698			15,698
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a Other Income	900099	436			436
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		436			
	12 **Total revenue.** See instructions		23,710,937	0	0	16,968

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,807,146	15,807,146		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	964,801	964,801		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	145,546	58,218	43,664	43,664
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	1,031,439	940,343	44,682	46,414
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,595	4,793	397	405
9 Other employee benefits	101,432	88,681	6,303	6,448
10 Payroll taxes	90,075	77,169	6,391	6,515
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	17,250	14,778	1,224	1,248
d Lobbying				
e Professional fundraising services. See Part IV, line 17	350,449			350,449
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)	206,821	182,438	10,191	14,192
12 Advertising and promotion	62,708			62,708
13 Office expenses	107,440	92,046	7,623	7,771
14 Information technology	36,187	31,002	2,568	2,617
15 Royalties				
16 Occupancy	280,032	244,876	20,628	14,528
17 Travel	10,102	8,654	717	731
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,069	11,197	927	945
20 Interest	5,766	5,766		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	76,187	73,368	2,572	247
23 Insurance	66,143	61,433	2,642	2,068
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Warehouse Operating Exp	393,174	393,174		
b Truck, Freight and Fuel	105,640	105,640		
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	19,877,002	19,165,523	150,529	560,950
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		675,746	1	3,750,519
	2	Savings and temporary cash investments		501,950	2	502,785
	3	Pledges and grants receivable, net		576,410	3	1,400,503
	4	Accounts receivable, net			4	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		788,831	8	995,193
	9	Prepaid expenses and deferred charges		7,471	9	27,537
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,014,620			
	b	Less: accumulated depreciation	10b 789,462	221,104	10c	225,158
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		27,450	15	45,108
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,798,962	16	6,946,803
Liabilities	17	Accounts payable and accrued expenses		143,878	17	211,759
	18	Grants payable			18	
	19	Deferred revenue			19	15,000
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	214,444
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		81,771	25	98,352
	26	**Total liabilities.** Add lines 17 through 25		225,649	26	539,555
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		1,245,928	27	3,544,681
	28	Net assets with donor restrictions		1,327,385	28	2,862,567
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,573,313	32	6,407,248
	33	Total liabilities and net assets/fund balances		2,798,962	33	6,946,803

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,710,937
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,877,002
3	Revenue less expenses. Subtract line 2 from line 1	3	3,833,935
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,573,313
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,407,248

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 90-0788707

Name: Palm Beach County Food Bank Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

The Food Bank collects, recovers, purchases and distributes food to food pantries, soup kitchens, and other non-profit organizations in Palm Beach County at no cost. It distributed over 10 million pounds of food to over 145 agencies on the front-line of hunger relief from Tequesta to Boca Raton and from Belle Glade and Pahokee to the Coast. The Lois' Food4Kids program served weekend food packs to upwards of 6,000 children at 76 partner agencies throughout the year. Over 600 participants graduated from Marjorie S. Fisher Nutrition Driven, a nutrition education program in partnership with the Palm Beach County Extension/University of Florida Institute for Food and Agriculture Sciences. The Benefits Outreach program helped almost 7,000 individuals receive over $4 million of federal food benefit assistance.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493304021000

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Palm Beach County Food Bank Inc

Employer identification number
90-0788707

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	10,462,756	9,903,380	9,485,373	11,727,726	23,693,969	65,273,204
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	10,462,756	9,903,380	9,485,373	11,727,726	23,693,969	65,273,204
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						3,197,608
6 **Public support.** Subtract line 5 from line 4.						62,075,596

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	10,462,756	9,903,380	9,485,373	11,727,726	23,693,969	65,273,204
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	619	821	764	670	835	3,709
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	2,165	1,627	395	322	436	4,945
11 **Total support.** Add lines 7 through 10						65,281,858

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	95.090 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	90.840 %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 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 Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 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?	**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).*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**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.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II, Line 10, Explanation of Other Income:	Other Support - 2015 Amount: $ 2,165. 2016 Amount: $ 1,627. 2017 Amount: $ 395. 2018 Amount: $ 322. 2019 Amount: $ 436.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Palm Beach County Food Bank Inc

