PUBLIC DISCLOSURE COPY

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PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. CH36042 | 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

| A F | or the | ϵ 2022 calendar year, or tax year beginning $$ JUL $1,$ 2022 $$ and e | ending J | UN 30, 2023 | | | |
|-------------------------|------------------|---|---------------|------------------------------------|--|--|--|
| | heck if | C Name of organization | | D Employer identif | ication number | | |
| | Addres | Palm Beach County Food Bank, Inc. | | | | | |
| | Name change | | | 90-07887 | 07 | | |
| | Initial | | Room/suite | E Telephone numbe | | | |
| | Final return/ | 701 Boutwell Road | | (561) 67 | | | |
| | termin ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 34,558,506. | | |
| | Ameno return | Lake Woltin, FL 33401 | | H(a) Is this a group r | eturn | | |
| | Application | F Name and address of principal officer: Dalli Le Religati | | for subordinates | s? Yes X No | | |
| | pendin | same as c above | | H(b) Are all subordinates i | ncluded? Yes No | | |
| | | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or | 527 | If "No," attach a | a list. See instructions | | |
| | Vebsit | | | H(c) Group exemption | | | |
| | | organization: X Corporation Trust Association Other | L Year | of formation: 2012 | M State of legal domicile; ${f FL}$ | | |
| Pa | rt I | Summary | 1 | | | | |
| é | | Briefly describe the organization's mission or most significant activities: Toget | | | our | | |
| anc | | neighbors and improve their lives one meal | | | 1- | | |
| ern | | Check this box if the organization discontinued its operations or dispose | | 1 - | sets. 15 | | |
| Ğ | | | | 4 | 15 | | |
| 8 | | Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2022 (Part V, line 2a) | | | 48 | | |
| ties | | Total number of volunteers (estimate if necessary) | | | 3846 | | |
| Activities & Governance | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | _ | | |
| A | | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | | | |
| | _~ | | | Prior Year | Current Year | | |
| • | 8 | Contributions and grants (Part VIII, line 1h) | | 23,326,014. | 34,359,501. | | |
| nue | | Program service revenue (Part VIII, line 2g) | | 0. | 0. | | |
| Revenue | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 535. | 132,312. | | |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 32,632. | 42,993. | | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 23,359,181. | 34,534,806. | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 18,666,588. | 23,494,422. | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | | | |
| ş | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 1,981,381. | 2,412,177. | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | |
| xbe | b | Total fundraising expenses (Part IX, column (D), line 25) 759,10 | | | | | |
| Ш | '' | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 2,261,900. | | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 22,909,869. | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 449,312. | 5,507,466. | | |
| s or | 20 21 22 | | | ginning of Current Year | End of Year | | |
| sset Bala | 20 | Total assets (Part X, line 16) | | 16,090,955. 4,392,330. | 26,027,292. | | |
| et A | 21 | Total liabilities (Part X, line 26) | | 11,698,625. | 8,821,201. 17,206,091. | | |
| ∠⊥ Pa | rt II | Net assets or fund balances. Subtract line 21 from line 20 | | 11,090,023. | 17,200,091. | | |
| | | Ities of perjury, I declare that I have examined this return, including accompanying schedules a | and stateme | ents, and to the best of m | v knowledge and belief it is | | |
| | | t, and complete. Declaration of preparer (other than officer) is based on all information of whic | | | y miowiougo and bonoi, it io | | |
| | | , , | | | | | |
| Sigr | ı | Signature of officer | | Date | | | |
| Her | | Jamie Kendall, CEO | | | | | |
| | | Type or print name and title | | | | | |
| | | Print/Type preparer's name Preparer's sipparture | | Date Check [| PTIN | | |
| Paid | | Scott Y. Haynes, CPA | 5 | 5-7-2024 if self-emplo | | | |
| Prep | arer | Firm's name Holyfield & Thomas, LLC | | Firm's EIN 6 | 55-1083521 | | |
| Use | Only | Firm's address 125 Butler Street | | | | | |
| | | West Palm Beach, FL 33407 \ | | Phone no. (5 | 61) 689-6000 | | |
| May | the IF | RS discuss this return with the preparer shown above? See instructions | | | X Yes No | | |

| Pai | 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? | 0 |
| | 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 X N | 0 |
| | 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 \$ 27,889,618. including grants of \$ 23,494,422.) (Revenue \$ | _) |
| | Established in 2012, The Palm Beach County Food Bank, inc. (the "Food | _ |
| | Bank") is committed to fighting hunger and improving food security in | |
| | Palm Beach County by partnering with local organizations. The Food Bank | _ |
| | collects, recovers, purchases, and distributes food to food pantries, | _ |
| | soup kitchens, shelters, and other non-profit organizations in Palm | _ |
| | Beach County at no cost. It served over 200 organizations through 5 | |
| | programs during the fiscal year ending June 30, 2023. Partner | |
| | Marketplace distributed over 12 million pounds of food to over 130 | |
| | agencies on the front line of hunger relief from Tequesta to Boca | _ |
| | Raton, Belle Glade, and Pahokee to the Coast. (Continued on schedule O) | |
| | | |
| | | |
| 4b | (Code:) (Expenses \$ | _) |
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| 4c | /Octor | _ |
| 40 | (Code:) (Expenses \$ | _ ' |
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| 4d | Other program services (Describe on Schedule O.) | _ |
| ·u | (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses 27,889,618. | _ |
| | Form 990 (200 | 22) |

16440506 784176 0427400

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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 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 | | X |
| 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 | X | |
| 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 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 | | X |
| 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | <u> X</u> |
| 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 | | <u> X</u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | 37 | |
| | Part VI | 11a | X | |
| 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 | | X |
| С | 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 | | <u> </u> |
| a | 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 | 11d | Х | |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX | | X | _ |
| e f | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | - 72 | |
| ' | 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 | Х | |
| 19a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| 124 | Schedule D, Parts XI and XII | 12a | Х | |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? | IZU | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | х |
| b | | | | |
| | 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 | | Х |
| 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 | | X |
| 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 | | X |
| 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 | X | |
| 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 | X | |
| 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 | | X_ |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | 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 | | 37 | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II | 21 | X | <u> </u> |

| Ves No Part IX. column (A), line 2? If "Mes," complete Schedule I, Parts I and III 22 X X 2 | Form Pa i | rt IV Checklist of Required Schedules _(continued) | 3707 | P | Page 4 |
|--|------------------|--|----------|-----|--|
| Part X. column (A), line 27 if "ves," complete Schedule (Parts 1 and III) 20 Did the organization swere "Yes" to Part VIII, Section A, line 3.4, or 5, about compensation of the organization scurrent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Part III and the section A line 3.4, or 5, about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th through 24d and complete Schedule J Part III was proceeded of tax-exempt bonds beyond a temporary period exception? 24d | | Continued) | | Yes | No |
| 23 Did the organization answer "Yes" to Part WI, Section A, line 3, 4, or 5, about compensation of the organizations current and farmer offices, directions, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule V and the view at tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December \$1, 2002? If "Yes," ransver lines 24th through 24th and complete Schedule K. If "No," ye to line 25a. 24a | 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| and former officers, directors, trustees, key employees, and highest compensated employees? If Yres, 'complete Schedule J 23 X 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 Yres, 'answer lines 246 through? 24d and complete Schedule K. If Yho,' go to line 25a 24b X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 24d X 24d | | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X | <u> </u> |
| Schedule J. 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 25e Schedule K. If "No.", and so the last day of the year and schedule K. If "No.", and so the last day of the year and schedule C. If the organization maintain an escrow account other than a refunding scrow at any time during the year? 2dd Schedule L. Part II (1985) S | 23 | | | | |
| 24a Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the isst 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b C Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization and an accrow account of the than a refunding escrow at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization exages in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 spinor Forms 990 or 990E-2? If "Yes," complete Schedule L, Part I is 50 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 of ramily member of any of these persons? If "Yes," complete Schedule L, Part II is 26 is X. 25 Did the organization payare thereof) or family member of any current or former officer, director, trustee, key employee, creator or founder, substantial contributors or employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part IV is structured or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV is structured to former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," | | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| stat 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 fine 25a. b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a nituraling escrow at any time during the year to defease any tax-evempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 25a Section 50(16)8, 501(16)4, and 501(16)20 and secses benefit transaction with a disqualified person in a prior year, and that the transaction than an other excess benefit transaction with a disqualified person in a prior year. and that the transaction has not been reported on any of the organization prior Forms 990 or 990-E27 If "Yes," complete Schedule I, Part II 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or psyables to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, terror, 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 I, Part IV is a Activated by the organization receive or formation and exceptions; a A current or former officer, director, trustee, key employ | | | 23 | X | Ь— |
| Schedule K. If "No." go to lime 25s | 24a | | | | |
| b Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d | | | | | l |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any taxe-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d | | | | | <u>X</u> |
| any tax-axempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24d 25s Section 501(x)3, 501(x)4, and 501(x)(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 | | | 24b | | - |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 | С | | | | |
| 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 | _ | | | | \vdash |
| 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 organizations prior Forms 990 or 990 E27 // 11 // 12 // 12 // 12 // 13 // 13 // 14 | | | 24d | | - |
| 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-E27 # *Yes,* complete Schedule L, Part I | 25a | | | | _V |
| that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 ff 'Yes," complete Schedule L, Part I 25b X 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 formers, complete Schedule L, Part II 26 X 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 almyl member of any of these persons? If "Yes, complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IIV 18 | | | 25a | | ^ |
| Schedule L, Part I 10 bit 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 21 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. 22 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. instructions for applicable filling 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. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b | D | | | | |
| 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 "ves," complete Schedule L, Part II | | , , | 054 | | v |
| 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 | 06 | | 250 | | ^ |
| controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 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 to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see the 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 X A 58% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 If the organization iquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 Did the organization and soll, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 Did the organization and soll, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part V, Iine 1 33 Did the organization related to any tax-exempt or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part V, Iine 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35 Did the organization have a co | 20 | | | | |
| 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 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV. a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28a X 27 Significant or order individual and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I. 30 Did the organization individual, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 31 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 II, III, or IV, and Part V, line 1 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part IV, line 2 34 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 35 Section 501(c)(3) orga | | | 26 | | x |
| 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 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 X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Jib the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization included, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 31 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. 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iiine 1 33 A T Sa Did the organization have a controlled entity within the meaning of 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, Iiine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? A Sa Did the organization conduct more than 5% of its activities throu | 27 | | 20 | | 1 |
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| 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 X 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 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1b 0 | | | 34 | | |
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| 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 X 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 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | b | | | | |
| If "Yes," complete Schedule R, Part V, line 2 36 | | | 35b | | |
| 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 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1b 1b 1 D 1 D 1 D 1 D 1 D 1 D | 36 | | | | ,, |
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| Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The image of the provided in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 7 1b 0 | 37 | | | | ۱,, |
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| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable The state of the number of Forms W-2G included on line 1a. Enter -0- if not applicable The state of | · a | Check if Cahadula O contains a response or note to any line in this Dark V | | | |
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| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 4 - | Enter the number reported in box 2 of Form 1006. Fator 0, if not applicable | 7 | Tes | NO |
| | ıd L | | <u>.</u> | | |
| | c | | | | |

(gambling) winnings to prize winners?

Form **990** (2022)

Form 990 (2022) Palm Beach County Food Bank, Inc.
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | | | Yes | No | | |
|-----|---|------------|------------------------|----------|-----|----|--|--|
| 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 | 2 a | 48 | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | | 2b | Х | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | X | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | 0 | | 3b | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | autho | rity over, a | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | accou | ınt)? | 4a | | X | | |
| 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 Action 114, Report of Financial Action | ccou | nts (FBAR). | | | | | |
| | | | | 5a | | X | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction. | | | _5b | | X | | |
| | 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 th | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | 6a | | X | | |
| D | If "Yes," did the organization include with every solicitation an express statement that such contributi | | | CL | | | | |
| 7 | were not tax deductible? | | | 6b | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | avione | provided to the payor? | 70 | | Х | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | | | 7a 7b | | 1 | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7.0 | | | | |
| C | to file Form 8282? | | | 7c | | x | | |
| ч | If "Yes," indicate the number of Forms 8282 filed during the year | 7 o | 1 | 70 | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or | | • | 7e | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | | 7f | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | 899 as required? | 7g | | | | |
| • | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | 7h | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | 8 | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | |
| а | a Did the sponsoring organization make any taxable distributions under section 4966? | | | | | | | |
| b | b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | 1 | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10 | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 101 |) | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | 1 | ı | | | | | |
| | Gross income from members or shareholders | 11: | 3 | | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | ١ | | | | | | |
| 40- | amounts due or received from them.) | 111 | _ | 40- | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 104 121 | 1 | 12a | | | | |
| 13 | If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. | | <u> </u> | | | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | | | |
| ŭ | Note: See the instructions for additional information the organization must report on Schedule O. | | | iou | | | | |
| 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 | 131 | , | | | | | |
| С | Enter the amount of reserves on hand | 130 | ; | | | | | |
| | | | | 14a | | Х | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | le O | | 14b | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | | | | | | |
| | excess parachute payment(s) during the year? | | | 15 | | X | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | t inco | me? | 16 | | X | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac | | | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | | | |
| | If "Yes," complete Form 6069. | | | | | | | |

