

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

C Name of organization
AMERICA'S SECOND HARVEST OF THE BIG BEND INC
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
4446 ENTREPOT BOULEVARD
City or town, state or province, country, and ZIP or foreign postal code
TALLAHASSEE, FL 323108740

D Employer identification number
59-2610345
E Telephone number
(850) 562-3033

F Name and address of principal officer
RICK MINOR
4446 ENTREPOT BOULEVARD
TALLAHASSEE, FL 323108740

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.FIGHTINGHUNGER.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1985

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO FEED THE HUNGRY IN THE BIG BEND AREA OF NORTH FLORIDA THROUGH THE ORGANIZATION'S NETWORK OF PARTNER AGENCIES, AND TO EDUCATE AND ENGAGE THE COMMUNITY IN THE FIGHT AGAINST HUNGER

2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a)	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	13
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	36
6 Total number of volunteers (estimate if necessary)	1,937
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	12,347,304
9 Program service revenue (Part VIII, line 2g)	154,530	162,210
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-66,498
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,578	-38,976
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,514,412	15,347,288
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,230,924	12,766,727
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	887,886	1,092,065
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶283,873		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	938,731	1,170,076
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	12,057,541	15,028,868
19 Revenue less expenses Subtract line 18 from line 12	456,871	318,420

	Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	3,128,976
21 Total liabilities (Part X, line 26)	1,103,588	1,126,206
22 Net assets or fund balances Subtract line 21 from line 20	2,025,388	2,343,808

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2019-05-14
RICK MINOR CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: MARY MCVICAR CPA
Preparer's signature: MARY MCVICAR CPA
Date: 2019-05-15
Check if self-employed
PTIN: P00967880
Firm's name: LAW REDD CRONA & MUNROE PA
Firm's EIN: 59-2221664
Firm's address: 2075 CENTRE POINTE BLVD SUITE 200
TALLAHASSEE, FL 323084893
Phone no: (850) 878-6189

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO FEED THE HUNGRY IN THE BIG BEND AREA OF NORTH FLORIDA THROUGH THE ORGANIZATION'S NETWORK OF PARTNER AGENCIES, AND TO EDUCATE AND ENGAGE THE COMMUNITY IN THE FIGHT AGAINST HUNGER

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 14,474,370 including grants of \$ 12,766,727) (Revenue \$)
See Additional Data

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

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

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

4e Total program service expenses ▶ 14,474,370

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Rows include questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, and 13a-13c.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GIGI ROLLINI DIRECTOR	1 00	X						0	0	0
(2) CAT KEEN PRESIDENT-EL	1 00	X		X				0	0	0
(3) RAMSAY SIMS PRESIDENT	1 00	X		X				0	0	0
(4) KRISTIN HARRISON SECRETARY	1 00	X		X				0	0	0
(5) PAM RIDLEY DIRECTOR	1 00	X						0	0	0
(6) JAYME AGEE DIRECTOR	1 00	X						0	0	0
(7) WILLIAM MCDANIEL DIRECTOR	1 00	X						0	0	0
(8) WIL MERRICK DIRECTOR	1 00	X						0	0	0
(9) KEVIN PEACOCK DIRECTOR	1 00	X						0	0	0
(10) JEFF EWALDT DIRECTOR	1 00	X						0	0	0
(11) SANGEETHA WOLLET DIRECTOR	1 00	X						0	0	0
(12) LEIGH JENKINS DIRECTOR	1 00	X						0	0	0
(13) JOWANNA OATES TREASURER	1 00	X		X				0	0	0
(14) RICK MINOR CEO	40 00			X				85,191	0	8,922

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-Total	▶		
c Total from continuation sheets to Part VII, Section A	▶		
d Total (add lines 1b and 1c)	▶	85,191	8,922