Employer identification number
90-0788707

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

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

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

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Temporarily restricted endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		113,448	80,503	32,945
d Equipment		839,818	689,611	150,207
e Other		61,354	19,348	42,006
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				225,158

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	98,352

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

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

1	Total revenue, gains, and other support per audited financial statements			1	23,747,267
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	36,330		
e	Add lines **2a** through **2d**			2e	36,330
3	Subtract line **2e** from line **1**			3	23,710,937
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	23,710,937

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

1	Total expenses and losses per audited financial statements			1	19,913,332
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	36,330		
e	Add lines **2a** through **2d**			2e	36,330
3	Subtract line **2e** from line **1**			3	19,877,002
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	19,877,002

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 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 s 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 t hat an entity takes or expects to take in a tax return. An entity may only recognize or co ntinue 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, circu mstances 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 36,330.

Supplemental Information

Return Reference	Explanation
Part XII, Line 2d - Other Adjustments:	Direct Special Event Expenses 36,330.

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Palm Beach County Food Bank Inc

Employer identification number
90-0788707

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☑ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☑ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**(iii)** **No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
Amerigent Inc 9 Centennial Drive Peabody, MA 01960	Mail Solicitations		No	1,149,412	350,449	798,962
Total . . . . . ▶				1,149,412	350,449	798,962

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

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

		(a) Event #1 Empty Bowls-Palm Beach (event type)	(b) Event #2 Empty Bowls-Delray Beach (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	82,163	100,129	3,775	186,067
	2 Less: Contributions	58,245	75,795		134,040
	3 Gross income (line 1 minus line 2)	23,918	24,334	3,775	52,027
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	5,816	30,513		36,329
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				36,329
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				15,698

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

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

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

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

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

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information:

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

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

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

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Palm Beach County Food Bank Inc

Employer identification number
90-0788707

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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 organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 134