Form 990 (2022)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

| Interest the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Interest the number of voting members included on line 1a, above, who are independent 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 have a family relationship or a business relationship with any other officer, directors, trustee, or key employees to a management company or other person? Did the organization delegate control over management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Beach committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailling address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 1a 15 15 If there are material differences in voting rights among members of the governing body, or if the governing body deligende to not altered to the committee or will all on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent 15 15 2 Did any officer, director, fusuete, or key employees management dudies customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a management company or other persons? 3 X 3 Did the organization have of the committeen of the committeen of the committeen of the direct supervision of officers, directors, trustees, or key employees to a management company or other persons? 3 X 4 Did the organization become aware during the year of a significant diversion of the organization sasets? 5 X X 5 Did the organization become aware during the year of a significant diversion of the organization sasets? 6 X X 5 Did the organization have members or stockholders? 6 X X 6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X 8 Did the organization have members of the operation of the organization have members of the operation of the organization have members of the operation of the organization have members of the organization neserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7a X 8 Did the organization have members of the organization of the organization have without to act on behalf of the gover | Section A. Governing Body and Management Yes No | Section A. Governing Body and Management Test The number of voting members of the governing body at the end of the tax year 1a 15 15 15 15 15 15 15 |
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| 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 on Schedule 0. 1 b Enter the number of voting members included on line 1 as, above, who are independent 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 have a family relationship or a business relationship with any other officer, directors, trustees, or key employee so a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 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? 8 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or persons other than the governing body? 9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 1 The governing body? 1 Each committee with authority to act on behalf of the governing body? 2 Each committee with authority to act on behalf of the governing body? 3 Each committee with authority to act on behalf of the governing body? 5 Each committee with authority to act on behalf of the governing body? 8 Did the organization have awritten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10a Did the organization have a written conflict | 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 on Schedule 0. 1b Enter the number of voting members included on line 1a, above, who are independent . 1c Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, trustee, or key employee have a family relationship or a business relationship with any other officers, directors, trustee, or key employee so a management duties customanily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 | 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 on Schedule 0. 1 | 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 on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent |
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Section A, who cannot be reached at the organization's mainling address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section Br equests information about policies not required by the Internal Revenue Code.) 10 Did the organization have love the process, if any, used by the organization's exempt purposes? 10 Describe on Schedule O how this was done 11 Has the organization have a written policies and procedures governing the activities of such chapters, affiliates, and bran | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee? Did any officer, director, trustee, or key employee? 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| | 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 | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure | Section C. Disclosure | Section C. Disclosure |
| Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed FL | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed FL | Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed FL | Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed FL |
| 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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available. | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed FL Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available | 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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available | 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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available |
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| 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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) availate for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) | 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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) |
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| in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's |

Form 990 (2022)

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and 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 the instructions for the order in which to list the persons above.

| (A) Name and title | (B) Average hours per | (do box | not c | Posi heck i ss per | ition | l than s boti | one h an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
|--------------------------|--|------------------|-----------------------|--------------------------|--------------|------------------------------|-------------|---|---|--|
| | week (list any hours for related organizations below line) | stee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | | from the organization (W-2/1099-MISC/ 1099-NEC) | from related organizations (W-2/1099-MISC/ 1099-NEC) | other compensation from the organization and related organizations |
| (1) Jamie Kendall CEO | 40.00 | | | Х | | | | 183,119. | 0. | 6,678. |
| (2) Michael Groover | 40.00 | | | 25 | | | | 103,113. | • | 0,070. |
| CFO | 1000 | 1 | | х | | | | 109,294. | 0. | 9,917. |
| (3) Marti LaTour | 1.00 | | | | | | | | • | |
| Chairman | | х | | х | | | | 0. | 0. | 0. |
| (4) Mark Busse | 1.00 | | | | | | | - | - | |
| Secretary | | Х | | х | | | | 0. | 0. | 0. |
| (5) James Greco | 1.00 | | | | | | | | | |
| Vice Chairman | | Х | | Х | | | | 0. | 0. | 0. |
| (6) Bob O'Connell | 1.00 | | | | | | | | | |
| Treasurer | | Х | | Х | | | | 0. | 0. | 0. |
| (7) Susan Rabinowitz | 1.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (8) Deborah Pucillo | 1.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (9) John Fumero | 1.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (10) Laura Russell | 1.00 | <u> </u> | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (11) Nancy Bolton | 1.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (12) Dorian Daggs | 1.00 | 1 | | | | | | | _ | _ |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (13) Stephen Basore | 1.00 | ļ | | | | | | | | |
| Director | | Х | | | | | _ | 0. | 0. | 0. |
| (14) Billy Himmelrich | 1.00 | ļ | | | | | | | | |
| Director | 1 00 | Х | _ | | | | _ | 0. | 0. | 0. |
| (15) Joe Kyles | 1.00 | ٠,, | | | | | | | _ | _ |
| Director | 1 00 | Х | _ | | _ | - | <u> </u> | 0. | 0. | 0. |
| (16) Eileen Acello | 1.00 | ₩. | | | | | | | _ | ^ |
| Director (17) Julie Daum | 1 00 | Х | | | | - | - | 0. | 0. | 0. |
| Director | 1.00 | х | | | | | | 0. | 0. | 0. |
| 232007 12-13-22 | 1 | Λ | | l | <u> </u> | | l | J 0. | U • | Form 990 (2022) |

232007 12-13-22

Form **990** (2022)

| (A) Name and title | (B) Average hours per week | Average Position (do not check more than one box, unless person is both an | | | | | | | (E) Reportable compensation from related | (F) Estimat amount other | of | | | | | |
|--|--|--|------------------------|----------|--------------|------------------------------|----------|---|---|--------------------------|--------|--|--|--|--|--|
| | (list any hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | /IISC/ from the | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | - | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 292,413. | 0. | 16,5 | 95 | | | | | |
| c Total from continuation sheets to Part | | | | | | | | 0. 292,413. | 0. | 16,5 | 0. | | | | | |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization | | | | | | | | | | | | | | | | |
| 3 Did the organization list any former office | | | | | | | | | | Yes | No | | | | | |
| line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the and related organizations greater than \$1: | sum of reportab | е со | mpe | ensa | tion | and | oth | er compensation from t | he organization | 3 4 X | X | | | | | |
| 5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes." co | accrue comper | nsati | on fr | om | any | unre | elate | ed organization or individ | dual for services | 5 | Х | | | | | |
| Section B. Independent Contractors 1 Complete this table for your five highest of | | | | | | | | | | tion from | | | | | | |
| the organization. Report compensation fo | | | | | ith c | or wi | thin | (B) | | (C) | | | | | | |
| Name and busines | s address | NC | ONE | <u> </u> | | | | Description of s | services (| Compensation | n | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 2 Total number of independent and a second | (in alredia a tare | o+ !" | m:1- | 1 + = 1 | | | . | aboug) who was sive of | ave there | | | | | | | |
| 2 Total number of independent contractors \$100,000 of compensation from the organ | | or iin | intec | ו נט | |) | rea | above) who received mo | ore triair | Form 990 | (2022) | | | | | |

| | | | Check if Schedule O contains a respo | നടമ ദ | or note to any lin | e in this Part VIII | | | |
|--|----|----------|---|-------------|-----------------------|---------------------|-------------------|------------------|--------------------|
| | | | Officer if Schedule O contains a respo | 1136 | or riote to arry iiii | (A) | (B) | (C) | (D) |
| | | | | | | Total revenue | Related or exempt | Unrelated | Revenuè excluded |
| | | | | | | | function revenue | business revenue | from tax under |
| | | | | | | | | | sections 512 - 514 |
| t s | 1 | а | Federated campaigns 1a | | 3,725,005. | | | | |
| rar | | b | Membership dues 1b | | | | | | |
| , a | | С | Fundraising events1c | | 204,401. | | | | |
| ifts ar A | | | Related organizations 1d | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Government grants (contributions) 1e | | 2,274,643. | | | | |
| Sir | | | All other contributions, gifts, grants, and | | | | | | |
| uti Je | | • | similar amounts not included above 1f | | 28,155,452. | | | | |
| ë | | | | | 23,392,667. | | | | |
| on bu | | _ | Noncash contributions included in lines 1a-1f | | 23,372,007. | 24 250 501 | | | |
| <u>O</u> <u>e</u> | | h | Total. Add lines 1a-1f | | I | 34,359,501. | | | |
| | | | | | Business Code | | | | |
| ė | 2 | а | | | | | | | |
| e Č | | b | | | | | | | |
| S | | С | | | | | | | |
| am | | d | | | | | | | |
| Program Service Revenue | | е | | | | | | | |
| Pro | | f | All other program service revenue | | | | | | |
| | | | Total. Add lines 2a-2f | | | | | | |
| | 3 | 9 | Investment income (including dividends, i | | | | | | |
| | 3 | | | | | 132,138. | | | 132,138. |
| | | | other similar amounts) | | | 132,130. | | | 132,130. |
| | 4 | | Income from investment of tax-exempt bo | • | | | | | |
| | 5 | | Royalties | | | | | | |
| | | | (i) Rea | | (ii) Personal | | | | |
| | 6 | а | Gross rents 6a | | | | | | |
| | | b | Less: rental expenses 6b | | | | | | |
| | | С | Rental income or (loss) 6c | | | | | | |
| | | d | Net rental income or (loss) | | | | | | |
| | 7 | а | Gross amount from sales of (i) Securit | ies | (ii) Other | | | | |
| | | | assets other than inventory 7a | 74. | | | | | |
| | | h | Less: cost or other basis | | | | | | |
| ø | | ~ | and sales expenses | 0. | | | | | |
| nu | | _ | | 74. | | | | | |
| Revenue | | | | | | 174. | | | 174. |
| r R | | | Net gain or (loss) | ······ | | 1/1. | | | 1/4. |
| ther | 8 | а | Gross income from fundraising events (not | | | | | | |
| ŏ | | | including \$ of | | | | | | |
| | | | contributions reported on line 1c). See | | | | | | |
| | | | Part IV, line 18 | 8a | 66,693. | | | | |
| | | b | Less: direct expenses | 8b | 23,700. | | | | |
| | | С | Net income or (loss) from fundraising ever | ıt <u>s</u> | | 42,993. | | | 42,993. |
| | 9 | а | Gross income from gaming activities. See | | | | | | |
| | | | Part IV, line 19 | 9a | | | | | |
| | | b | Less: direct expenses | 9b | | | | | |
| | | | Net income or (loss) from gaming activitie | <u> </u> | | | | | |
| | | | Gross sales of inventory, less returns | | | | | | |
| | | _ | and allowances | 10a | | | | | |
| | | L | | | | | | | |
| | | | Less: cost of goods sold | 10b | • | | | | |
| | | С | Net income or (loss) from sales of invento | у | | | | | |
| <u>s</u> | | | | | Business Code | | | | |
| on e | 11 | а | | | | | | | |
| Miscellaneous Revenue | | b | | | | | | | |
| E SE | | С | | | | | | | |
| Aisc B | | d | All other revenue | | | | | | |
| 2 | | | Total. Add lines 11a-11d | | | | | | |
| | 12 | | Total revenue. See instructions | | | 34,534,806. | 0. | 0. | 175,305. |

| Sect | 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 respor | se or note to any line in | | | | | | | | | |
| | not include amounts reported on lines 6b, 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 | 20,337,521. | 20,337,521. | | | | | | | | |
| 2 | Grants and other assistance to domestic | | | | | | | | | | |
| | individuals. See Part IV, line 22 | 3,156,901. | 3,156,901. | | | | | | | | |
| 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 | 348,831. | 139,534. | 104,649. | 104,648. | | | | | | |
| 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 | 1,618,388. | 1,394,525. | 99,904. | 123,959. | | | | | | |
| 8 | Pension plan accruals and contributions (include | | | | | | | | | | |
| | section 401(k) and 403(b) employer contributions) | 14,732. | 12,952. 229,646. | 791. 24,571. | 989. 27,845. | | | | | | |
| 9 | Other employee benefits | 282,062. | | | | | | | | | |
| 10 | Payroll taxes | 148,164. | 116,374. | 15,095. | 16,695. | | | | | | |
| 11 | Fees for services (nonemployees): | | | | | | | | | | |
| а | Management | | | | | | | | | | |
| b | Legal | | | | | | | | | | |
| С | Accounting | 26,855. | 21,093. | 2,736. | 3,026. | | | | | | |
| d | Lobbying | | | | | | | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | | | | | | | |
| f | Investment management fees | | | | | | | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 405 500 | 100 15 | 10 500 | 11 010 | | | | | | |
| | column (A), amount, list line 11g expenses on Sch O.) | 125,500. | 100,167. | 13,523. | 11,810. 96,353. | | | | | | |
| 12 | Advertising and promotion | 96,353. | 120 106 | 16 000 | 96,353. | | | | | | |
| 13 | Office expenses | 165,762. | 130,196. | 16,888. | 18,678. | | | | | | |
| 14 | Information technology | 88,147. | 69,235. | 8,980. | 9,932. | | | | | | |
| 15 | Royalties | 270 070 | 224 026 | 20 000 | 25 025 | | | | | | |
| 16 | Occupancy | 378,870. | 324,036. 12,204. | 28,909. | 25,925. | | | | | | |
| 17 | Travel | 15,537. | 12,204. | 1,362. | 1,751. | | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | | | |
| 40 | for any federal, state, or local public officials | 20,895. | 16,411. | 2,129. | 2,355. | | | | | | |
| 19 | Conferences, conventions, and meetings | 20,895. | 17,223. | 1,537. | 1,378. | | | | | | |
| 20 | Interest Payments to affiliates | 20,130. | 11,223• | 1,557• | 1,370• | | | | | | |
| 21 22 | Depreciation, depletion, and amortization | 319,989. | 296,262. | 19,535. | 4,192. | | | | | | |
| 23 | Insurance | 168,711. | 152,124. | 8,203. | 8,384. | | | | | | |
| 23 24 | Other expenses. Itemize expenses not covered | 200,722. | | 3,203. | 3,301. | | | | | | |
| | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | | | | | | | |
| а | Lease Expense | 608,889. | 562,763. | 24,234. | 21,892. | | | | | | |
| b | | 566,351. | 566,351. | , = | , | | | | | | |
| c | Direct Mail and Public | 273,944. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 273,944. | | | | | | |
| d | Warehouse Operating Exp | 137,800. | 137,800. | | • | | | | | | |
| е | All other expenses | 107,000. | 96,300. | 5,350. | 5,350. | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 29,027,340. | 27,889,618. | 378,616. | 759,106. | | | | | | |
| 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) | | | | | | | | | | |
| | | | | | - QQQ (2222) | | | | | | |