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a	72,703				
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,031,959				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12,185,890				
	g Noncash contributions included in lines 1a-1f \$ _____		12,589,825				
	h Total. Add lines 1a-1f			15,290,552			
Program Service Revenue			Business Code				
	2a SHARED MAINTENANCE FEE INCOME		624200	162,210	162,210		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			162,210				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
			31,037				
		b Less rental expenses	70,013				
		c Rental income or (loss)	-38,976				
	d Net rental income or (loss)			-38,976		-38,976	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses		66,498			
		c Gain or (loss)		-66,498			
	d Net gain or (loss)			-66,498	-66,498		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
	b Less direct expenses		b				
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities See Part IV, line 19		a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances		a					
b Less cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			15,347,288	95,712		-38,976	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	12,766,727	12,766,727		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	97,507	39,302	38,704	19,501
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.	888,013	701,183	113,977	72,853
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	15,347	12,505	1,700	1,142
9 Other employee benefits.	9,672	9,547		125
10 Payroll taxes.	81,526	61,518	12,455	7,553
11 Fees for services (non-employees)				
a Management.				
b Legal.	5,600	4,200	840	560
c Accounting.	21,900	16,425	3,285	2,190
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	372,038	329,654		42,384
12 Advertising and promotion.				
13 Office expenses.	125,196	83,292	6,959	34,945
14 Information technology.	16,049	7,826	1,565	6,658
15 Royalties.				
16 Occupancy.	159,004	119,617	23,632	15,755
17 Travel.	40,773	31,896	2,795	6,082
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	1,630	1,223	244	163
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	54,884	30,389	14,697	9,798
23 Insurance.	159,627	120,336	23,575	15,716
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a AUTO EXPENSE	154,309	117,998	21,787	14,524
b MISCELLANEOUS	42,818	8,881	2,107	31,830
c DUES & SUBSCRIPTIONS	16,248	11,851	2,303	2,094
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	15,028,868	14,474,370	270,625	283,873
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	206,479	1	515,065
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	311,281	3	269,059
	4 Accounts receivable, net	11,715	4	11,715
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	948,095	8	1,023,252
	9 Prepaid expenses and deferred charges	1,982	9	3,249
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,297,267		
	b Less accumulated depreciation	655,734		
		1,643,484	10c	1,641,533
	11 Investments—publicly traded securities	388	11	589
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	5,552	15	5,552	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,128,976	16	3,470,014	
Liabilities	17 Accounts payable and accrued expenses	93,914	17	125,630
	18 Grants payable		18	
	19 Deferred revenue		19	1,532
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,009,674	23	999,044
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,103,588	26	1,126,206
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1,936,764	27	2,338,256
	28 Temporarily restricted net assets	88,624	28	5,552
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,025,388	33	2,343,808
	34 Total liabilities and net assets/fund balances	3,128,976	34	3,470,014

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,347,288
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,028,868
3	Revenue less expenses Subtract line 2 from line 1	3	318,420
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,025,388
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,343,808

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 59-2610345

Name: AMERICA'S SECOND HARVEST
OF THE BIG BEND INC

Form 990 (2017)

Form 990, Part III, Line 4a:

AMERICA'S SECOND HARVEST OF THE BIG BEND ACQUIRES, STORES AND DISTRIBUTES MORE THAN EIGHT AND A HALF MILLION POUNDS OF FOOD AND GROCERY ITEMS ANNUALLY TO THE COMMUNITY THROUGH PARTNERSHIPS WITH OVER 135 AGENCIES THESE PARTNER AGENCIES OPERATE FOOD PANTRIES, SOUP KITCHENS AND RESIDENTIAL PROGRAMS SUPPORTING THE COMMUNITY AT LARGE, WITH A SPECIAL EMPHASIS ON CHILDREN AND THE ELDERLY WE ALSO PARTNER WITH LOCAL RESTAURANTS AND REDISTRIBUTE PREPARED AND PERISHABLE FOOD THAT WOULD OTHERWISE GO TO WASTE DONATIONS OF FRESH FRUITS AND VEGETABLES BY LOCAL, STATE, REGIONAL AND NATIONAL GROWERS AND FARMERS ARE ALSO REDISTRIBUTED TO PROVIDE HEALTHY FOOD FOR THE COMMUNITY FINALLY, WE EDUCATE THE PUBLIC ABOUT THE NATURE OF AND SOLUTIONS TO THE PROBLEMS OF HUNGER

SCHEDULE A
(Form 990 or 990-EZ)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
AMERICA'S SECOND HARVEST
OF THE BIG BEND INC

Employer identification number
59-2610345

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **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 university _____
- 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	11,042,712	10,318,729	11,452,955	12,347,304	15,290,552	60,452,252
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		219,168	135,692	154,530	162,210	671,600
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	11,042,712	10,537,897	11,588,647	12,501,834	15,452,762	61,123,852
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						61,123,852

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	11,042,712	10,537,897	11,588,647	12,501,834	15,452,762	61,123,852
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,051		37,363	80,987	31,037	150,438
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,051		37,363	80,987	31,037	150,438
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)	11,043,763	10,537,897	11,626,010	12,582,821	15,483,799	61,274,290