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 21

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Gift Cards and food supplies	18923	53,994	280,786	Retail price of supplies and gift cards	Food supplies distributed through Project Thanksgiving Lois' Food4Kids and Nutrition Driven Programs
(2) Food supplies donated for direct distribution to needy	40289		630,021	Number of pounds of food @ $1.62/lb	Food supplies distributed through food recovery and distribution program
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
1st Studio Arts and Cultural Center 2701 President Barack Obama Hwy Riviera Beach, FL 33404	65-1152497	501(C)(3)		38,573	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
A Place Called Hope with FBC of Greenacres 201 Swain Blvd Greenacres, FL 33463	02-0579135	501(C)(3)		89,837	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AHOP A Way Community Outreach 2036 North Dixie Highway West Palm Beach, FL 33407	46-2946422	501(C)(3)		33,410	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Aid to Victims of Domestic Abuse (AVDA) PO Box 6161 Delray Beach, FL 33482	59-2486620	501(C)(3)		37,855	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Alicia's Family Service Center 428 Martin Luther King Jr Blvd Boynton Beach, FL 33435	82-5060575	501(C)(3)		83,838	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Alliance Primitive Ministries Inc 2411 North Federal Highway Delray Beach, FL 33483	20-4529084	501(C)(3)		59,913	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Arms of Hope Community Inc 1512 Wingfield Street Lake Worth, FL 33460	47-2851445	501(C)(3)		356,848	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Barton Elementary School 1700 Barton Road Lake Worth, FL 33460	65-0950530	170(b)(1)(A)(ii)		11,170	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Be Encouraged in the Word Ministries Inc 521 N Federal Highway Boynton Beach, FL 33436	57-1201241	501(C)(3)		83,639	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Bethel Church of God Inc 4610 Luzon Avenue Lake Worth, FL 33461	01-0553917	501(C)(3)		59,549	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bethel Evangelical Church 5780 Atlantic Avenue Delray Beach, FL 33484	65-0239870	501(C)(3)		54,705	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Boca Helping Hands Inc 1500 NW 1st Court Boca Raton, FL 33432	31-1713631	501(C)(3)		216,081	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bright Star Church International 4645 Gun Club Road West Palm Beach, FL 33415	45-4747565	501(C)(3)		25,458	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Buccan Provision Non Profit Corp 1901 S Dixie Highway West Palm Beach, FL 33401	85-0514673	501(C)(3)		31,361	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Caridad Center 8645 West Boynton Beach Blvd Boynton Beach, FL 33472	65-0149423	501(C)(3)		17,192	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Catholic Charities-St Francis 100 West 20th Street Riviera Beach, FL 33404	59-2470479	501(C)(3)		25,350	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Catholic Charities-St Mary's 1200 East Main Street Pahokee, FL 33476	59-2470479	501(C)(3)		42,028	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Children First Academy 230 West 23rd Street Riviera Beach, FL 33404	91-2138253	501(C)(3)		56,318	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Children's Outreach Inc 1608 Broadway Avenue Riviera Beach, FL 33404	36-4737341	501(C)(3)		75,529	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Church Of God Of Prophecy IncOf Greenacres 116 Broward Ave Greenacres, FL 33463	65-0839857	501(C)(3)		44,117	Number of Pounds of Food X $1.68/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Church of the Harvest (Glades Area Pantry) 183 South Lake Avenue Pahokee, FL 33476	55-1079385	501(C)(3)		115,732	Number of Pounds of Food X $1.68/lb.	Food Supplies	Unrestricted Support
CIDRA 865 S Congress Avenue West Palm Beach, FL 33406	26-4732554	501(C)(3)		116,121	Number of Pounds of Food X $1.68/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Club 100 Charities Inc 425 Crescent Drive Lake Park, FL 33403	20-3929694	501(C)(3)		87,393	Number of Pounds of Food X $1.68/lb.	Food Supplies	Unrestricted Support
Coalition for Independent Living Options (CILO) 4400 N Congress Avenue Suite 203 West Palm Beach, FL 33407	91-2138253	501(C)(3)		59,500	Number of Pounds of Food X $1.68/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Community Care-Giving Ministry Inc 12 Mohawk Drive Royal Palm Beach, FL 33411	65-0564305	501(C)(3)		21,792	Number of Pounds of Food X $1.68/lb.	Food Supplies	Unrestricted Support
Community Caring Center of Greater Boynton Beach 145 NE 4th Avenue Boynton Beach, FL 33435	65-0447796	501(C)(3)		36,003	Number of Pounds of Food X $1.68/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Community of Hope 2341 South Military Trail West Palm Beach, FL 33415	36-2167731	501(C)(3)		28,791	Number of Pounds of Food X $1.68/lb.	Food Supplies	Unrestricted Support
Community Outreach Foundation Mission 135 NE 7th Avenue Boynton Beach, FL 33434	65-1042584	501(C)(3)		64,736	Number of Pounds of Food X $1.68/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Covenant Centre International (CCI) 9153 Roan Lane West Palm Beach, FL 33403	65-0338166	501(C)(3)		128,250	Number of Pounds of Food X $1.68/lb.	Food Supplies	Unrestricted Support
CROS Delray Beach 141 SW 12th Ave Delray Beach, FL 33444	59-1802917	501(C)(3)		69,673	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CROS Lake Worth Food Pantry 1615 Lake Avenue Lake Worth, FL 33460	59-1802917	501(C)(3)		83,681	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
CROS Lighthouse Food Pantry 401 SW 1st Street Belle Glade, FL 33430	59-1802917	501(C)(3)		37,510	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CROS Ministries Mobile Pantry 3812 Jog Rd Greenacres, FL 33467	59-1802917	501(C)(3)		52,838	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Cross Community Church 2575 Lone Pine Road Palm Beach Gardens, FL 33410	59-6187064	501(C)(3)		11,134	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Delray Beach Boys & Girls Club 1451 S W 7th Street Delray Beach, FL 33444	23-7060561	501(C)(3)		21,410	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Dot and Ruby Helping Hand Program 227 SW 6th Street Belle Glade, FL 33430	80-0167886	501(C)(3)		126,666	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Eben-Ezer French SDA Church 725 S Dixie Hwy Lake Worth, FL 33460	52-0643036	501(C)(3)		73,381	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Echoes of Praise Ministries International Inc 3650 Shawnee Avenue West Palm Beach, FL 33409	30-0555324	501(C)(3)		8,267	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ECV- Encuentro Con La Vida 2385 N Military Trail West Palm Beach, FL 33409	20-4711514	501(C)(3)		72,151	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Eglise Assemble Evangelique De Christ 1115 N Federal Hwy Boynton Beach, FL 33435	82-0573625	501(C)(3)		28,281	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Eglise Chretienne Haitienne De Palm Beach Inc 300 North Jog Road West Palm Beach, FL 33413	65-0516893	501(C)(3)		1,763	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Eglise de Dieu de Beree 4731 West Atlantic Ave Suite B-4 Delray Beach, FL 33444	65-0909304	501(C)(3)		58,159	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Eglise De La Mission Semence Inc 508 North G Street Lake Worth, FL 33460	26-3461687	501(C)(3)		124,234	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Eglise De La Pierre Angulaire 6246 S Congress Ave Lantana, FL 33462	54-2151053	501(C)(3)		81,494	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
El Hacedor Juan 316 413 Fern St jupiter, FL 33458	44-0577787	501(C)(3)		6,748	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
El Sol Jupiter's Neighborhood Resource Center 106 Military Trail jupiter, FL 33458	01-0870672	501(C)(3)		46,097	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Emmanuel Community Co-Op an Initiative of Palm Beach Harvest 1309 Georgia Avenue West Palm Beach, FL 33407	57-1194591	501(C)(3)		14,545	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Estella's Brilliant Bus 1701 Skees Rd West Palm Beach, FL 33411	30-0493352	501(C)(3)		61,287	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Estella's Brilliant Bus at Lakeside 2156 Okeechobee Blvd West Palm Beach, FL 33409	30-0493352	501(C)(3)		65,091	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Extended Arm Inc 819 Washington Ave Lake Worth, FL 33460	65-1012365	501(C)(3)		80,125	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