| t X | Balance Sheet | | | | | |
|-----|--|--|--|--|---|---|
| | Check if Schedule O contains a response or not | e to any | line in this Part X | | | |
| | | | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | | | 392,428. | 1 | 1,076,925. |
| 2 | | | | | 2 | 6,820,600. |
| 3 | | | | 265,003. | 3 | 2,581,397. |
| 4 | | | | | 4 | |
| 5 | | | | | | |
| | trustee, key employee, creator or founder, subst | antial co | ontributor, or 35% | | | |
| | controlled entity or family member of any of thes | se perso | ns | | 5 | |
| 6 | Loans and other receivables from other disquali | fied pers | ons (as defined | | | |
| | under section 4958(f)(1)), and persons described | d in secti | on 4958(c)(3)(B) | | 6 | |
| 7 | Notes and loans receivable, net | | | | 7 | |
| 8 | Inventories for sale or use | | | | 8 | 915,128. |
| 9 | Prepaid expenses and deferred charges | | | 129,612. | 9 | 243,197. |
| 10a | | | | | | |
| | basis. Complete Part VI of Schedule D | 10a | 7,250,853. | | | |
| b | | | · · · · · · · · · · · · · · · · · · · | 3,484,879. | 10c | 6,320,578. |
| 11 | | | | 11 | | |
| 12 | | | 12 | | | |
| 13 | Investments - program-related. See Part IV, line | 11 | | | 13 | |
| 14 | Intangible assets | | <u> </u> | | 14 | |
| 15 | Other assets. See Part IV, line 11 | | <u> </u> | | | 8,069,467. |
| 16 | | | | | | 26,027,292. |
| 17 | | | | 187,703. | | 263,396. |
| 18 | | | | | | |
| | | | | | | |
| | | | | | | |
| | • | | | | 21 | |
| 22 | | | | | | |
| | | | | | | |
| | | | | | | |
| | . , | | · · · · · · · · · · · · · · · · · · · | | | |
| | • • | | | 24 | | |
| 25 | | | | | | |
| | | 1 201 627 | 0.5 | 8,557,805. | | |
| 26 | *************************************** | | | | | 8,821,201. |
| 20 | | | | 4,352,3301 | 20 | 0,021,201. |
| | | CK HEIC | | | | |
| 27 | • • • • • | | | 9.156.736. | 27 | 13,776,278. |
| | | | | | | 3,429,813. |
| | | | | | | |
| | | 00, 00 | | | | |
| 29 | | | | | 29 | |
| | | | | | | |
| | | | | | | |
| | Total net assets or fund balances | | | 11,698,625. | 32 | 17,206,091. |
| 32 | TOTAL LIET 922E12 OF INTO DAIGHTES | | | | | |
| | 2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 | 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or trustee, key employee, creator or founder, subst controlled entity or family member of any of these 6 Loans and other receivables from other disqualir under section 4958(f)(1)), and persons described Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 1 13 Investments - program-related. See Part IV, line 1 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equ 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete 1 22 Loans and other payables to any current or form trustee, key employee, creator or founder, subst controlled entity or family member of any of these Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated Other liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 9 and complete lines 29 through 33. 28 Capital stock or trust principal, or current funds Organizations that do not follow FASB ASC 9 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds Organizations that do not follow FASB ASC 9 and complete lines 29 through 33. | 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial controlled entity or family member of any of these person the section 4958(f)(1)), and persons described in section 1958(f)(1)), and persons described in section 1958(f)(1), an | 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from 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 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) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 7,250,853. b Less: accumulated depreciation 10 930,275. 11 Investments - publicity traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 17 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 28 Net assets with donor restrictions 39 Paid-in or capital surplus, or land, building, or equ | Cash - non-interest-bearing 392, 428. | Cash - non-interest-bearing 392, 428. 1 |

Form **990** (2022)

| Pa | T XI Reconciliation of Net Assets | | | | | |
|----|--|---------|------------|------------|-----|-------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | <u>,53</u> | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 29 | ,02 | 7,3 | <u>40.</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 5 | ,50 | 7,4 | <u>66.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 11 | ,69 | 8,6 | <u> 25.</u> |
| 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 on Schedule O) | 9 | | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | coluṃn (B)) | 10 | 17 | ,20 | 6,0 | 91. |
| Pa | t XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | X |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | Х |
| | 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 | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | | | | | |
| | consolidated basis, or both: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| С | 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 | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule C |) . | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | | За | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | Х | |

SCHEDULE A

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Palm Beach County Food Bank, 90-0788707 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | | | | | | | |
|------|--|------------------------|----------------------|----------------------|---------------------|--------------------|------------------|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 11727726. | 23693969. | 39879292. | 23326014. | 34359501 . | 132986502 | |
| 2 | Tax revenues levied for the organ- | | | | | | | |
| | ization'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 | 11727726. | 23693969. | 39879292. | 23326014. | 34359501. | 132986502 | |
| 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) | | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 132986502 | |
| Sec | ction B. Total Support | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total | |
| 7 | Amounts from line 4 | 11727726. | 23693969. | 39879292. | 23326014. | 34359501. | 132986502 | |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | |
| | and income from similar sources | 670. | 835. | 801. | 1,202. | 132,138. | 135,646. | |
| 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.) | 322. | 436. | 401. | 60. | | 1,219. | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 133123367 | |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | • | • | 12 | • | |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 01(c)(3) | | |
| | organization, check this box and sto | | | | | | | |
| Sec | ction C. Computation of Publ | | | | | | | |
| 14 | Public support percentage for 2022 (| line 6, column (f), d | livided by line 11, | column (f)) | | 14 | 99.90 % | |
| 15 | Public support percentage from 2021 | Schedule A, Part | II, line 14 | | | 15 | 99 . 99 % | |
| 16a | 33 1/3% support test - 2022. If the | organization did no | ot check the box o | n line 13, and line | 14 is 33 1/3% or m | ore, check this bo | x and | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | X | |
| b | 33 1/3% support test - 2021. If the | | | | | | | |
| | and stop here. The organization qua | lifies as a publicly s | supported organiza | ation | | | | |
| 17a | 17a 10% -facts-and-circumstances test - 2022. 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 fact | s-and-circumstanc | es test, check this | box and stop he | re. Explain in Part | VI how the organi | zation | |
| | meets the facts-and-circumstances to | est. The organization | on qualifies as a pu | blicly supported o | rganization | | | |
| b | 10% -facts-and-circumstances test | - | • | | - | | | |
| | more, and if the organization meets the | - | | | | | | |
| | organization meets the facts-and-circ | | | | - | | | |
| _18 | Private foundation. If the organization | | | | | | s | |
| | | | , : - | . , , , | • | | (Form 990) 2022 | |

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.)

| Sed | ction A. Public Support | siow, picase comp | oicte i art ii.j | | | | |
|-----|--|--------------------|---------------------------|-----------------------|---------------------|---------------------|-----------|
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Gifts, grants, contributions, and membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- | | | | | | |
| _ | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization'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 | | | | | | |
| | 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.) | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 6 | (a) 2010 | (6) 2019 | (6) 2020 | (4) 2021 | (6) 2022 | (i) iotai |
| | 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 | | | | | | |
| | Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the | J | | , | • | () () | · — |
| | check this box and stop here | | | | | | |
| | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2022 (li | , ,,, | • | column (f)) | | 15 | % |
| | Public support percentage from 2021 | | | | | 16 | % |
| | ction D. Computation of Inves | | | . 10 1 (0) | | 14-1 | |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % 7 in |
| 198 | 33 1/3% support tests - 2022. If the | | | | | | |
| b | more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the | organization did r | not check a box or | line 14 or line 19a | a, and line 16 is m | ore than 33 1/3%, a | and |
| | line 18 is not more than 33 1/3%, che | ck this box and st | top here. The orga | anization qualifies a | as a publicly supp | orted organization | |
| 20 | Private foundation. If the organization | n did not check a | hox on line 14 19 | a or 19h check th | nis hox and see in | structions | |

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- 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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on 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.
- 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.
 - 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.)

| | Yes | No |
|-------------|--------|------|
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| 10b | | |
| ule A (Forr | n 990) | 2022 |

| Pai | rt IV | Supporting Organizations (continued) | | | |
|----------|---------|--|-----------|----------|----|
| | | | | Yes | No |
| 11 | Has th | ne organization accepted a gift or contribution from any of the following persons? | | | |
| а | A pers | son who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c b | elow, the governing body of a supported organization? | 11a | | |
| b | A fam | ily member of a person described on line 11a above? | 11b | | |
| С | A 35% | 6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail | in Part VI. | 11c | | |
| Sec | tion E | 3. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did th | e governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | | supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | | ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | | ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | | orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | | e organization operate for the benefit of any supported organization other than the supported | | | |
| | organ | ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part \ | /I how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | | vised, or controlled the supporting organization. | 2 | | |
| Sec | tion C | 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 trus | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or ma | nagement of the supporting organization was vested in the same persons that controlled or managed | | | |
| _ | the su | pported organization(s). | 1 | | |
| Sec | tion [| D. All Type III Supporting Organizations | | | |
| | | r | | Yes | No |
| 1 | Did th | e organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organ | ization'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 | | | |
| | organ | ization'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 | | | |
| | organ | ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the or | ganization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By rea | ason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | signifi | cant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | incom | ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| 800 | suppo | orted organizations played in this regard. | 3 | | |
| Sec | | E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | | k 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 governmental entity (see ins | struction | ' | |
| 2 | | ties Test. Answer lines 2a and 2b below. | | Yes | No |
| а | | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | | upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | | supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | | he organization was responsive to those supported organizations, and how the organization determined | 0- | | |
| | | nese activities constituted substantially all of its activities. | 2a | | |
| b | | re activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | | r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | | If the reasons for the organization's position that its supported organization(s) would have engaged in | ΛL | | |
| • | | activities but for the organization's involvement. | 2b | | |
| 3 | | t of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | | e organization have the power to regularly appoint or elect a majority of the officers, directors, or | 3a | | |
| L | | es of each of the supported organizations? If "Yes" or "No" provide details in Part VI. e organization exercise a substantial degree of direction over the policies, programs, and activities of each | od | | |
| D | | supported organizations? If "Voc " describe in Part VI the role placed by the experimetion in this record | 3h | | |

| Part V | Гуре III Non-Functionally Integrated 509(a)(3) Support | ing Organi | zations | |
|------------------|---|-----------------|----------------------------------|--------------------------------|
| 1 C | heck here if the organization satisfied the Integral Part Test as a qualif | ying trust on N | ov. 20, 1970 (<i>explain in</i> | Part VI). See instructions |
| | Il other Type III non-functionally integrated supporting organizations m | | • | |
| Section A - A | djusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net sho | rt-term capital gain | 1 | | |
| 2 Recover | ries of prior-year distributions | 2 | | |
| 3 Other gi | ross income (see instructions) | 3 | | |
| 4 Add line | es 1 through 3. | 4 | | |
| 5 Depreci | ation and depletion | 5 | | |
| 6 Portion | of operating expenses paid or incurred for production or | | | |
| collection | on of gross income or for management, conservation, or | | | |
| | nance of property held for production of income (see instructions) | 6 | | |
| | xpenses (see instructions) | 7 | | |
| | ed Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| • | linimum Asset Amount | 1 - | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggrega | ate fair market value of all non-exempt-use assets (see | | | |
| instructi | ions for short tax year or assets held for part of year): | | | |
| a Average | e monthly value of securities | 1a | | |
| b Average | e monthly cash balances | 1b | | |
| | rket value of other non-exempt-use assets | 1c | | |
| d Total (a | dd lines 1a, 1b, and 1c) | 1d | | |
| | nt claimed for blockage or other factors | | | |
| | in detail in Part VI): | | | |
| | tion indebtedness applicable to non-exempt-use assets | 2 | | |
| • | t line 2 from line 1d. | 3 | | |
| | eemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | ructions). | 4 | | |
| | ue of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| | line 5 by 0.035. | 6 | | |
| | ries of prior-year distributions | 7 | | |
| | m Asset Amount (add line 7 to line 6) | 8 | | |
| | Distributable Amount | | | Current Year |
| 1 Adjuste | d net income for prior year (from Section A, line 8, column A) | 1 | | |
| | 85 of line 1. | 2 | | |
| 3 Minimur | m asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| | reater of line 2 or line 3. | 4 | | |
| | tax imposed in prior year | 5 | | |
| | utable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | ncy temporary reduction (see instructions). | 6 | | |
| $\overline{}$ | heck here if the current year is the organization's first as a non-function | | Type III supporting orga | nization (see |

Schedule A (Form 990) 2022

instructions).

| Pa | rt V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continu | ued) | · ugo · |
|----------|---|-------------------------------|--------------------------------------|------|---|
| 1 | ion D - Distributions | | • | | Current Year |
| _1 | Amounts paid to supported organizations to accomplish exer | 1 | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | | |
| | organizations, in excess of income from activity | 2 | | | |
| _3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| _5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| _7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| _9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributio Pre-2022 | ns | (iii) Distributable Amount for 2022 |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | T | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| а | From 2017 | | | | |
| b | From 2018 | | | | |
| c | From 2019 | | | | |
| d | From 2020 | | | | |
| е | From 2021 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2022 distributable amount | | | | |
| <u>i</u> | Carryover from 2017 not applied (see instructions) | | | | |
| <u>j</u> | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from Section D, | | | | |
| | line 7: \$ | | | | |
| <u>a</u> | Applied to underdistributions of prior years | | | | |
| <u>b</u> | Applied to 2022 distributable amount | | | | |
| <u>c</u> | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | | |
| | and 4c. | | | | |
| _8_ | Breakdown of line 7: | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| <u>e</u> | Excess from 2022 | | | | |

Schedule A (Form 990) 2022

| Part V | Part IV, S line 1; Pa | Section A, art IV, Sect D, lines 5, (| lines 1, 2 ion D, lin | ?, 3b, 3c, 4 les 2 and | 4b, 4c, 5 3; Part I\ | a, 6, 9a, 9b /, Section I | tions require 5, 9c, 11a, 1 E, lines 1c, 2 2, 5, and 6. / | lb, and 1 a, 2b, 3a | 1c; Part IV, , and 3b; Pa | Section B _e art V, line 1 | lines 1 and ; Part V, Se | d 2; Part IV, ection B, line | Section C, |
|--------|--------------------------|---|--------------------------|---------------------------|-------------------------|------------------------------|--|------------------------|------------------------------|---|-----------------------------|---------------------------------|------------|
| Sche | dule A, | Part | II, | Line | 10, | Expla | nation | for | Other | Incor | ne: | | |
| Other | r Suppo | rt | | | | | | | | | | | |
| 2018 | Amount | : \$ | 322 | • | | | | | | | | | |
| 2019 | Amount | : \$ | 436 | • | | | | | | | | | |
| 2020 | Amount | : \$ | 401 | | | | | | | | | | |
| 2021 | Amount | : \$ | 60. | | | | | | | | | | |
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization **Employer identification number** Palm Beach County Food Bank, Inc. 90-0788707

| Organization type (check one). | | | | | | | | |
|--------------------------------|---|--|--|--|--|--|--|--|
| Filers of | : | Section: | | | | | | |
| Form 990 | 0 or 990-EZ | X 501(c)(3) (enter number) organization | | | | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | |
| | | 527 political organization | | | | | | |
| Form 990 | 0-PF | 501(c)(3) exempt private foundation | | | | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | | 501(c)(3) taxable private foundation | | | | | | |
| Note: Or | nly a section 501(c)(7 | covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | | | |
| General | Rule | | | | | | | |
| | - | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | | |
| Special | Rules | | | | | | | |
| | sections 509(a)(1) a contributor, during | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II. | | | | | | |
| | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. | | | | | | | |
| | year, contributions is checked, enter he purpose. Don't com | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year | | | | | | |
| answer " | No" on Part IV, line | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990) | | | | | | |

C а

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2**

Name of organization

Employer identification number

Palm Beach County Food Bank, Inc.