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	99.750 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	99.790 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	0 %

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 59-2610345

Name: AMERICA'S SECOND HARVEST
OF THE BIG BEND INC

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
AMERICA'S SECOND HARVEST OF THE BIG BEND INC

Employer identification number
59-2610345

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

b Assets included in Form 990, Part X ► \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,552	5,552	5,889	6,172	4,301
b Contributions					
c Net investment earnings, gains, and losses			-337	-283	1,871
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	5,552	5,552	5,552	5,889	6,172

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | Yes | |
| (ii) related organizations | | No |
| 3b | | |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		127,360		127,360
b Buildings		1,620,590	327,047	1,293,543
c Leasehold improvements				
d Equipment		178,694	106,674	72,020
e Other		370,623	222,013	148,610
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,641,533

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

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

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

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

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

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

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

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	15,558,878
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	75,079
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	136,511
e	Add lines 2a through 2d	2e	211,590
3	Subtract line 2e from line 1	3	15,347,288
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	15,347,288

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

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

1	Total expenses and losses per audited financial statements	1	15,240,458
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	75,079
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	136,511
e	Add lines 2a through 2d	2e	211,590
3	Subtract line 2e from line 1	3	15,028,868
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	15,028,868

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-2610345

Name: AMERICA'S SECOND HARVEST
OF THE BIG BEND INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE ENDOWMENT FUNDS ARE USED AS ADDITIONAL OPERATING REVENUES TO COVER PROGRAM SERVICE EXPENSES

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	RENTAL EXPENSE ADJ 70,013 LOSS ON FIXED ASSETS 66,498

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	RENTAL EXPENSE ADJ 70,013 LOSS ON FIXED ASSETS 66,498

**Schedule I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AMERICA'S SECOND HARVEST
OF THE BIG BEND INC

Employer identification number
59-2610345

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____ 125

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	TO ENSURE THAT GRANT FUNDS ARE USED AS INTENDED, AMERICA'S SECOND HARVEST OF THE BIG BEND EMPLOYS A DIRECTOR OF IMPACT, COMPLIANCE AND GRANTS THE FOOD BANK TRACKS THE AWARD AMOUNT, GRANT PERIOD, FUNDING RESTRICTIONS, RECEIPT OF FUNDS AND SUPPORTED EXPENSE DOCUMENTATION IS MAINTAINED BY THE DIRECTOR OF FINANCE AND REVIEWED MONTHLY