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Extended Hands Community Outreach Inc 540 Cheerful Street West Palm Beach, FL 33407	03-0484951	501(C)(3)		89,384	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Farmworker Coordinating Council - Belle Glade 233 West Avenue A Suite D Belle Glade, FL 33430	59-1830267	501(C)(3)		80,314	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Farmworker Coordinating Council - Lake Worth 1123 Crestwood Blvd Lake Worth, FL 33460	59-1830267	501(C)(3)		149,367	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Feed the Hungry Pantry of PBC Inc 900 Brandywine Road West Palm Beach, FL 33409	82-3760456	501(C)(3)		670,835	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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First Baptist Church of Lantana 1126 Lantana Road Lantana, FL 33462	59-1381873	170(b)(1)(A)(ii)		32,271	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
First Christian Church of Galilee Inc 403 NE 6th Avenue Boynton Beach, FL 33435	26-2899437	501(C)(3)		110,554	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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First Corinthians MB Church 2826 Broadway 103 Riviera Beach, FL 33404	40-2018913	501(C)(3)		11,801	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
First SDA Church of Riviera Beach 3751 Avenue J Riviera Beach, FL 33404	52-0643036	501(C)(3)		51,027	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Florida Department of Health WPB (FLDOH) 1150 45th Street West Palm Beach, FL 33407	59-2242689	170(b)(1)(A)(ii)		21,575	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Florida Department of Health (FLDOH)- Delray Beach 225 SW Congress Avenue Delray Beach, FL 33445	59-2242689	501(C)(3)		30,505	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Florida Department of Health (FLDOH)- LantanaLake Worth 1250 Southwinds Drive Lantana, FL 33462	59-2242689	501(C)(3)		27,605	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Forest Hill Community High School 6901 Parker Avenue West Palm Beach, FL 33405	59-6000783	501(C)(3)		21,440	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Gateway to Housing Inc 160 Congress Park Drive Suite 116 Delray Beach, FL 33445	27-0861630	501(C)(3)		50,969	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
God's Army Raising Youth (GARY Foundation) 5139 Woodstone Circle East Lake Worth, FL 33463	80-0139607	501(C)(3)		67,640	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Good Samaritan Alliance Church of Boynton Beach 425 NE 10th Avenue Boynton Beach, FL 33435	64-0962873	501(C)(3)		95,938	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Gospel Prayer Band Church 420 Martin Luther King Blvd South Bay, FL 33493	65-0571285	501(C)(3)		52,018	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Guatemala Maya Center 430 North G Street Lake Worth, FL 33460	65-0355018	501(C)(3)		87,780	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Hacer Ministry Corp 2727 Georgia Avenue West Palm Beach, FL 33409	27-1506309	170(b)(1)(A)(ii)		176,394	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Haitian Education Community Association (HECA Food Pantry) 5601 Forest Hill West Palm Beach, FL 33415	32-0259114	501(C)(3)		94,926	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Hands Together for Haitians 25 S H ST Lake Worth, FL 33460	20-5122445	501(C)(3)		47,268	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Heart of Gold Christian Temple 5503 Broadway West Palm Beach, FL 33407	46-2962478	501(C)(3)		88,348	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Helping Hands Assistance Program Inc 2930 South Jog Road Greenacres, FL 33467	26-2931548	501(C)(3)		30,525	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Helping People Live Prosperously Inc (HELP) 3600 Broadway West Palm Beach, FL 33407	82-1952365	501(C)(3)		72,047	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Holy Name of Jesus Food Pantry 345 South Military Trail West Palm Beach, FL 33415	59-0853395	501(C)(3)		56,039	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Iglesia Bautista Central de Greenacres Inc 200 Swain Blvd Greenacres, FL 33463	65-0784729	501(C)(3)		23,229	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Inlet Grove Community High School 600 W 28th Street Riviera Beach, FL 33404	20-0350216	501(C)(3)		18,212	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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JAY (Jesus and You) Outreach Ministries Inc 2831 Avenue South Riviera Beach, FL 33404	65-0452075	501(C)(3)		175,211	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Jacobson Family Food Pantry JFS 430 South Congress Ave Suite 1-C Delray Beach, FL 33445	65-1115689	501(C)(3)		25,467	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Jeff Industries Inc 113 East Coast Avenue Hypoluxo, FL 33462	59-2516157	501(C)(3)		53,839	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Joy of Living 455 North Haverhill Road West Palm Beach, FL 33415	46-2014964	501(C)(3)		37,873	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Liberty Movement Ministry 2501 Bristol Dr Suite A8 West Palm Beach, FL 33409	27-8049384	501(C)(3)		113,576	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Living Hungry INC 3950 Georgia Ave West Palm Beach, FL 33405	81-5473623	501(C)(3)		11,794	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Marjorie SFisher Boys & Girls Clubs 905 Drexel road West Palm Beach, FL 33413	23-7060561	501(C)(3)		21,393	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Martha's Kitchen 231 North Federal Highway Lake Worth, FL 33460	23-6393377	501(C)(3)		120,901	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Max M Fisher Boys and Girls Club 221 West 13th St Riviera Beach, FL 33404	23-7060561	501(C)(3)		53,308	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