90-0788707

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | al space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1_ | | \$ 3,641,505. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$ 1,713,263. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$ 1,624,400. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$1,024,380. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | | \$ 7,640,703. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | | \$ <u>4,159,895</u> . | Person Payroll Noncash X (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2022)

Name of organization Employer identification number

Palm Beach County Food Bank, Inc.

90-0788707

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$ <u>1,476,156.</u> | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8_ | | \$ 927,924. | Person Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Person Payroll Complete Part II for noncash contributions. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

Palm Beach County Food Bank, Inc.

90-0788707

| (a) No. 10 | Part II | Noncash Property (see instructions). Use duplicate copies of Part II if a | dditional space is needed. | |
|--|-------------|---|----------------------------|--|
| S | No. from | ` ' | FMV (or estimate) | |
| (a) No. Pert I Food - 763,831 lbs. 9 \$1,92/lb. given throughout the year S | 5 | | | |
| No. from Description of noncash property given FMV (or estimate) (See instructions.) Date received Food = 2,166,612 lbs. # \$1,92/lb. given throughout the year | | | \$ 7,640,703. | |
| Sample S | No. from | ` , | FMV (or estimate) | |
| (a) No. No. Part I Food - 768,831 lbs. @ \$1,92/lb. given throughout the year (b) See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (form Description of noncash property given (h) Date received (g) Date received (h) Date received | 6 | | | |
| No. from Part I Pood - 768,831 lbs. @ \$1.92/lb. given throughout the year | | | \$ <u>4,159,895</u> . | |
| (a) No. (b) (c) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (b) Date received (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. (b) (c) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (b) Date received (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. (b) FMV (or estimate) (See instructions.) | No. from | ` , | FMV (or estimate) | |
| (a) No. from Description of noncash property given (b) Co FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. (b) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (a) No. (b) Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) | 7 | Food - 768,831 lbs. @ \$1.92/lb. given throughout the year | | |
| No. from Part I South Description of noncash property given | | | \$ <u>1,476,156</u> . | |
| (a) No. from Part I (a) No. (b) FMV (or estimate) (See instructions.) (b) Date received (c) FMV (or estimate) (See instructions.) (d) Date received (c) FMV (or estimate) (See instructions.) (d) Date received (d) Date received Date received | No. from | ` , | FMV (or estimate) | |
| (a) No. from Part I (a) No. from Part I (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I Description of noncash property given Part I (b) FMV (or estimate) (See instructions.) (d) Date received (d) Date received | 8 | Food - 483,294 lbs. @ \$1.92/lb. given throughout the year | | |
| No. from Part I (a) No. from Part I (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I Description of noncash property given Part I (b) FMV (or estimate) (See instructions.) | | | \$\$27,924. | |
| (a) No. from Part I (b) FMV (or estimate) (See instructions.) (d) Date received | No. from | | FMV (or estimate) | |
| (a) No. from Part I (b) FMV (or estimate) (See instructions.) (d) Date received | | | | |
| No. from Description of noncash property given See instructions.) (c) FMV (or estimate) (See instructions.) Date received | | | \$ | |
| | No. from | | FMV (or estimate) | |
| | | | | |
| | | | \$ | |

Name of organization **Employer identification number** Palm Beach County Food Bank, Inc. 90-0788707 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527 OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

| | of orga | nization | ions. Complete Fait III. | | Er | nployer identification number |
|------------|-----------|--|--|----------------------------|--|-------------------------------|
| | ga. | | ach County Food | Bank Inc. | | 90-0788707 |
| Par | t I-A | or is a section 527 | organization. | | | |
| 2 F | Political | a description of the organiz campaign activity expendit | ation's direct and indirect polition | cal campaign activities in | n Part IV. | \$ |
| Par | t I-B | Complete if the org | anization is exempt und | ler section 501(c)(| 3). | |
| 1 E | Enter the | amount of any excise tax | incurred by the organization un | der section 4955 | • | \$ |
| 2 E | Enter the | amount of any excise tax | incurred by organization manag | ers under section 4955 | | \$ |
| | | | n 4955 tax, did it file Form 4720 | | | |
| 4a V | Nas a co | orrection made? | | | | Yes No |
| b l | f "Yes," | describe in Part IV. | | | | |
| | | | anization is exempt und | | | |
| | | | by the filing organization for se | | | \$ |
| | | 0 0 | ization's funds contributed to o | • | | |
| | | | | | | \$ |
| | | • | . Add lines 1 and 2. Enter here a | • | | • |
| | | | 4400 DOL 6 H : 0 | | | |
| | | | 1120-POL for this year? | | | |
| | | | iployer identification number (E tion listed, enter the amount pa | | - | |
| | • | , | emptly and directly delivered to | 0 0 | | · |
| | | • | additional space is needed, pro | | • | 3 3 |
| | | (a) Name | (b) Address | (c) EIN | (d) Amount paid fror filing organization's funds. If none, enter | contributions received and |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

| Schedule C (Form 990) 2022 Part II-A Complete if the orga | alm Beach | County Food | Bank, Inc. | 90-0 |)788707 Page 2 |
|---|---|--------------------------------------|--|---|-----------------------------|
| - | nization is exe | mpt under section | n 501(c)(3) and file | d Form 5768 (el | ection under |
| section 501(h)). | | | | | |
| A Check if the filing organization | on belongs to an aff | iliated group (and list ir | Part IV each affiliated | group member's nam | ne, address, EIN, |
| expenses, and share | of excess lobbying | expenditures). | | | |
| B Check if the filing organization | on checked box A a | nd "limited control" pro | visions apply. | | |
| | s on Lobbying Expe tures" means amo | enditures unts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influe | ence public opinion | (grassroots lobbying) | | | |
| b Total lobbying expenditures to influe | | 1 / 12 1 1 1 1 1 1 | | | |
| c Total lobbying expenditures (add lin | es 1a and 1b) | | | | |
| d Other exempt purpose expenditures | | | | | |
| e Total exempt purpose expenditures | | N. | | | |
| f Lobbying nontaxable amount. Enter | the amount from th | e following table in bot | n columns. | | |
| If the amount on line 1e, column (a) or | | obying nontaxable am | | | |
| Not over \$500,000 | | the amount on line 1e. | | | |
| Over \$500,000 but not over \$1,000, | | 00 plus 15% of the exc | ess over \$500,000. | | |
| Over \$1,000,000 but not over \$1,50 | | 00 plus 10% of the exc | | | |
| Over \$1,500,000 but not over \$17,0 | | 00 plus 5% of the exce | · · · · · · · · · · · · · · · · · · · | | |
| Over \$17,000,000 | \$1,000 | • | , | | |
| | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | | | |
| g Grassroots nontaxable amount (ent | er 25% of line 1f) | | | | |
| h Subtract line 1g from line 1a. If zero | | | | | |
| i Subtract line 1f from line 1c. If zero | | | | | |
| j If there is an amount other than zero | | | - | | _ |
| reporting section 4911 tax for this y | | , | | | Yes No |
| (Some organizations the | 4-Year Av at made a section 5 | eraging Period Under | Section 501(h) have to complete all o | | elow. |
| | Lobbying Expe | enditures During 4-Yea | ar Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| | | 1 | 1 | | i e |

Schedule C (Form 990) 2022

f Grassroots lobbying expenditures

Schedule C (Form 990) 2022 Palm Beach County Food Bank, Inc. 90-07887 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each | "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | (; | a) | (b) | |
|-------------|--|-----------------|------------------|---------------------|-----------|
| of the lo | bbying activity. | Yes | No | Amo | ount |
| 1 Du | uring the year, did the filing organization attempt to influence foreign, national, state, or | | | | |
| | cal legislation, including any attempt to influence public opinion on a legislative matter | | | | |
| | referendum, through the use of: | | | | |
| | lunteers? | | Х | | |
| b Pa | id staff or management (include compensation in expenses reported on lines 1c through 1i)? | | Х | | |
| | edia advertisements? | | Х | | |
| | ailings to members, legislators, or the public? | | Х | | |
| | blications, or published or broadcast statements? | | X | | |
| f Gr | ants to other organizations for lobbying purposes? | | X | | |
| g Di | rect contact with legislators, their staffs, government officials, or a legislative body? | | X | | |
| h Ra | ıllies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | | |
| i Ot | her activities? | X | | | ,000. |
| j To | tal. Add lines 1c through 1i | | | 107 | ,000. |
| | d the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | | |
| | Yes," enter the amount of any tax incurred under section 4912 | | | | |
| | Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| d If | the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | F04/-\// | <u> </u> | 4.° | |
| Part II | I-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) | n 501(c)(: | o), or sec | tion | |
| | 501(c)(6). | | | Yes | No |
| | | | | 162 | No |
| | ere substantially all (90% or more) dues received nondeductible by members? | | | | |
| | d the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | |
| 3 Di | d the organization agree to carry over lobbying and political campaign activity expenditures from th I-B Complete if the organization is exempt under section 501(c)(4), section | n 501(c)(| ? 3 5) or sec | tion | |
| i aren | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered | | • • | | 3. is |
| | answered "Yes." | | (2) | , | -, |
| 1 Du | ies, assessments and similar amounts from members | | 1 | | |
| | ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political | | | | |
| | penses for which the section 527(f) tax was paid). | | | | |
| | irrent year | | 2a | | |
| | arryover from last year | | | | |
| | tal | | I | | |
| | 1 | | | | |
| 4 If i | notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc | ess | | | |
| | es the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p | | | | |
| | penditures next year? | | 4 | | |
| 5 Ta | xable amount of lobbying and political expenditures. See instructions | | 5 | | |
| Part I | Supplemental Information | | | | |
| Provide | the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list); Part II- | A, lines 1 a | nd 2 (See | |
| | ons); and Part II-B, line 1. Also, complete this part for any additional information. | | | | |
| <u>Part</u> | II-B, Line 1, Lobbying Activities: | | | | |
| | | | | | |
| The : | Food Bank engages a lobbyist to assist them in sec | curing | food | | |
| | | | | | |
| cont | racts for the community, creating introductions ar | id coll | Labora | tive | |
| | | .h | | | |
| arra | ngements with other food agencies, and promoting t | ne mis | ssion | and | |
| nroc | rams offered by the Food Bank. There are no expend | li+1120 | 3 7010 | h | |
| Prog. | rams offered by the rood bank, there are no expend | TTCUTE: | s rera | t e u to | • |
| noli: | tical elections or candidates. | | | | |
| <u> </u> | order ordered or canaractor. | | Schedu | le C (Form | 990) 2022 |

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

2022
Open to Public Inspection

Name of the organization

Palm Beach County Food Bank, Inc.

Employer identification number 90-0788707

| Pai | t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | r Si | milar Funds o | r Ac | coun | ts. Complete if the |
|-----|--|-------------------------|-------|---------------------|-----------|---------------|---------------------------------|
| | organization anomorou neo orni om oco, natriv, iiii | (a) Donor adv | vised | funds | (1 | b) Fun | ds 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 v | vriting that the assets | held | d in donor advised | d fund | s | |
| | are the organization's property, subject to the organization's | - | | | | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | | | | | | |
| | for charitable purposes and not for the benefit of the donor or | | | | | | |
| | impermissible private benefit? | | | | | | |
| Par | t II Conservation Easements. Complete if the org | ganization answered " | Yes | " on Form 990, Pa | art IV, | line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that appl | y). | | | | |
| | Preservation of land for public use (for example, recreat | tion or education) | | Preservation of a | a histo | rically | important land area |
| | Protection of natural habitat | | | Preservation of a | certif | fied his | storic structure |
| | Preservation of open space | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation cont | ribu | tion in the form of | a cor | servat | |
| | day of the tax year. | | | | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | | | 2a | |
| b | | | | | | 2b | |
| С | Number of conservation easements on a certified historic stru | | | | | 2c | |
| d | Number of conservation easements included in (c) acquired a | | | | | | |
| | historic structure listed in the National Register | | | | | 2d | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, o | or te | rminated by the o | organiz | zation | during the tax |
| | year | | | | | | |
| 4 | Number of states where property subject to conservation eas | _ | | | | | |
| 5 | Does the organization have a written policy regarding the per | | | | | | |
| | violations, and enforcement of the conservation easements it | | | | | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, l | handling of violations, | , and | l enforcing conse | rvatioi | n ease | ments during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violations, and | enfo | orcina conservatio | on eas | ement | ts during the vear |
| | | , | | J | | | 5 , |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requireme | ents | 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 | on easements in its re | venu | ue and expense st | tateme | ent and | d |
| | balance sheet, and include, if applicable, the text of the footn | ote to the organization | n's f | inancial statemen | its tha | t desc | ribes the |
| Da | organization's accounting for conservation easements. | Aut Historiaal T | | Oth | - · · · · | :1 | w Accete |
| Pai | t III Organizations Maintaining Collections of | | rea | sures, or Oth | er Si | ımııaı | r Assets. |
| | Complete if the organization answered "Yes" on Form | | | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 956 | • | | | | | |
| | of art, historical treasures, or other similar assets held for pub | • | | | | ce of p | DUDIIC |
| | service, provide in Part XIII the text of the footnote to its finan | | | | | | |
| b | If the organization elected, as permitted under FASB ASC 956 | • | | | | | |
| | art, historical treasures, or other similar assets held for public | exhibition, education | , or | research in furthe | rance | of pub | olic service, |
| | provide the following amounts relating to these items: | | | | | | • |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | | | |
| • | | | | | | | \$ |
| 2 | If the organization received or held works of art, historical treat | | | | gain, p | rovide |) |
| _ | the following amounts required to be reported under FASB AS | | | | | | φ |
| a | Revenue included on Form 990, Part VIII, line 1 | | | | | | Φ |
| D | Assets included in Form 990, Part X | | | | | ; | φ |