Additional Data

Software ID:
Software Version:
EIN: 59-2610345
Name: AMERICA'S SECOND HARVEST
OF THE BIG BEND INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REVIVAL CENTER PO BOX 1530 WOODVILLE, FL 32362	59-3088724	501C3		95,435	FMV	FOOD	FIGHT HUNGER
ANDERSON CHAPEL AME CHURCH 1307 HARLEM STREET TALLAHASSEE, FL 32304		501C3		59,268	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECHO 1707 S GADSDEN STREET TALLAHASSEE, FL 32301	59-2290628	501C3		23,093	FMV	FOOD	FIGHT HUNGER
WEWAHITCHKA SEARCH & RESCUE PO BOX 555 WEWAHITCHKA, FL 32465	51-0497208	501C3		289,457	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA BIANCA MB CHURCH 1097 HWY 259 MONTICELLO, FL 32344	51-0497208	501C3		45,585	FMV	FOOD	FIGHT HUNGER
HOLY COMFORTER EPISCOPAL CHURCH 2015 FLEISCHMANN ROAD TALLAHASSEE, FL 32308	59-3325917	501C3		71,508	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KILLEARN UNITED METHODIST CHURCH 2800 SHAMROCK SOUTH TALLAHASSEE, FL 32309	59-1486348	501C3		84,338	FMV	FOOD	FIGHT HUNGER
FRANKLINS PROMISE COALITION 192 14TH STREET STE 301 APALACHICOLA, FL 32320	30-0115977	501C3		123,107	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PRESBYTERIAN CHURCH 4437 CLINTON STREET MARIANNA, FL 32446	59-0651083	501C3		114,055	FMV	FOOD	FIGHT HUNGER
ST PAUL AME CHURCH PO BOX 40 CAMPBELLTON, FL 32426		501C3		108,395	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST EPISCOPAL CHURCH 425 N CHERRY STREET MONTICELLO, FL 32344		501C3		41,432	FMV	FOOD	FIGHT HUNGER
MARANATHA SDA CHURCH PO BOX 5706 TALLAHASSEE, FL 32314		501C3		139,379	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BEND CARES 2201 SOUTH MONROE STREET TALLAHASSEE, FL 32301	59-2816580	501C3		11,712	FMV	FOOD	FIGHT HUNGER
FERNWOOD BAPTIST CHURCH 1324 FERNWOOD ROAD TALLAHASSEE, FL 32304	59-6531158	501C3		17,374	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT ARARAT AME CHURCH 167 FLOYD ALLEN ROAD MONTICELLO, FL 32344		501C3		16,591	FMV	FOOD	FIGHT HUNGER
COMMUNITY CARES OUTREACH 118 SW THIRD STREET HAVANA, FL 32333	47-5431066	501C3		92,163	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST BAPTIST CHURCH EASTPOINT PO BOX 284 EASTPOINT, FL 32328	59-2900266	501C3		185,070	FMV	FOOD	FIGHT HUNGER
CATHOLIC CHARITIES 1380 BLOUNTSTOWN HWY TALLAHASSEE, FL 32304	55-0900157	501C3		34,547	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFERSON SENIOR CITIZENS CTR 1155 N JEFFERSON STREET MONTICELLO, FL 32344	59-2015689	501C3		6,629	FMV	FOOD	FIGHT HUNGER
CONSOLIDATED CHRISTIAN MINISTRIES 799 SW PINCKNEY ST UNIT C MADISON, FL 32340	31-1630103	501C3		117,492	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHIPOLA COMMUNITY CHURCH 16555 NE JIM GODWIN ROAD ALTHA, FL 32421	59-6205643	501C3		96,612	FMV	FOOD	FIGHT HUNGER
COMMUNITY CHURCH OF PERRY 2317 DENNIS HOWELL ROAD PERRY, FL 32348	59-3217541	501C3		108,799	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MT PISGAH AME CHURCH 2009 TRAM ROAD TALLAHASSEE, FL 32314		501C3		24,008	FMV	FOOD	FIGHT HUNGER
OUR FATHER'S STOREHOUSE 402 EAST ASH STREET PERRY, FL 32347		501C3		73,366	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MALONE UNITED METHODIST CHURCH 5182 9TH AVENUE MALONE, FL 32445	59-2863453	501C3		17,600	FMV	FOOD	FIGHT HUNGER
NEW BETHEL AME CHURCH 26496 ASHVILLE HWY MONTICELLO, FL 32344		501C3		33,776	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REFUGUE HOUSE PO BOX 20910 TALLAHASSEE, FL 32316	59-1869324	501C3		10,182	FMV	FOOD	FIGHT HUNGER
REFUGUE HOUSE - TAYLOR CTY 315 E MAURICE LINTON ROAD PERRY, FL 32347	59-1869324	501C3		5,767	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEEN CHALLENGE 4141 APALACHEE PARKWAY TALLAHASSEE, FL 32311	59-2479228	501C3		27,387	FMV	FOOD	FIGHT HUNGER
LIGHTHOUSE CHILDRENS HOME 7771 MAHAN DRIVE TALLAHASSEE, FL 32309	59-1725801	501C3		13,091	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISC VILLAGE 2967 NATURAL BRIDGE ROAD TALLAHASSEE, FL 32305	59-1491338	501C3		5,980	FMV	FOOD	FIGHT HUNGER
SHISA INC 418 W VIRGINIA STREET TALLAHASSEE, FL 32301	59-3335437	501C3		74,065	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAYLOR CTY LEADERSHIP COUNCIL 1201 MARTIN LUTHER KING AVE PERRY, FL 32348	59-2482011	501C3		79,663	FMV	FOOD	FIGHT HUNGER
CARRABELLE FOOD PANTRY 102 NE AVE B CARRABELLE, FL 32322	26-3356138	501C3		14,400	FMV	FOOD	FIGHT HUNGER