McCurdy Senior Housing Corporation 306 SW 10TH Street Belle Glade, FL 33430	56-2423539	501(C)(3)		135,967	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Metropolitan Community Church of the Palm Beaches 4857 Northlake Blvd Palm Beach Gardens, FL 33418	41-2025538	501(C)(3)		53,355	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Mission Eglise Evangelique de la Bible 1960 S Congress Ave West Palm Beach, FL 33406	81-2971652	501(C)(3)		89,323	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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More Than Conquerors Ministries 3275 North Haverhill Road West Palm Beach, FL 33417	58-2116261	501(C)(3)		86,405	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Nelson's Outreach Ministries Inc 251 West 11th Street Unit 700 Riviera Beach, FL 33404	65-0787394	501(C)(3)		85,499	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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New Beginnings Church 521 Belvedere Road West Palm Beach, FL 33405	59-2367611	501(C)(3)		47,912	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
New Bethel Missionary Baptist Church 911 9th St West Palm Beach, FL 33401	59-1930127	501(C)(3)		42,185	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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New Birth Deliverance Baptist Church 1650 South Main Street Belle Glade, FL 33430	65-0269611	501(C)(3)		44,698	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
New South Bay Villas - LOT 845 West Palm Beach Road South Bay South Bay, FL 33414	47-2640945	501(C)(3)		111,799	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Nicolas Foundation 5642 Corporate way West Palm Beach, FL 33407	83-1167628	501(C)(3)		5,253	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Non Regular-Merciful Heaven 106 W Tarpon Jupiter, FL 33477	47-5372450	501(C)(3)		5,503	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Non-Regular- FICC-Faith International Community Church 23123 State road 7 suit 107 Boca Raton, FL 33428	45-5633578	501(C)(3)		81,295	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Non-Regular Farm Share 14125 SW 320th St Homestead, FL 33033	65-0342192	501(C)(3)		94,219	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Non-Regular Midwest Foodbank 5601 Division Drive Fort Myers, FL 33905	41-2120170	501(C)(3)		113,751	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Non-Regular Palm Beach Harvest 183 South Lake Avenue Pahooke, FL 33476	65-1079385	501(C)(3)		3,686,327	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Non-Regular Southeastern Food Bank 655 N Kissimmee Ave Ocoee, FL 34761	59-3166797	501(C)(3)		40,319	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Non-RegularRestoration Bridge 7965 Lantana Road Lake Worth, FL 33467	55-0808840	501(C)(3)		921,451	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Omnipotent Outreach Ministries Inc 3209 North Australian Avenue West Palm Beach, FL 33407	33-1161623	501(C)(3)		82,683	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Our Support for Children in Need Inc 229 SE 2nd Avenue Delray Beach, FL 33483	75-3238083	501(C)(3)		117,582	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Palm Beach Recovery Coalition 311 N Federal Hwy Lake Worth, FL 33460	51-0608130	501(C)(3)		33,591	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Palm Beach State College - Panther's Pantry 4200 Congress Ave Lake Worth, FL 33461	59-1818556	501(C)(3)		30,119	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Pathways to Prosperity Inc 970 North Seacrest Blvd Boynton Beach, FL 33435	27-3550271	501(C)(3)		67,394	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Program REACH 1318 Henrietta Avenue West Palm Beach, FL 33401	59-1084179	501(C)(3)		77,341	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Project Lift 1140 Ne 18th ST Belle Glade, FL 33430	59-1818556	501(C)(3)		18,061	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Redemption Church of God 6192 South Congress Ave Suite B2 Lantana, FL 33462	27-3178560	501(C)(3)		90,959	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Redemptive Life Fellowship 4431 Embarcadero Drive West Palm Beach, FL 33407	65-0286937	501(C)(3)		123,013	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Riviera Beach Community Outreach 1144 W 6th Street Riviera Beach, FL 33404	30-0686477	501(C)(3)		127,858	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Salem Haitian Evangelical Lutheran Church 1020 South Dixie Highway Lake Worth, FL 33460	65-0531379	501(C)(3)		80,753	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Seagull Academy for Independent Living (SAIL) 6250 North Military Trail Riviera Beach, FL 33407	59-1879968	501(C)(3)		42,446	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Shammah Baptist Worship Center 6240 Dodd Rd Greenacres, FL 33463	90-0410257	501(C)(3)		86,792	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Siloe Baptist Church of West Palm Beach 1527 North Haverhill Road West Palm Beach, FL 33417	65-0852817	501(C)(3)		83,107	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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St Andrews Residence 208 Fern Street West Palm Beach, FL 33401	32-0255132	501(C)(3)		23,757	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
St Ann Church 310 North Olive Avenue West Palm Beach, FL 33401	59-6001732	501(C)(3)		32,329	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St George's Center Inc 21 West 22nd Street Riviera Beach, FL 33404	59-1318856	501(C)(3)		234,720	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
St Gregory's Episcopal Church 100 NE Mizner Blvd Boca Raton, FL 33429	59-1276272	501(C)(3)		152,353	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