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

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

6,320,578

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) ...

| Schedule D (Form 990) 2022 Palm Beach | County Food B | ank, Inc. | 90-0788707 Page 3 |
|--|-------------------------------|------------------------------------|-------------------------------|
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes | _ | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost | t or end-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) Tatal (Col. (h) must squal Form 000, Port V. col. (P) line 12.) | | | |
| Total. (Col. (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 | |
| (1) | (a) Dook value | (c) means a remaining con- | |
| (2) | | | |
| (3) | | | _ |
| | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (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 | |
| |) Description | | (b) Book value |
| (1) Right of Use Assets - Ope | | | 7,869,401. |
| (2) Right of Use Assets - Fir | ancing Leases | , net | 177,224. |
| (3) Deposits | | | 22,842. |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| | | | |
| (8) | | | |
| (9) | | | 9 060 467 |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. | ne 15.) | | 8,069,467. |
| Complete if the organization answered "Yes | " on Form 990 Part IV line | 11e or 11f See Form 990 Part Y | line 25 |
| (1) D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | OTT OTTI 550, I art IV, IIIIC | The or Thi. Oce Form 350, Fait X, | (b) Book value |
| | | | (b) Book value |
| (1) Federal income taxes (2) Operating Right of Use Ob | ligation | | 8,312,970. |
| (3) Financing Right of Use Ok | | | 244,835. |
| (4) | | | 211,000 |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (0) | | | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

| | | roini 330/2022 I a I iii Boadii Goaiid g I oda Baiiii | | | | Crecrer lage |
|-----|---------|---|----------|-----------------|-------------|--------------|
| Pai | rt XI | Reconciliation of Revenue per Audited Financial Statement | s With F | Revenue per Ret | turn. | |
| | | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total r | evenue, gains, and other support per audited financial statements | | 1 | 34,558,506. | |
| 2 | Amour | its included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net un | realized gains (losses) on investments | 2a | | | |
| b | Donate | ed services and use of facilities | 2b | | | |
| С | Recov | eries of prior year grants | 2c | | | |
| d | Other | Describe in Part XIII.) | 2d | 23,700. | | |
| е | Add lir | es 2a through 2d | | | 2e | 23,700. |
| 3 | Subtra | ct line 2e from line 1 | | | 3 | 34,534,806. |
| 4 | | its included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investr | nent expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other | Describe in Part XIII.) | 4b | | | |
| С | Add lir | es 4a and 4b | | | 4c | 0. |
| 5 | Total r | evenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | | | 5 | 34,534,806. |
| Pa | rt XII | Reconciliation of Expenses per Audited Financial Statemen | its With | Expenses per R | etur | n. |
| | | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | - |
| 1 | Total e | xpenses and losses per audited financial statements | | | 1 | 29,051,040. |
| 2 | Amour | its included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donate | ed services and use of facilities | 2a | | | |
| b | Prior y | ear adjustments | 2b | | | |
| С | Other | osses | 2c | | | |
| d | Other | Describe in Part XIII.) | 2d | 23,700. | | |
| е | Add lir | es 2a through 2d | | | 2e | 23,700. |
| 3 | Subtra | ct line 2e from line 1 | | | 3 | 29,027,340. |
| 4 | | its included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investr | nent expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other | Describe in Part XIII.) | 4b | | | |
| С | Add lir | es 4a and 4b | | | 4c | 0. |
| 5 | Total e | xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 29,027,340. |

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.

Part X, Line 2:

The Food Bank is a not-for-profit corporation that is exempt from income taxes under the Internal Revenue Code Section 501(c)(3) and comparable state law as a charitable organization, whereby only unrelated business income, as defined by Internal Revenue Code Section 509(a)(1) is subject to federal income tax. The Food Bank currently has no unrelated business income and, accordingly, no provision for income taxes has been recorded.

The Food Bank follows FASB ASC 740-10, Accounting for Uncertainty in

Income Taxes. This pronouncement seeks to reduce the diversity in practice

associated with certain aspects of measurement and recognition in

accounting for income taxes. It prescribes a recognition threshold and

| Part XIII Supplemental Information (continued) |
|--|
| measurement attribute for financial statement recognition and measurement |
| of a tax position that an entity takes or expects to take in a tax return. |
| An entity may only recognize or continue to recognize tax positions that |
| meet a "more likely than not" threshold. The Food Bank assesses its income |
| tax positions based on management's evaluation of the facts, circumstances |
| and information available at the reporting date. The Food Bank uses the |
| prescribed "more likely than not" threshold when making its assessment. |
| There are currently no open federal or state income tax years under audit. |
| Part XI, Line 2d - Other Adjustments: |
| Direct Special Event Expenses 23,700. |
| Part XII, Line 2d - Other Adjustments: |
| Direct Special Event Expenses 23,700. |
| |
| |
| |
| |
| |
| |
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| |
| |
| |
| |

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public Inspection

| Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | | | |
|---|---------------------|---|---|--------------------|-----------------------------------|--------------|---|---|--|
| Name of the organization | | | | | | | | | |
| Palm Beach County Food Bank, Inc. 90-0788707 | | | | | | | | | |
| 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. | | | | | | | | | |
| | | sed funds through any of the following | ng activ | ities. | Check all that apply. | | | | |
| a X Mail solicitat | tions | | | | overnment grants | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| d In-person so | | or oral agreement with any individual | (includ | lina of | fficers directors trus | toos r | nr. | | |
| | | art VII) or entity in connection with p | | | | 1003, 0 | Yes | x X No | |
| | | viduals or entities (fundraisers) pursu | | | | ne fund | draiser is to b | e | |
| compensated at le | east \$5,000 by the | organization. | | | | | | | |
| (i) Name and addres or entity (fund | | (ii) Activity | (iii) fundr have co or con contribu | ustody itrol of | (iv) Gross receipts from activity | tò (or fı | mount paid retained by) undraiser ed in col. (i) | (vi) Amount paid to (or retained by) organization | |
| Newport One, Inc - | 21 | | Yes | No | | | | | |
| Railroad Avenue, Du | uxbury, MA | Mail Solicitations | | Х | 547,082. | | 273,944. | 273,138. | |
| | | | | | | | | | |
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| | | | | | 547,082. | | 273,944. | 273,138. | |
| 3 List all states in whi or licensing. | ich the organizatio | n is registered or licensed to solicit | contrib | utions | or has been notified | it is ex | xempt from re | gistration | |
| or mooritaing. | | | | | | | | | |
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232081 10-27-22

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

See Part IV for continuations

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.F7, lines 1 and 6b. List events with gross receipts greater than \$5,000

| | | of fundraising event contributions and gro | ss income on Form 990- | EZ, lines 1 and 6b. List e | vents with gross receipt | s greater than \$5,000. | | |
|----------------------------|------|--|-------------------------|-----------------------------|--------------------------|----------------------------|--|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | | |
| | | | Empty | Empty | | (add col. (a) through | | |
| | | | Bowls-Palm B | Bowls-Delray | 1 | col. (c)) | | |
| | | | (event type) | (event type) | (total number) | COI. (C)) | | |
| Revenue | | | | | | | | |
| e e | 1 | Gross receipts | 139,343. | 105,794. | 25,957. | 271,094. | | |
| ď | | | | | | | | |
| | 2 | Less: Contributions | 116,385. | 70,952. | 17,064. | 204,401. | | |
| | | | - | | - | | | |
| | 3 | Gross income (line 1 minus line 2) | 22,958. | 34,842. | 8,893. | 66,693. | | |
| | | | | | | | | |
| | 4 | Cash prizes | | | | | | |
| | | | | | | | | |
| | 5 | Noncash prizes | | | | | | |
| es | | | | | | | | |
| eus | 6 | Rent/facility costs | | | | | | |
| Direct Expenses | | | | | | | | |
| 뒳 | 7 | Food and beverages | | | | | | |
| E | | | | | | | | |
| | 8 | Entertainment | | | | | | |
| | 9 | Other direct expenses | 5,152. | 13,831. | 4,717. | 23,700. | | |
| | 10 | Direct expense summary. Add lines 4 through | 9 in column (d) | | | 23,700. | | |
| | 11 | Net income summary. Subtract line 10 from lin | ne 3, column (d) | | | 42,993. | | |
| Pa | rt I | II Gaming. Complete if the organization a | answered "Yes" on Form | 990, Part IV, line 19, or r | reported more than | | | |
| | | \$15,000 on Form 990-EZ, line 6a. | | | | | | |
| Ф | | | (a) Bingo | (b) Pull tabs/instant | (c) Other gaming | (d) Total gaming (add | | |
| Revenue | | | ., , | bingo/progressive bingo | ., . | col. (a) through col. (c)) | | |
| Š | | | | | | | | |
| | 1 | Gross revenue | | | | | | |
| | | | | | | | | |
| Se | 2 | Cash prizes | | | | | | |
| Direct Expenses | | | | | | | | |
| ă | 3 | Noncash prizes | | | | | | |
| 빙 | | | | | | | | |
| Ë | 4 | Rent/facility costs | | | | | | |
| ٦ | | | | | | | | |
| \dashv | 5 | Other direct expenses | | | | | | |
| | _ | Malauria au labau | Yes % | Yes% | Yes % | | | |
| | 6 | Volunteer labor | L No | No No | No | | | |
| | _ | Diversity and a supersity of the second second | □ | | | | | |
| | 7 | Direct expense summary. Add lines 2 through | 5 III Colulliii (u) | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1 column (d) | | | | | |
| | - | Net garning income summary. Subtract line r | rom line 1, column (a) | | | <u> </u> | | |
| a | Ent | ter the state(s) in which the organization condu | cts gaming activities. | | | | | |
| | | he organization licensed to conduct gaming ac | | | | Yes No | | |
| | | | | | | iesivo | | |
| b If "No," explain: | | | | | | | | |
| | _ | | | | | | | |
| 10a | We | ere any of the organization's gaming licenses re | voked, suspended, or te | rminated during the tax v | /ear? | Yes No | | |
| | | Yes," explain: | | | •••••• | 313 | | |
| | | • • | | | | | | |
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Schedule G (Form 990) 2022

232082 10-27-22

| Schedule G (Form 990) 2022 Palm Beach County Food Bank, Inc. 90- | 0788707 | Page 3 |
|--|---------------------|----------|
| 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: | 132 | 7,5 |
| Enter the hame and address of the person who propares the organization significance of the second and records. | | |
| Name | | |
| Name | | |
| Address | | |
| 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? | · L Yes | └─ No |
| b Enter the amount of distributions required under state law to be 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 IV | ırt III, lines 9, 9 | 9b, 10b, |
| 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | |
| | | |
| Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers | s : | |
| | | |
| | | |
| | | |
| (i) Name of Fundraiser: Newport One, Inc | | |
| (a) the second of the second o | | |
| (i) Address of Fundraiser: 21 Railroad Avenue, Duxbury, MA 0233 | 2 | |
| 12, 11441 ODD OF FAMILIANDER, DE MAINTEN, PAR 0255 | _ | |
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| Schedule G | i (Form 990) | Palm | Beach | County | Food | Bank, | Inc. | 90-0788707 | Page 4 |
|------------|----------------------------------|---------------------|-------------|--------|------|-------|------|------------|--------|
| Part IV | (Form 990) Supplemental Infor | mation ₍ | (continued) | | | | | | |
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SCHEDULE I (Form 990)

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

 $\label{thm:complete} \textbf{Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.}$

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Palm Beach County Food Bank, Inc.

Employer identification number 90-0788707

| rurm rous | 00 0 - | | | | | | 50 0.00.0. |
|--|----------------------|--|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| Part I General Information on Grants a | nd Assistance | | | | | | |
| 1 Does the organization maintain records | to substantiate the | amount of the grants | s or assistance, the | grantees' eligibility | y for the grants or ass | istance, and the selecti | on |
| criteria used to award the grants or assis | stance? | | | | | | X Yes No |
| 2 Describe in Part IV the organization's pro | ocedures for monit | oring the use of grant | funds in the United | States. | | | |
| Part II Grants and Other Assistance to | | | | | ganization answered " | Yes" on Form 990, Part | IV, line 21, for any |
| recipient that received more than S | \$5,000. Part II can | be duplicated if addit | tional space is need | ed. | | | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| 1st Studio Arts and Cultural | | | | | | | |
| Center - 2701 President Barack | | | | | Number of | | |
| Obama Hwy - Riviera Beach, FL | | | | | Pounds of Food | | |
| 33404 | 65-1152497 | 501(C)(3) | 0. | 14,348. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| A Place Called Hope with FBC of | | | | | Number of | | |
| Greenacres - 201 Swain Blvd | | | | | Pounds of Food | | |
| Greenacres, FL 33463 | 02-0579135 | 501(C)(3) | 0. | 100,894. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| AMEDA 10 | | | | | March and 6 | | |
| AHEPA 18 | | | | | Number of | | |
| 4370 Community Drive | 65-0444455 | E01/Q\/3\ | 0. | 16 500 | Pounds of Food | Food Supplies | Unrestricted Support |
| West Palm Beach, FL 33409 | 65-0444455 | 501(C)(3) | 0. | 16,582. | X \$1.92/lb. | rood Supplies | Unrestricted Support |
| Aid to Victims of Domestic Abuse | | | | | Number of | | |
| (AVDA) - P.O Box 6161 - Delray | | | | | Pounds of Food | | |
| Beach, FL 33482 | 59-2486620 | 501(C)(3) | 0. | 12 381 | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| 200011, 12 00102 | 03 2100020 | 552(5)(5) | 1 | 22,002. | 72.527.20. | Jood Supplies | omiczciicoca zapporo |
| Arms of Hope Community, Inc | | | | | Number of | | |
| 1512 Wingfield Street | | | | | Pounds of Food | | |
| Lake Worth, FL 33460 | 47-2851445 | 501(C)(3) | 0. | 134,548. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| , | | | | , | | | - |
| Be Encouraged in the Word | | | | | Number of | | |
| Ministries Inc 521 N. Federal | | | | | Pounds of Food | | |
| Highway - Boynton Beach, FL 33436 | 57-1201241 | 501(C)(3) | 0. | 88,011. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| 0 Fotou total assessment of continue F01/c)/(0) | | and the second s | Co A Asiala | | • | • | • |