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

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BRADFORDVILLE FIRST BAPTIST CHURCH 6494 THOMASVILLE ROAD TALLAHASSEE, FL 32312	59-2484989	501C3		36,331	FMV	FOOD	FIGHT HUNGER
ELDER CARE SERVICES 2518 W TENNESSEE STREET TALLAHASSEE, FL 32304	59-1426079	501C3		6,129	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELDER CARE SERVICES (JACKSON COUNTY 2518 W TENNESSEE STREET TALLAHASSEE, FL 32304	59-1426079	501C3		237,936	FMV	FOOD	FIGHT HUNGER
ELDER CARE SERVICES (LEON COUNTY 2518 W TENNESSEE STREET TALLAHASSEE, FL 32304	27-0509033	501C3		43,952	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELDER CARE SERVICES (SENIOR GROCERY 2518 W TENNESSEE STREET TALLAHASSEE, FL 32304	27-0509033	501C3		19,748	FMV	FOOD	FIGHT HUNGER
AGAPE CHRISTIAN FELLOW CENTER 9 SOUTH JACKSON STREET QUINCY, FL 32351	59-3584430	501C3		87,731	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE MISSION CHURCH 303 WEST BREVARD STREET TALLAHASSEE, FL 32302	59-3140007	501C3		200,129	FMV	FOOD	FIGHT HUNGER
THE SHELTER CESC 2650 MUNICIPAL WAY TALLAHASSEE, FL 32304	47-4589916	501C3		179,865	FMV	FOOD	FIGHT HUNGER

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

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A LIFE RECOVERY CENTER 449 W GEORGIA STREET TALLAHASSEE, FL 32301	59-3099155	501C3		12,556	FMV	FOOD	FIGHT HUNGER
TALLAHASSEE HOUSING AUTHORITY 2940 GRADY ROAD TALLAHASSEE, FL 32312	59-3759566	501C3		120,890	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELL ROAD HUMAN SERVICES INC 182 BELL ROAD HAVANA, FL 32333	31-1592598	501C3		73,160	FMV	FOOD	FIGHT HUNGER
SOWERS OF THE SEED 801 1ST AVE SE STEINHATCHEE, FL 32359	59-0766980	501C3		138,026	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREEDOM CHURCH (FAOG) 2801 THOMASVILLE ROAD TALLAHASSEE, FL 32308	59-1226474	501C3		148,732	FMV	FOOD	FIGHT HUNGER
CHRISTTOWN MINISTRIES INC PO BOX 417 QUINCY, FL 32353	55-0800144	501C3		60,026	FMV	FOOD	FIGHT HUNGER

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

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GREATER LOVE COGIC 542 EAST ORANGE AVE TALLAHASSEE, FL 32301	56-2614392	501C3		278,840	FMV	FOOD	FIGHT HUNGER
PROMISE LAND MINISTRIES 20 CHURCH RD CRAWFORDVILLE, FL 32327	59-3555581	501C3		230,758	FMV	FOOD	FIGHT HUNGER

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

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HOLY COMMUNITY CHURCH 944 STRONG ROAD APT 7 QUINCY, FL 32351	59-2997551	501C3		12,262	FMV	FOOD	FIGHT HUNGER
TAUNTON FAMILY CHILDREN'S HOME INC PO BOX 870 WEWAHITCHKA, FL 32465	59-2335556	501C3		14,835	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LUKE'S EPISCOPAL CHURCH 4362 LAFAYETTE STREET MARIANNA, FL 32446	59-3453342	501C3		10,204	FMV	FOOD	FIGHT HUNGER
GREATER MT ZION PRIM BAPTIST PO BOX 5314 TALLAHASSEE, FL 32314		501C3		14,973	FMV	FOOD	FIGHT HUNGER

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

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GOOD NEWS OUTREACH 347 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301	59-3293598	501C3		94,071	FMV	FOOD	FIGHT HUNGER
SENIOR CITIZENS COUNCIL MADISON PO BOX 204 MADISON, FL 32341	23-7097794	501C3		48,265	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA BELL DICKENSON (WESTMINISTE 301 E CAROLINA STREET TALLAHASSEE, FL 32301	59-1300852	501C3		75,622	FMV	FOOD	FIGHT HUNGER
FOOD OUTREACH MINISTRY INC 506 DUPONT DRIVE TALLAHASSEE, FL 32305	52-2459121	501C3		481,122	FMV	FOOD	FIGHT HUNGER

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

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MT ZION UNITED PENTECOSTAL 17177 NE SR 65 HOSFORD, FL 32334		501C3		84,195	FMV	FOOD	FIGHT HUNGER
ROCK HILL MISSIONARY BAPTIST CHURCH 6127 PROCTOR ROAD TALLAHASSEE, FL 32309		501C3		18,384	FMV	FOOD	FIGHT HUNGER