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St James Residence 400 South Olive Avenue West Palm Beach, FL 33401	59-1847497	501(C)(3)		21,086	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
St Mary Catholic Church 1200 East Main Street Pahokee, FL 33476	59-2438903	501(C)(3)		43,248	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

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St Mary Coptic Orthodox Church 15450 Lyons Road Delray Beach, FL 33446	59-2328790	501(C)(3)		53,806	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
St Paul AME Church 3345 Haverhill Road North West Palm Beach, FL 33417	31-1488783	501(C)(3)		41,777	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Peter Catholic Church 2581 Jupiter Park Drive Jupiter, FL 33458	65-0012587	501(C)(3)		69,741	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
St Rita's Catholic Church Louis Ctr - Annex Fairgrounds West Palm Beach, FL 33461	59-2290631	501(C)(3)		80,576	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The Arc of the Glades 4250 NW 16th Street Belle Glade, FL 33430	59-1760374	501(C)(3)		104,782	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
The Divine Church of God of Prophecy 2845 North Military Trail Suite 17 West Palm Beach, FL 33409	27-0482257	501(C)(3)		43,012	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The Glades Initiative 141 SE Avenue C Belle Glade, FL 33430	01-0733180	501(C)(3)		135,821	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
The Lord's Place - Burckle's Women Campus 711 South J Street Lake Worth, FL 33460	59-2240502	501(C)(3)		16,221	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The Lord's Place - Family Campus 4964 Wedgewood Way West Palm Beach, FL 33417	59-2240502	501(C)(3)		41,042	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
The Lord's Place - Halle Place 627 6th Street West Palm Beach, FL 33401	59-2240502	501(C)(3)		19,913	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The Lord's Place - Men's Campus 1750 NE 4th Street Boynton Beach, FL 33435	59-2240502	501(C)(3)		38,211	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
The Rock Ministries Inc 200 Dorothy Wilford Circle Belle Glade, FL 33430	03-0413083	501(C)(3)		54,967	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The Salvation Army 2100 Palm Beach Lakes Blvd West Palm Beach, FL 33409	58-0660607	501(C)(3)		28,184	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
The Soup Kitchen 8645 West Boynton Beach Blvd Boynton Beach, FL 33472	59-2628415	501(C)(3)		140,271	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The Valley of Love Ministries 127 West Blue Heron Blvd Riviera Beach, FL 33404	41-2273650	501(C)(3)		142,114	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Trinity United Methodist Church 1401 9th Street West Palm Beach, FL 33401	59-1726789	501(C)(3)		43,209	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
True Fast Outreach Ministries 638 6th Street West Palm Beach, FL 33401	30-0194610	501(C)(3)		133,771	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Un Nuevo Comienzo 2419 10TH ST AVE N Lake Worth, FL 33461	47-5121380	501(C)(3)		163,813	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
United Haitian Baptist Food Ministry 2015 Parker Avenue West Palm Beach, FL 33401	65-0287465	501(C)(3)		158,369	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support
Villages of Hope 3551 Burma Circle Lake Park, FL 33403	20-4591024	501(C)(3)		80,805	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YWCA of Palm Beach County 1016 N DIXIE HWY West Palm Beach, FL 33401	59-0751935	501(C)(3)		47,829	Number of Pounds of Food X $1.62/lb.	Food Supplies	Unrestricted Support