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

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

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

Schedule I (Form 990) 2022

| Part II Continuation of Grants and Other | | mestic Organizations | | vernments (Sch | edule I (Form 990), Pa | | 70-0700707 F |
|---|----------------|-------------------------------|--------------------------|--|--|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Pothany Pantigt Church of the Dalm | | | | | Number of | | |
| Bethany Baptist Church of the Palm Beaches - 6353 Wallis Road - West | | | | | Number of Pounds of Food | | |
| | 02-0553057 | E01/G)/2) | 0. | 401 227 | | Food Supplies | Unrestricted Support |
| Palm Beach, FL 33413 | 02-0333037 | 501(C)(3) | 0. | 401,337. | X \$1.92/1b. | rood Suppiles | onrestricted support |
| Bethel Church of God, Inc. | | | | | Number of | | |
| 4610 Luzon Avenue | | | | | Pounds of Food | | |
| Lake Worth, FL 33461 | 01-0553917 | 501(C)(3) | 0. | 48,282. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| Blessed Provisions Inc - Mobile | | | | | Number of | | |
| Pantry - 7960 Ventura Center Way - | | | | | Pounds of Food | | |
| Boynton Beach, FL 33437 | 85-3026024 | 501/01/31 | 0. | 170 016 | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| Boyncon Beach, FL 33437 | 85-3020024 | 501(C)(3) | 0. | 179,940. | X \$1.92/1D. | rood supplies | onrestricted support |
| Boca Helping Hands, Inc. | | | | | Number of | | |
| 1500 NW 1st Court | | | | | Pounds of Food | | |
| Boca Raton, FL 33432 | 31-1713631 | 501(C)(3) | 0. | 2,459,303. | X \$1.92/lb. | Food Supplies | Unrestricted Support |
| | | | | , , | | | |
| Bright Star Church International | | | | | Number of | | |
| 4645 Gun Club Road | | | | | Pounds of Food | | |
| West Palm Beach, FL 33415 | 45-4747565 | 501(C)(3) | 0. | 16,484. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| Caridad Center | | | | | Normal and | | |
| 8645 West Boynton Beach Blvd | | | | | Number of Pounds of Food | | |
| - | 65-0149423 | E01/G)/2) | 0. | 26 746 | | Food Supplies | Unreathiated Current |
| Boynton Beach, FL 33472 | 65-0149423 | 501(C)(3) | 0. | 26,746. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| Catholic Charities-St. Francis | | | | | Number of | | |
| 100 West 20th Street | | | | | Pounds of Food | | |
| Riviera Beach, FL 33404 | 59-2470479 | 501(C)(3) | 0. | 9,237. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| Catholic Charities-St. Mary's | | | | | Number of | | |
| 1200 East Main Street | | | | | Pounds of Food | | |
| Pahokee, FL 33476 | 59-2470479 | 501(C)(3) | 0. | 40,422. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| Children's Outrooch Tra | | | | | Normal and | | |
| Children's Outreach, Inc. | | | | | Number of | | |
| 1608 Broadway Avenue | 26 4525244 | E01/G\/3\ | | 50 400 | Pounds of Food | D | The state of the s |
| Riviera Beach, FL 33404 | 36-4737341 | DOT(G)(3) | 0. | 72,493. | X \$1.92/1b. | Food Supplies | Unrestricted Support |

| Part II Continuation of Grants and Other A | Assistance to Dor | nestic Organizations | and Domestic Go | vernments (Sch | edule I (Form 990), Pa | art II.) | |
|--|-------------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Church of God of Duanham Inc. of | | | | | Number of | | |
| Church Of God Of Prophecy Inc. of | | | | | | | |
| Greenacres - 116 Broward Ave, - | CE 00300E7 | F01/G1/31 | | 210 207 | Pounds of Food | D | Tour short short Grown and |
| Greenacres, FL 33463 | 65-0839857 | 501(C)(3) | 0. | 219,307. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| Church of the Harvest (Glades Area | | | | | Number of | | |
| Pantry) - 183 South Lake Avenue - | | | | | Pounds of Food | | |
| Pahokee, FL 33476 | 55-1079385 | 501(C)(3) | 0. | 63,268. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| CIDRA | | | | | Number of | | |
| 865 S Congress Avenue | | | | | Pounds of Food | | |
| West Palm Beach, FL 33406 | 26-4732554 | 501(C)(3) | 0. | 67,740. | X \$1.92/lb. | Food Supplies | Unrestricted Support |
| Club 100 Charities, Inc | | | | | Number of | | |
| 425 Crescent Drive | | | | | Pounds of Food | | |
| Lake Park, FL 33403 | 20-3929694 | 501(C)(3) | 0. | 92 305. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| Coalition for Independent Living | | | | , , , , , , | 7-0 | | |
| Options (CILO) - 4400 N. Congress | | | | | Number of | | |
| Avenue, Suite 203 - West Palm | | | | | Pounds of Food | | |
| Beach, FL 33407 | 91-2138253 | 501(C)(3) | 0. | 23 075. | X \$1.92/lb. | Food Supplies | Unrestricted Support |
| Community Faith Outreach | | | | | | | |
| Ministries - Mobile - 1015 N.W. | | | | | Number of | | |
| 4th Street - Boynton Beach, FL | | | | | Pounds of Food | | |
| 33435 | 57-1194591 | 501(C)(3) | 0. | 17,140. | X \$1.92/lb. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| Community Outreach Foundation | | | | | Number of | | |
| Mission - 1717 NE 2nd Avenue - | 60 000010- | F01 (#) (0) | | | Pounds of Food | | |
| Delray Beach, FL 33444 | 60-0003487 | 501(C)(3) | 0. | 27,613. | X \$1.92/lb. | Food Supplies | Unrestricted Support |
| Covenant Centre International | | | | | Number of | | |
| (CCI) - 9153 Roan Lane - West Palm | | | | | Pounds of Food | | |
| Beach, FL 33403 | 65-0338166 | 501(C)(3) | 0. | 85 134 | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | 22 2333130 | | · · | 33,131. | 72.52,20 | - ca sappros | |
| Cros Belle Glade Pantry | | | | | Number of | | |
| 401 SW 1st Street | | | | | Pounds of Food | | |
| Belle Glade, FL 33430 | 59-1802917 | 501(C)(3) | 0. | 138,274. | X \$1.92/lb. | Food Supplies | Unrestricted Support |

| Part II Continuation of Grants and Other A | Assistance to Doi | mestic Organizations | and Domestic Go | overnments (Sch | edule I (Form 990), Pa | rt II.) | Т |
|--|-------------------|-------------------------------|--------------------------|--|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CROS Caring Kitchen | | | | | Number of | | |
| 100 W Atlantic Avenue | | | | | Pounds of Food | | |
| Delray Beach, FL 33444 | 59-1802917 | 501(C)(3) | 0. | 68,331. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| CROS Central Palm Pantry - WPB | | | | | Number of | | |
| 215 S. Congress Avenue | | | | | Pounds of Food | | |
| West Palm Beach, FL 33409 | 59-1802917 | 501(C)(3) | 0. | 76,099. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| GDOG Palman Parak | | | | | NT | | |
| CROS Delray Beach | | | | | Number of | | |
| 141 SW 12th Ave | EO 1000017 | E01/G)/2) | | 140 707 | Pounds of Food | T | |
| Delray Beach, FL 33444 | 59-1802917 | 501(C)(3) | 0. | 140,727. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| CROS Jupiter Food Pantry | | | | | Number of | | |
| 106 Military Trail | | | | | Pounds of Food | | |
| Jupiter, FL 33458 | 59-1802917 | 501(C)(3) | 0. | 93,215. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| CROS Lake Worth Food Pantry | | | | | Number of | | |
| 1615 Lake Avenue | | | | | Pounds of Food | | |
| Lake Worth, FL 33460 | 59-1802917 | 501(C)(3) | 0. | 200 288 | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| make worth, FE 33400 | 33 1002317 | 501(0)(3) | 0. | 200,200. | A \$1.52/1D. | rood Suppiles | onrescricted support |
| CROS Ministries Mobile Pantry | | | | | Number of | | |
| 3812 Jog Rd | | | | | Pounds of Food | | |
| Greenacres, FL 33467 | 59-1802917 | 501(C)(3) | 0. | 163,761. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| CROS West Palm Beach Food Pantry | | | | | Number of | | |
| 2107 N. Tamarind | | | | | Pounds of Food | | |
| West Palm Beach, FL 33407 | 59-1802917 | 501(C)(3) | 0. | 73,549. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| Dot and Ruby Helping Hand Program | | | | | Number of | | |
| 227 SW 6th Street | | | | | Pounds of Food | | |
| Belle Glade, FL 33430 | 80-0167886 | 501(C)(3) | 0. | 354,053. | x \$1.92/1b. | Food Supplies | Unrestricted Support |
| Eat Better Live Better, Inc | | | | | Number of | | |
| 14451 South Military Trail Suite #2 | | | | | Pounds of Food | | |
| Delray Beach, FL 33484 | 81-0994119 | 501(C)(3) | 0. | 72 390 | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| Dellay Deach, FD 33404 | 01 0334113 | Po+(C/(J/ | <u> </u> | 12,300. | kr ήτ. 2ς/ τη. | roog pubbites | bureacticed aubbott |

| Part II Continuation of Grants and Other | Assistance to Dor | mestic Organizations | and Domestic Go | vernments (Sch | edule I (Form 990), Pa | ırt II.) | 1 |
|--|-------------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash 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 | | | | | Number of | | |
| 725 S. Dixie Hwy. | | | | | Pounds of Food | | |
| Lake Worth, FL 33460 | 52-0643036 | 501(C)(3) | 0. | 238 524 | x \$1.92/1b. | Food Supplies | Unrestricted Support |
| Eake Worten, TE 33400 | 32 0043030 | 501(0)(3) | · · | 230,324. | A VI.32/ID. | rood Supplies | onicaciiceca bappoie |
| Echoes of Praise Ministries | | | | | Number of | | |
| International Inc - 3650 Shawnee | | | | | Pounds of Food | | |
| Avenue - West Palm Beach, FL 33409 | 30-0555324 | 501(C)(3) | 0. | 337,483. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| , | | | | , | | | |
| Eglise Assemble Evangelique De | | | | | Number of | | |
| Christ - 1115 N Federal Hwy - | | | | | Pounds of Food | | |
| Boynton Beach, FL 33435 | 82-0573625 | 501(C)(3) | 0. | 66,849. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| Eglise de Dieu de Beree | | | | | Number of | | |
| 4731 West Atlantic Ave, Suite B-4 | | | | | Pounds of Food | | |
| Delray Beach, FL 33444 | 65-0909304 | 501(C)(3) | 0. | 52,346. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| Eglise De La Mission Semence Inc. | | | | | Number of | | |
| 508 North G Street | | | | | Pounds of Food | | |
| Lake Worth, FL 33460 | 26-3461687 | 501(C)(3) | 0. | 104,080. | X \$1.92/lb. | Food Supplies | Unrestricted Support |
| | | | | | L , . | | |
| El Hacedor Juan 3:16 | | | | | Number of | | |
| 413 Fern St. | 44 0555505 | 501/61/21 | | 20.000 | Pounds of Food | | |
| Jupiter, FL 33458 | 44-0577787 | 501(C)(3) | 0. | 39,020. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| El Sol, Jupiter Neighborhood | | | | | Number of | | |
| Resource Center - 106 Military | | | | | Pounds of Food | | |
| Trail - Jupiter, FL 33458 | 01-0870672 | 501(C)(3) | 0. | 23 229 | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | 01 00/00/2 | 501(0)(3) | · · | 23,223. | μ ψ1.52/12. | Took Supplies | onicociicoca bappoi |
| Estella's Brilliant Bus | | | | | Number of | | |
| 1701 Skees Rd | | | | | Pounds of Food | | |
| West Palm Beach, FL 33411 | 30-0493352 | 501(C)(3) | 0. | 53 532 | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | , · | 55,552. | Ţ-,, 2 , | PPILO | 2000000 |
| Estella's Brilliant Bus at | | | | | Number of | | |
| Lakeside - 2156 Okeechobee Blvd - | | | | | Pounds of Food | | |
| West Palm Beach, FL 33409 | 30-0493352 | 501(C)(3) | 0. | 48 540. | X \$1.92/1b. | Food Supplies | Unrestricted Support |

| (a) Name and address of | (b) EIN | (c) IRC section | (d) Amount of | (e) Amount of | (f) Method of | (g) Description of | (h) Purpose of grant |
|------------------------------------|----------------|-----------------|---------------|-----------------------|---|---------------------|----------------------|
| organization or government | (b) EIN | if applicable | cash grant | noncash assistance | valuation (book, FMV, appraisal, other) | non-cash assistance | or assistance |
| Extended Arm, Inc. | | | | | Number of | | |
| 819 Washington Ave. | | | | | Pounds of Food | | |
| Lake Worth, FL 33460 | 65-1012365 | 501(C)(3) | 0. | 100,835. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| Extended Hands Community Outreach, | | | | | Number of | | |
| Inc 540 Cheerful Street - West | | | | | Pounds of Food | | |
| Palm Beach, FL 33407 | 03-0484951 | 501(C)(3) | 0. | 127,978. | x \$1.92/1b. | Food Supplies | Unrestricted Support |
| Faith Deliverance "Feeding Hope | | | | | Number of | | |
| Villiage" - 3437 Avenue O - | | | | | Pounds of Food | | |
| Riviera Beach, FL 33404 | 20-5716273 | 501(C)(3) | 0. | 123,956. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| Farm Share | | | | | Normalian as | | |
| | | | | | Number of | | |
| 2701 Vista Parkway Suite A-6 | 65 0343103 | E01/G)/2) | 0. | 74 507 | Pounds of Food | Reed Cumplies | |
| West Palm Beach, FL 33411 | 65-0342192 | 501(0)(3) | 0. | 74,527. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| Farmworker Coordinating Council - | | | | | Number of | | |
| Belle Glade - 233 West Avenue A, | | | | | Pounds of Food | | |
| Suite D - Belle Glade, FL 33430 | 59-1830267 | 501(C)(3) | 0. | 372,679. | x \$1.92/1b. | Food Supplies | Unrestricted Support |
| Farmworker Coordinating Council - | | | | | Number of | | |
| Lake Worth - 1123 Crestwood Blvd - | | | | | Pounds of Food | | |
| Lake Worth, FL 33460 | 59-1830267 | 501(C)(3) | 0. | 401,208. | x \$1.92/1b. | Food Supplies | Unrestricted Support |
| Feed the Hungry Pantry of PBC Inc. | | | | | Number of | | |
| 900 Brandywine Road | | | | | Pounds of Food | | |
| West Palm Beach, FL 33409 | 82-3760456 | 501(C)(3) | 0. | 1,205,905. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | | - | | | |
| First Corinthians MB Church | | | | | Number of | | |
| 2826 Broadway, 103 | | | | | Pounds of Food | | |
| Riviera Beach, FL 33404 | 43-2018913 | 501(C)(3) | 0. | 11,530. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| First Presbyterian Church of | | | | | Number of | | |
| Boynton Beach - 235 SW 6th Avenue | | | | | Pounds of Food | | |
| - Boynton Beach, FL 33435 | 59-2354995 | 501(C)(3) | 0. | 92 742 | X \$1.92/1b. | Food Supplies | Unrestricted Support |