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

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SAINTS IN UNITY MT MORIAH COGIU 2719 LAKE MARY ST TALLAHASSEE, FL 32304	27-0803562	501C3		53,576	FMV	FOOD	FIGHT HUNGER
BIG BEND HOMELESS COALITION 2729 W PENSACOLA STREET TALLAHASSEE, FL 32304	59-2898810	501C3		41,010	FMV	FOOD	FIGHT HUNGER

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

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ALARM COMMUNITY DEVELOPMENT CENTER PO BOX 5318 TALLAHASSEE, FL 32314	59-3636164	501C3		106,191	FMV	FOOD	FIGHT HUNGER
GREENVILLE UNITED METHODIST CHURCH 174 SW CHURCH AVENUE GREENVILLE, FL 32331	59-3404928	501C3		28,122	FMV	FOOD	FIGHT HUNGER

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

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INNOVATIVE CHARITIES 1994 HWY 71 SOUTH MARIANNA, FL 32448	35-2476682	501C3		271,608	FMV	FOOD	FIGHT HUNGER
JACKSON COUNTY BACKPACK PROGRAM 2701 TECHNOLOGY DRIVE MARIANNA, FL 32448	47-3555713	501C3		49,835	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALHOUN-LIBERTY MINISTRY CENTER 21754 STATE ROAD 20 EAST BLOUNTSTOWN, FL 32424	27-0817036	501C3		115,647	FMV	FOOD	FIGHT HUNGER
FAMILIES RESTORING THE HOME FRONT 912 MILES STREET TALLAHASSEE, FL 32304	41-2037767	501C3		10,908	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFE DELIVERENCE MINISTRIES 3377 JIM LEE ROAD TALLAHASSEE, FL 32301	59-3236193	501C3		12,124	FMV	FOOD	FIGHT HUNGER
STEWART STREET ELEMENTARY SCHOOL 749 SOUTH STEWART STREET QUINCY, FL 32351		501C3		18,594	FMV	FOOD	FIGHT HUNGER

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

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LAKE JACKSON UMC 4423 N MONROE STREET TALLAHASSEE, FL 32303	59-1943123	501C3		123,717	FMV	FOOD	FIGHT HUNGER
THE LIBERTY CENTER 613 CHATTAHOOCHEE STREET CHATTAHOOCHEE, FL 323240007	26-3260639	501C3		16,253	FMV	FOOD	FIGHT HUNGER

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FELLOWSHIP MIDWAY CHURCH 32319 BLUE STAR HIGHWAY MIDWAY, FL 32343	61-1533417	501C3		23,150	FMV	FOOD	FIGHT HUNGER
BOND ELEMENTARY SCHOOL 2204 SAXON STREET TALLAHASSEE, FL 32310	59-6000709	501C3		13,323	FMV	FOOD	FIGHT HUNGER

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

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JOHN G RILEY ELEMENTARY SCHOOL 1400 INDIANA STREET TALLAHASSEE, FL 32304	59-6000709	501C3		14,106	FMV	FOOD	FIGHT HUNGER
SERVE TALLAHASSEE ELEMENT 3 CHURCH 1184 CAPITAL CIRCLE NE SUITE E TALLAHASSEE, FL 32301	59-3175184	501C3		26,191	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAGLES WINGS (FOOD PANTRY) 209 E DOGWOOD STREET MONTICELLO, FL 32344		501C3		24,108	FMV	FOOD	FIGHT HUNGER
TABERNACLE OF PRAISE 6315 BLOUNTSTOWN STE D TALLAHASSEE, FL 32310	68-0674325	501C3		1,274,906	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAREERSOURCE GULF COAST 401 PETERS STREET PORT SAINT JOE, FL 32456	59-3455773	501C3		108,604	FMV	FOOD	FIGHT HUNGER
TAYLOR COUNTY 4H WEEKEND FOOD PROGR 203 FOREST PARK DRIVE PERRY, FL 32348	59-3360878	501C3		14,045	FMV	FOOD	FIGHT HUNGER

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

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JACOB CHAPEL BAPTIST CHURCH 2333 LAKE BRADFORD RD TALLAHASSEE, FL 32310	59-2491229	501C3		62,173	FMV	FOOD	FIGHT HUNGER
WOODLANDS NEW LIFE CENTER 3507 SHARER ROAD TALLAHASSEE, FL 32312	59-3621746	501C3		11,549	FMV	FOOD	FIGHT HUNGER