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Schedule J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Palm Beach County Food Bank Inc

Employer identification number
90-0788707

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Karen Erren Executive Director	(i)	143,827	0	0	4,359	3,838	152,024	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 3	The process for determining compensation is as follows: CEO - The Chairman of the Board reviews performance and current salary of the CEO. This review includes receiving feedback from staff via peer reviews. On occassion, a salary survey is performed with similar non-profits. Based on this review the Chairman recommends a salary increase. The recommendation is presented to the board of directors for approval. Other Key employees - The process for determining compensation for other key employees is based on merit and the occasional salary survey performed by human resource personnel. Increases are based on performance and fall within a range set during the budget process. The CEO performs the review and makes the final determination of salary increases for key employees.

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Palm Beach County Food Bank Inc

Employer identification number
90-0788707

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	285	16,562,885	Wholesale market value
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

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

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Palm Beach County Food Bank Inc

Employer identification number
90-0788707

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	A copy of Form 990 is provided to the governing body by e-mail and presented to the board for approval before it is filed.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	The Organization monitors its conflict of interest policy annually through submitting a questionnaire.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15a	The Organization's compensation determination method is based on a review of published 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, line 19	The Organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c:	The audit report is evaluated annually at the audit report review meeting as presented by the independent auditor. The process has not changed from the prior year.