| | | Food Bank, 1 | | | | | 0-0788707 Page |
|---|-------------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| Part II Continuation of Grants and Other A | Assistance to Doi | mestic Organizations | and Domestic Go | vernments (Sch | nedule I (Form 990), Pa | rt II.) | T |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| | | | | | _ | | |
| First SDA Church of Riviera Beach | | | | | Number of Pounds of Food | | |
| 3751 Avenue J Riviera Beach, FL 33404 | 52-0643036 | 501(C)(3) | 0. | 12 272 | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| KIVIEIA BEACH, FH 33404 | 32 0043030 | 501(0/(3/ | · · | 42,272. | A \$1.52/1D. | rood Suppiles | onrestricted Support |
| First SDA West Palm Beach | | | | | Number of | | |
| 6300 Summitt Blvd | | | | | Pounds of Food | | |
| West Palm Beach, FL 33415 | 65-0181052 | 501(C)(3) | 0. | 644,630. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| Florida Department of Health WPB | | | | | Number of | | |
| (FLDOH) - 1150 45th Street - West | | | | | Pounds of Food | | |
| Palm Beach, FL 33407 | 59-2242689 | 170(b)(1)(A)(ii) | 0. | 13,019. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| Florida Department of Health | | | | | | | |
| (FLDOH) - Lantana/Lake Worth - 1250 | | | | | Number of | | |
| Southwinds Drive - Lantana, FL | | | _ | | Pounds of Food | | |
| 33462 | 59-2242689 | 501(C)(3) | 0. | 13,679. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| Gateway to Housing Inc. | | | | | Number of | | |
| 160 Congress Park Drive, Suite 116 | | | | | Pounds of Food | | |
| Delray Beach, FL 33445 | 27-0861630 | 501(C)(3) | 0. | 58 733. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| , | | | | ,,,,,,, | 1-1-1-1 | | |
| God's Army Raising Youth (G.A.R.Y. | | | | | Number of | | |
| Foundation) - 5139 Woodstone | | | | | Pounds of Food | | |
| Circle East - Lake Worth, FL 33463 | 80-0139607 | 501(C)(3) | 0. | 12,384. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| Good Samaritan Alliance Church of | | | | | Number of | | |
| Boynton Beach - 425 NE 10th Avenue | | | _ | | Pounds of Food | | |
| - Boynton Beach, FL 33435 | 64-0962873 | 501(C)(3) | 0. | 50,170. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| Cognel Prayer Band Church | | | | | Number of | | |
| Gospel Prayer Band Church 420 Martin Luther King Blvd | | | | | Number of Pounds of Food | | |
| South Bay, FL 33493 | 65-0571285 | 501(C)(3) | 0. | 89 899 | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| 2000 201, 12 00170 | 03 03/1203 | | <u> </u> | 05,055. | 7- 77- | - coa Dappiles | Direction Dupper |
| Hacer Ministry Corp. | | | | | Number of | | |
| 2727 Georgia Avenue | | | | | Pounds of Food | | |
| West Palm Beach, FL 33409 | 27-1506309 | 501(C)(3) | 0. | 768,253. | X \$1.92/1b. | Food Supplies | Unrestricted Support |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| Hands Together for Haitians | | | | | Number of | | |
| 25 S H ST | | | | | Pounds of Food | | |
| Lake Worth, FL 33460 | 20-5122445 | 501(C)(3) | 0. | 129,114. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| Heart of Gold Christian Temple | | | | | Number of | | |
| 5503 Broadway | | | | | Pounds of Food | | |
| West Palm Beach, FL 33407 | 46-2962478 | 170(b)(1)(A)(ii) | 0. | 103,301. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| Helping People Live Prosperously, | | | | | Number of | | |
| Inc. (H.E.L.P.) - 3600 Broadway - | | | | | Pounds of Food | | |
| West Palm Beach, FL 33407 | 82-1952365 | 501(C)(3) | 0. | 62,514. | X \$1.92/lb. | Food Supplies | Unrestricted Support |
| Inlet Grove Community High School | | | | | Number of | | |
| 600 W. 28th Street | | | | | Pounds of Food | | |
| Riviera Beach, FL 33404 | 26-3067638 | 501(C)(3) | 0. | 32,345. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| J.A.Y. (Jesus and You) Outreach | | | | | Number of | | |
| Ministries, Inc 2831 Avenue | | | | | Pounds of Food | | |
| South - Riviera Beach, FL 33404 | 65-0452075 | 501(C)(3) | 0. | 86,546. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| Jacobson Family Food Pantry @ JFS | | | | | Number of | | |
| 430 South Congress Ave, Suite 1-C | | | | | Pounds of Food | | |
| Delray Beach, FL 33445 | 65-1115689 | 501(C)(3) | 0. | 13,839. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| Jeff Industries, Inc. | | | | | Number of | | |
| 113 East Coast Avenue | | | | | Pounds of Food | | |
| Hypoluxo, FL 33462 | 59-2516157 | 501(C)(3) | 0. | 76,402. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| Joy of Living | | | | | Number of | | |
| 455 North Haverhill Road | | | | | Pounds of Food | | |
| West Palm Beach, FL 33415 | 46-2014964 | 501(C)(3) | 0. | 30,165. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| Lake VIllage at the Glades | | | | | Number of | | |
| 1749 E. Main Street | | | | | Pounds of Food | | |
| Pahokee, FL 33476 | 59-1197040 | 501(C)(3) | 0. | 62 935. | X \$1.92/1b. | Food Supplies | Unrestricted Support |

| Part II Continuation of Grants and Other | Assistance to Do | mestic Organizations | and Domestic Go | vernments (Sch | nedule I (Form 990), Pa | rt II.) | T |
|--|------------------|-------------------------------|--------------------------|--|--|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Liberty Movement Ministry | | | | | Number of | | |
| 2501 Bristol Dr. Suite A8 | | | | | Pounds of Food | | |
| West Palm Beach, FL 33409 | 27-8049384 | 501 (C) (3) | 0. | 680 036 | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| west raim beach, rh 33403 | 27 0045304 | 501(0/(5/ | · · · | 000,030. | A \$1.52/1D. | rood supplies | onrestricted support |
| Loving Hands for the Needy, Inc. | | | | | Number of | | |
| 3100 S Congress Avenue, Suite 1 | | | | | Pounds of Food | | |
| Boynton Beach, FL 33435 | 41-2128962 | 501(C)(3) | 0. | 151 133. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| , | | | | | 1-1-1-1 | | |
| Martha's Kitchen | | | | | Number of | | |
| 231 North Federal Highway | | | | | Pounds of Food | | |
| Lake Worth, FL 33460 | 23-6393377 | 501(C)(3) | 0. | 212,555. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | | · | | | |
| McCurdy Quiet Waters | | | | | Number of | | |
| 306 SW 10TH Street | | | | | Pounds of Food | | |
| Belle Glade, FL 33430 | 56-2423539 | 501(C)(3) | 0. | 113,364. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| Mission Eglise Evangelique de la | | | | | Number of | | |
| Bible - 1960 S. Congress Ave | | | | | Pounds of Food | | |
| West Palm Beach, FL 33406 | 81-2971652 | 501(C)(3) | 0. | 114,305. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| More Than Conquerors Ministries | | | | | Number of | | |
| 3275 North Haverhill Road | | | | | Pounds of Food | | |
| West Palm Beach, FL 33417 | 58-2116261 | 501(C)(3) | 0. | 205,413. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| Nelson's Outreach Ministries, Inc. | | | | | Number of | | |
| 251 West 11th Street Unit 700 | | | | | Pounds of Food | | |
| Riviera Beach, FL 33404 | 65-0787394 | 501(C)(3) | 0. | 211,939. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| New Bethel Missionary Baptist | | | | | Number of | | |
| Church - 911 9th St West Palm | | | | | Pounds of Food | | |
| Beach, FL 33401 | 59-1930127 | 501(C)(3) | 0. | 73,945. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| New Birth Deliverance DBA Edwards | | | | | Number of | | |
| Sims Pantry - 1650 South Main | | | | | Pounds of Food | | |
| Street - Belle Glade, FL 33430 | 65-0787394 | 501(C)(3) | 0. | 29,856. | X \$1.92/1b. | Food Supplies | Unrestricted Support |

| Part II Continuation of Grants and Other A | Assistance to Dor | mestic Organizations | and Domestic Go | overnments (Sch | nedule I (Form 990), Pa | rt II.) | r |
|--|-------------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| New South Bay Villas - LOT | | | | | Number of | | |
| 845 West Palm Beach Road, South Bay | | | | | Pounds of Food | | |
| South Bay, FL 33414 | 47-2640945 | 501(C)(3) | 0. | 81 893. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| , | | | | , , , , , | , | | |
| North Grade Elementary | | | | | Number of | | |
| 824 N K Street | | | | | Pounds of Food | | |
| Lake Worth, FL 33460 | 26-3067638 | 501(C)(3) | 0. | 12,332. | X \$1.92/lb. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| Our Support for Children in Need, | | | | | Number of | | |
| Inc 229 SE 2nd Avenue Delray | | | | | Pounds of Food | | |
| Beach, FL 33483 | 75-3238083 | 501(C)(3) | 0. | 460,072. | X \$1.92/lb. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| Palm Beach Harvest-Mobil Pantry | | | | | Number of | | |
| 4730 Maine Street | 00 0500550 | E01/a)/2) | | 140 400 | Pounds of Food | | |
| Lake Worth, FL 33467 | 90-0508579 | 501(C)(3) | 0. | 142,408. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| Palm Beach State College - Belle | | | | | Number of | | |
| Grade - 1977 SW College Drive - | | | | | Pounds of Food | | |
| Belle Glade, FL 33430 | 56-1818556 | 501(C)(3) | 0. | 45 103. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| , | | | | | | | |
| Palm Beach State College - Lake | | | | | Number of | | |
| Worth - 4200 Congress Ave Lake | | | | | Pounds of Food | | |
| Worth, FL 33461 | 59-1818556 | 501(C)(3) | 0. | 31,539. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| Palm Beach State College - Palm | | | | | Number of | | |
| Beach Garden - 3160 PGA - Palm | | | | | Pounds of Food | | |
| Beach Gardens, FL 33410 | 59-1818556 | 501(C)(3) | 0. | 28,208. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| Duraman D. D. N. G. V. | | | | | Manusha and S | | |
| Program R.E.A.C.H. | | | | | Number of | | |
| 1318 Henrietta Avenue | E0 10011E0 | E01/91/21 | _ | 20.55 | Pounds of Food | | |
| West Palm Beach, FL 33401 | 59-1084179 | DUI(C)(3) | 0. | 39,626. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| Project Lift | | | | | Number of | | |
| 1140 Ne 18th ST | | | | | Pounds of Food | | |
| Belle Glade, FL 33430 | 59-1818556 | 501(C)(3) | 0. | 100 817 | X \$1.92/1b. | Food Supplies | Unrestricted Support |