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SHADY SEA MISSIONARY BAPTIST CHURCH 47 SHADY SEA ST CRAWFORDVILLE, FL 32327	02-0531022	501C3		104,096	FMV	FOOD	FIGHT HUNGER
A NEW DAY INITIATIVE 3780 PEDDIE DRIVE TALLAHASSEE, FL 32303	45-4524078	501C3		136,066	FMV	FOOD	FIGHT HUNGER

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IMITATORS OF GOD 4750 CPATIAL CIRCLE SE TALLAHASSEE, FL 32311	90-0650055	501C3		21,290	FMV	FOOD	FIGHT HUNGER
THE BODY OF CHRIST 6909 HAVANA HIGHWAY HAVANA, FL 32333	59-3048427	501C3		104,812	FMV	FOOD	FIGHT HUNGER

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

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CRAWFORDVILLE UNITED METHODIST CHUR 176 OCHLOCKONEE STREET CRAWFORDVILLE, FL 32327	59-3362769	501C3		157,514	FMV	FOOD	FIGHT HUNGER
TABERNACLE MISSIONARY BAPTIST CHURC 615 TUSKEGE ST TALLAHASSEE, FL 32305	59-2138602	501C3		21,910	FMV	FOOD	FIGHT HUNGER

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

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HEALING MINISTRIES 10734 NW SR 20 BRISTOL, FL 32321	46-3451013	501C3		14,659	FMV	FOOD	FIGHT HUNGER
THE CHURCH OF JESUS CHRIST HOLY MIS 4067 ATTAPULGUS HWY QUINCY, FL 32352		501C3		69,846	FMV	FOOD	FIGHT HUNGER

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NEW HOPE MISSIONARY BAPTIST CHURCH 3996 WINTERGREEN ROAD GREENWOOD, FL 32443	59-3563042	501C3		8,977	FMV	FOOD	FIGHT HUNGER
GOOD SAMARITAN NETWORK 2820 SHARER RD TALLAHASSEE, FL 32312	26-0263297	501C3		183,535	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHIPOLA FAMILY MINISTRIES 3004 HWY 71 N MARIANA, FL 32446	54-2158944	501C3		123,308	FMV	FOOD	FIGHT HUNGER
BACKPACK BUDDIES OF FIRST PRESBYTER 50 DAVID RD MONTICELLO, FL 32344		501C3		19,529	FMV	FOOD	FIGHT HUNGER

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

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TALLAHASSEE SPANISH SDA CHURCH 4823 N MONROE STREET TALLAHASSEE, FL 32303		501C3		319,125	FMV	FOOD	FIGHT HUNGER
CESC INC 3203 WESTGATE COURT TALLAHASSEE, FL 32304	47-4589916	501C3		110,794	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTICK TEMPLE CHRISTIAN CENTER 3795 PAT THOMAS PARKWAY QUINCY, FL 32351	73-1682431	501C3		736,294	FMV	FOOD	FIGHT HUNGER
ETERNAL HOPE CONNECTION 1506 BANNERMAN ROAD TALLAHASSEE, FL 32312	80-0241038	501C3		66,878	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE HARVEST FOOD PANTRY 1110 RICH BAY ROAD HAVANA, FL 32350	59-1949767	501C3		30,965	FMV	FOOD	FIGHT HUNGER
LEON COUNTY HUMANE SOCIETY 413 TIMBERLAND ROAD TALLAHASSEE, FL 32312	59-6138275	501C3		6,249	FMV	FOOD	FIGHT HUNGER

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OUR BLESSINGS 295 E PALMER MILL RD MONTICELLO, FL 32344	02-0738962	501C3		59,595	FMV	FOOD	FIGHT HUNGER
NFEDC PROJECT HOPE 1000 W 4TH STREET QUINCY, FL 32351	31-2805575	501C3		34,577	FMV	FOOD	FIGHT HUNGER

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OAK RIDGE ELEMENTARY SCHOOL 4530 SHELFER ROAD TALLAHASSEE, FL 32305		501C3		5,577	FMV	FOOD	FIGHT HUNGER
FORT BRADEN SCHOOL BPP 15100 BLOUNTSTOWN HIGHWAY TALLAHASSEE, FL 32310		501C3		9,086	FMV	FOOD	FIGHT HUNGER