| | | Food Bank, | | | | | 0-0788707 Pa |
|--|------------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| Part II Continuation of Grants and Other A | ssistance to Doi | mestic Organizations | and Domestic Go | overnments (Sch | iedule I (Form 990), Pa T | art II.) | T |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| | | | | | | | |
| Redemption Church of God | | | | | Number of | | |
| 6192 South Congress Ave, Suite B2 | 27 2170560 | E01/G\/2\ | 0. | 14 074 | Pounds of Food | Food Cupplies | Unnegtwisted Cunnert |
| Lantana, FL 33462 | 27-3178560 | 501(C)(3) | 0. | 14,974. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| Redemptive Life Fellowship | | | | | Number of | | |
| 4431 Embarcadero Drive | | | | | Pounds of Food | | |
| West Palm Beach, FL 33407 | 65-0286937 | 501(C)(3) | 0. | 193,131. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| Restoration Bridge International | | | | | Number of | | |
| 127 S M Street - Church by the Glad | | | | | Pounds of Food | | |
| Lake Worth, FL 33460 | 55-0808840 | 501(C)(3) | 0. | 530,831. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| Riviera Beach Community Outreach | | | | | Number of | | |
| 1144 W 6th Street | | | | | Pounds of Food | | |
| Riviera Beach, FL 33404 | 30-0686477 | 501(C)(3) | 0. | 308,156. | X \$1.92/lb. | Food Supplies | Unrestricted Support |
| Salem Haitian Evangelical Lutheran | | | | | Number of | | |
| Church - 1020 South Dixie Highway | | | | | Pounds of Food | | |
| - Lake Worth, FL 33460 | 65-0531379 | 501(C)(3) | 0. | 481 700 | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| Seagull Academy for Independent | | | 1 | 101,700. | 72.727 | Took Supplies | onicsciicoca sappois |
| Living (SAIL) - 6250 North | | | | | Number of | | |
| Military Trail - Riviera Beach, FL | | | | | Pounds of Food | | |
| 33407 | 59-1879968 | 501(C)(3) | 0. | 75,602. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| Shammah Baptist Worship Center | | | | | Number of | | |
| 6240 Dodd Rd. | | | | | Pounds of Food | | |
| Greenacres, FL 33463 | 90-0410257 | 501(C)(3) | 0. | 31,960. | X \$1.92/lb. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| Siloe Baptist Church of West Palm | | | | | Number of | | |
| Beach - 1527 North Haverhill Road | CF 0C==== | 504 (5) (0) | _ | | Pounds of Food | L | |
| - West Palm Beach, FL 33417 | 65-0852817 | 501(C)(3) | 0. | 98,809. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| St. Ann Church | | | | | Number of | | |
| 310 North Olive Avenue | | | | | Pounds of Food | | |
| West Palm Beach, FL 33401 | 59-6001732 | 501(C)(3) | 0. | 11 272 | X \$1.92/1b. | Food Supplies | Unrestricted Support |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| St. Gregory's Episcopal Church | | | | | Number of | | |
| 100 NE Mizner Blvd. | | | | | Pounds of Food | | |
| Boca Raton, FL 33429 | 59-1276272 | 501(C)(3) | 0. | 32 006 | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| 2004 14004, 12 00122 | 03 12/02/2 | 552(5)(5) | 1 | 02,000. | 71.52,12. | Took Supplies | omiosoficou support |
| St. Mary Catholic Church | | | | | Number of | | |
| 1200 East Main Street | | | | | Pounds of Food | | |
| Pahokee, FL 33476 | 59-2438903 | 501(C)(3) | 0. | 61,151. | x \$1.92/1b. | Food Supplies | Unrestricted Support |
| · | | | | • | | | |
| St. Peter Catholic Church | | | | | Number of | | |
| 2581 Jupiter Park Drive | | | | | Pounds of Food | | |
| Jupiter, FL 33458 | 65-0012587 | 501(C)(3) | 0. | 53,902. | X \$1.92/lb. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| St. Rita's Catholic Church | | | | | Number of | | |
| Louis Ctr - Annex. Fairgrounds | | | | | Pounds of Food | | |
| West Palm Beach, FL 33461 | 59-2290631 | 501(C)(3) | 0. | 61,610. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| The Arc of the Glades | | | | | Number of | | |
| 4250 NW 16th Street | | | | | Pounds of Food | | |
| Belle Glade, FL 33430 | 59-1760374 | 501(C)(3) | 0. | 44,129. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| m | | | | | | | |
| The Glades Initiative | | | | | Number of | | |
| 141 SE Avenue C | 01 0722100 | F01/G1/21 | | 500 400 | Pounds of Food | D d. G | |
| Belle Glade, FL 33430 | 01-0733180 | DUI(C)(3) | 0. | 590,482. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| The Guatemala Maya Center | | | | | Number of | | |
| 430 North G Street | | | | | Pounds of Food | | |
| Lake Worth, FL 33460 | 65-0355018 | 501(C)(3) | 0. | 701 847 | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| nake worth, 11 33400 | 03 0333010 | 301(0)(3) | · · · | 701,047. | N 91.92/1D. | rood bappiles | onicaciiceca bappoie |
| The Lord's Place - Burckle's Women | | | | | Number of | | |
| Campus - 711 South J Street - Lake | | | | | Pounds of Food | | |
| Worth, FL 33460 | 59-2240502 | 501(C)(3) | 0. | 8,674. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| , | | , | 1 | , , , , , , | | | |
| The Lord's Place - Family Campus | | | | | Number of | | |
| 4964 Wedgewood Way | | | | | Pounds of Food | | |
| West Palm Beach, FL 33417 | 59-2240502 | 501(C)(3) | 0. | 44.477. | x \$1.92/1b. | Food Supplies | Unrestricted Support |

Schedule I (Form 990)

Schedule I (Form 990)

90-0788707

| | | | | | | 1 | l |
|--|------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash 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 - Halle Place | | | | | Number of | | |
| 627 6th Street | | | | | Pounds of Food | | |
| West Palm Beach, FL 33401 | 59-2240502 | 501(C)(3) | 0. | 9,817. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| The Lord's Place - Men's Campus | | | | | Number of | | |
| 1750 NE 4th Street | | | | | Pounds of Food | | |
| Boynton Beach, FL 33435 | 59-2240502 | 501(C)(3) | 0. | 45,732. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| The Pearl Mae Foundation | | | | | Number of | | |
| 775 W Indian Town | | | | | Pounds of Food | | |
| Jupiter, FL 33458 | 32-0485613 | 501(C)(3) | 0. | 21,137. | x \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| The Soup Kitchen | | | | | Number of | | |
| 8645 West Boynton Beach Blvd | | | | | Pounds of Food | | |
| Boynton Beach, FL 33472 | 59-2628415 | 501(C)(3) | 0. | 251,820. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| Tree of Life Foundation | | | | | Number of | | |
| International - 2701 Vista Parkway | | | | | Pounds of Food | | |
| - West Palm Beach, FL 33411 | 20-3857927 | 501(C)(3) | 0. | 26,423. | x \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| Trinity United Methodist Church | | | | | Number of | | |
| 1401 9th Street | F0 1506500 | 501/61/21 | | 20 204 | Pounds of Food | | |
| West Palm Beach, FL 33401 | 59-1726789 | 501(C)(3) | 0. | 39,324. | X \$1.92/lb. | Food Supplies | Unrestricted Support |
| True Fast Outreach Ministries | | | | | Number of | | |
| 638 6th Street | | | | | Pounds of Food | | |
| West Palm Beach, FL 33401 | 30-0194610 | 501(C)(3) | 0. | 310,232. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| In Nuovo Comiongo | | | | | Number of | | |
| Un Nuevo Comienzo | | | | | Number of | | |
| 2419 10TH ST AVE N | 47 5101200 | E01/G\/3\ | | 60.060 | Pounds of Food | Read Com-14 | Unanatai at a Garage |
| Lake Worth, FL 33461 | 47-5121380 | DU1(C)(3) | 0. | 60,069. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| United Haitian Baptist Food | | | | | Number of | | |
| Ministry - 2015 Parker Avenue - | | | | | Pounds of Food | | |
| West Palm Beach, FL 33401 | 65-0287465 | 501(C)(3) | 0. | 1,009,266. | x \$1.92/1b. | Food Supplies | Unrestricted Support |

| Schedule I (Form 990) Palm Beac Part II Continuation of Grants and Other | | Food Bank, mestic Organizations | | vernments (Sch | edule I (Form 990), Pa | | 00-0788707 Pa |
|--|------------|---------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Uruguayos Hoy Community Services | | | | | Number of | | |
| 941 S Military, Suite 3 | | | | | Pounds of Food | | |
| West Palm Beach, FL 33415 | 81-3546986 | 501(C)(3) | 0. | 54,856. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| West Palm Beach Housing Authority | | | | | Number of | | |
| 8800 South Ridge CT | | | | | Pounds of Food | | |
| West Palm Beach, FL 33405 | 56-6001290 | 501(C)(3) | 0. | 187 214. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| Windsor Park - LOT | | | | | Number of | | |
| 1389 Summitt Pines Blvd | | | | | Pounds of Food | | |
| West Palm Beach, FL 33415 | 47-2640945 | 501(C)(3) | 0. | 57,434. | X \$1.92/lb. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| YWCA of Palm Beach County | | | | | Number of | | |
| 1016 N DIXIE HWY | | | | | Pounds of Food | | |
| West Palm Beach, FL 33401 | 59-0751935 | 501(C)(3) | 0. | 6,067. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | | | Number of | | |
| | | | | | Number of Pounds of Food | | |
| Anonymous | | | 0. | 681 638. | X \$1.92/1b. | Food Supplies | Unrestricted Support |
| | | | | | 72.72,20. | Jose Supplies | omiosciliotta sappoit |
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| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | Food supplies distributed |
| | | | | | through Project Thanksgiving |
| | | | | Retail price of | Lois' Food4Kids and Nutrition |
| ift Cards and food supplies | 16144 | 58,454. | 3,098,447. | supplies and gift cards | Driven Programs |
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| Part IV Supplemental Information. Provide the information rec | quired in Part I, line | e 2; Part III, column | (b); and any other ac | dditional information. | |
| art I, Line 2: | | | | | |
| ulo 1, 2110 2. | | | | | |
| he organization awards assistance | based up | on the mis | ssion of th | e recipient | |
| | | | | | |
| rganization and its history of ac | hieving i | ts program | n objective | S. | |
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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.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Palm Beach County Food Bank, Inc.

Part I | Questions Regarding Compensation

Employer identification number 90-0788707

| | · | | Yes | No |
|----|--|----|-----|--------------|
| 1a | Check the appropriate 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 indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as 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, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the 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. | | | |
| | X Compensation committee X Written employment contract | | | |
| | Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X 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: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | Х Х Х |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | _X_ |
| С | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | <u>X</u> |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 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: | | | |
| а | The organization? | 5a | | <u>X</u> |
| b | Any related organization? | 5b | | X |
| | 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: | | | |
| а | The organization? | 6a | | _ <u>X</u> _ |
| b | Any related organization? | 6b | | X |
| | 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 on lines 5 and 6? If "Yes," describe in Part III | 7 | | _X_ |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued 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 | | _X_ |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | |

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

Schedule J (Form 990) 2022

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 aren't 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.

| | | (B) Breakdown of W | /-2 and/or 1099-MISO compensation | C and/or 1099-NEC | other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) |
|--------------------|-------------|-----------------------|--------------------------------------|---|----------------|-------------------------|---------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) Jamie Kendall | (i) | 183,119. | 0. | 0. | 0. | 6,678. | 189,797. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | 1 1/5 000) 0000 |

| 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. |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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 instructions and the latest information.

Palm Beach County Food Bank, Inc.

Employer identification number 90-0788707

| Pai | rt I Types of Property | | | | • | | | |
|----------|--|-------------------------------|---|---|---|-----------|------|-----|
| | | (a) Check if applicable | (b) Number of contributions or litems contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of de noncash contribu | etermini | • | s |
| 1 | Art - Works of art | | TESTIO CONTINUATOR | r om coo, r are viii, iii o rg | | | | |
| 2 | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | | | | | | | | |
| 9 | Intellectual property Securities - Publicly traded | X | 3 | 2 641 792 | Public Exch | ange | | |
| | Securities - Closely held stock | | | 2,041,152. | TUDITO EXCI | ange | | |
| 10 | | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| 10 | trust interests | | | | | | | |
| 12 13 | Securities - Miscellaneous Qualified conservation contribution - | | | | | | | |
| 13 | | | | | | | | |
| 4.4 | A Historic structures Qualified conservation contribution - Other | | | | | | | |
| 14 | *** | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | X | 109 | 20 710 075 | Wholesale m | 2 20 15 0 | .+ - | 1 |
| 19 | Food inventory | | 109 | 20,710,073. | WITOTESATE III | arke | : נ | /a1 |
| 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 organic | | | | | | | |
| | for which the organization completed Form 82 | 83, Part V, D | onee Acknowledg | ement 29 | | | - 1 | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organization receive b | | | | | | | |
| | must hold for at least 3 years from the date of | | ntribution, and whi | ich isn't required to be used | for | | | |
| | exempt purposes for the entire holding period | ? | | | | 30a | | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance | | | | tions? | 31 | | X |
| 32a | Does the organization hire or use third parties | | - | | | | | |
| | contributions? | | | | | 32a | | X |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amount in o | olumn (c) foi | r a type of property | for which column (a) is che | cked, | | | |
| | describe in Part II. | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

| Schedule M | (Form 990) 2022 | Palm | Beacn | County | Food | вапк, | Inc. | 90-0788707 | Page 2 |
|------------|----------------------|--------------|-------------|-----------------|--------------|-------------|-----------------|---|--------|
| Part II | Supplemental | Informa | ation. Pro | vide the infor | mation reg | uired by Pa | rt I. lines 30b | , 32b, and 33, and whether the organiz ved, or a combination of both. Also con | ation |
| | is reporting in Part | t I. column | (b) the nur | nber of contril | butions, the | e number o | f items receiv | yed, or a combination of both. Also con | nolete |
| | this part for any ac | dditional in | formation. | | | | | | .p |
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232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

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 Form 990-EZ.

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

2022
Open to Public Inspection

Internal Revenue Service

Name of the organization

Palm Beach County Food Bank, Inc.

Employer identification number 90-0788707

Form 990, Part III, Line 4a, Program Service Accomplishments: In addition, the Childhood Hunger Initiatives program distributed food packs for the weekend to upwards of 6,000 at 59 partner agencies throughout the year for a total of 155,275 bags of nutritious shelf-stable food, equating to almost 1.4 million meals for children. The Pop-Up Farmers Market Program served around 500 unduplicated low-income, food-insecure households with a weekly produce box and nutrition information to help increase their fresh vegetable and fruit intake. Groceries for Seniors supplemented seniors' weekly groceries by providing them with bi-weekly groceries. The Benefits Outreach program helped over 6,700 individuals with their SNAP applications, generating over \$4.9 million of federal food benefit assistance revenue for the local economy. 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. Form 990, Part VI, Section B, Line 12c: The Organization monitors its conflict of interest policy annually through submitting a questionnaire. Form 990, Part VI, Section B, Line 15a: The Organization's compensation determination method is based on a review

232211 10-28-22

of published salary surveys. The executive director's salary is approved by

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

| Schedule O (Form 990) 2022 | Page 2 |
|--|---|
| Name of the organization Palm Beach County Food Bank, Inc. | Employer identification number 90-0788707 |
| the board of directors. | |
| | |
| Form 990, Part VI, Section C, Line 19: | |
| The Organization makes its governing documents, conflict o | f interest |
| policy, and financial statements available to the public u | pon request. |
| 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 proce | ss has not |
| changed from the prior year. | |
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Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print Palm Beach County Food Bank, Inc. 90-0788707 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 701 Boutwell Road return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. Lake Worth, FL 33461 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) Michael Groover, CFO The books are in the care of ▶ 701 Boutwell Road, A-2 - Lake Worth Beach, FL 33461 Telephone No. \triangleright (561) 670-2518 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. May 15, 2024 ____ , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or $\underline{\hspace{0.5cm}}$, and ending $\underline{\hspace{0.5cm}}$ JUN $\hspace{0.5cm}$ 30 , $\hspace{0.5cm}$ 2023 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022) LHA

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