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APALACHEE ELEMENTARY SCHOOL 650 TROJAN TRAIL TALLAHASSEE, FL 32311		501C3		6,442	FMV	FOOD	FIGHT HUNGER
LEON COUNTY PRODUCE DISTRIBUTION 301 S MONROE STREET TALLAHASSEE, FL 32301		GOV		93,223	FMV	FOOD	FIGHT HUNGER

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TEARS TO FREEDOM INC 498 SELMAN ROAD QUINCY, FL 32351	47-2893495	501C3		23,214	FMV	FOOD	FIGHT HUNGER
RICKARD'S HIGH SCHOOL PANTRY 3013 JIM LEE ROAD TALLAHASSEE, FL 32301		501C3		16,396	FMV	FOOD	FIGHT HUNGER

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MT OLIVE 1 PB CHURCH 8 SPRING CREEK HIGHWAY CRAWFORDVILLE, FL 32327		501C3		28,175	FMV	FOOD	FIGHT HUNGER
PHILADELPHIA FOUNDATION FOR COMMUNI 840 DUNN STREET TALLAHASSEE, FL 32304	27-1396348	501C3		32,366	FMV	FOOD	FIGHT HUNGER

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

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WATSON TEMPLE CHURCH OF GOD 665 W BREVARD STREET TALLAHASSEE, FL 32304		501C3		77,357	FMV	FOOD	FIGHT HUNGER
ST PAUL AME CHURCH- TALLAHASSEE 9469 ROAD TO THE LAKE ROAD TALLAHASSEE, FL 32317		501C3		8,773	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUSION CHURCH BPP 10922 NW STATE ROAD 20 BRISTOL, FL 32321		501C3		12,760	FMV	FOOD	FIGHT HUNGER
THE CENTER FOR HEALTH EQUITY INC 231 EAST JEFFERSON STREET QUINCY, FL 32351	59-3690403	501C3		14,225	FMV	FOOD	FIGHT HUNGER

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

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SABAL PALM ELEMENTARY SCHOOL BPP 2813 RIDGEWAY STREET TALLAHASSEE, FL 32310		501C3		12,584	FMV	FOOD	FIGHT HUNGER
DOWNTOWN COMMUNITY CHURCH OF TALLAH 231 E PALMER AVENUE TALLAHASSEE, FL 32301	45-2714813	501C3		21,440	FMV	FOOD	FIGHT HUNGER

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

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DESTINY CHURCH 5293 CORWIN DRIVE TALLAHASSEE, FL 32303		501C3		47,629	FMV	FOOD	FIGHT HUNGER
PINEVIEW ELEMENTARY SCHOOL BPP 2230 LAKE BRADFORD ROAD TALLAHASSEE, FL 32310		501C3		6,762	FMV	FOOD	FIGHT HUNGER

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

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FEEDING THE GULF COAST 5709 INDUSTRIAL BOULEVARD MILTON, FL 32583	63-0821997	501C3		37,214	FMV	FOOD	FIGHT HUNGER
VICTORY HOUSE COMMUNITY RESOURCE CE 1478 CHAIRES CROSS ROAD TALLAHASSEE, FL 32317	82-1849597	501C3		43,544	FMV	FOOD	FIGHT HUNGER

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

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BETHLEHEM AME CHURCH 3100 LOVEWOOD ROAD COTTONDALE, FL 32431		501C3		9,687	FMV	FOOD	FIGHT HUNGER
LAMB'S TEMPLE OF GOD 102 PALMER ROAD MIDWAY, FL 32343		501C3		24,998	FMV	FOOD	FIGHT HUNGER

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

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GREENVILLE ELEMENTARY SCHOOL 729 SOUTHWEST OVERSTREET AVENUE GREENVILLE, FL 32331		501C3		11,914	FMV	FOOD	FIGHT HUNGER
VET-SACRED SOIL FOR VETERANS 241 LAKE ELLA TALLAHASSEE, FL 32308	80-0544254	501C3		12,216	FMV	FOOD	FIGHT HUNGER

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

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HELPING OTHERS THROUGH CHRIST MINIS 3107 WHITEVILLE ROAD MARIANNA, FL 32446		501C3		8,494	FMV	FOOD	FIGHT HUNGER
SALVATION ARMY TALLAHASSEE 2410 ALLEN ROAD TALLAHASSEE, FL 32312	58-0660607	501C3		18,021	FMV	FOOD	FIGHT HUNGER

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AMERICA'S SECOND HARVEST
OF THE BIG BEND INC

Employer identification number
59-2610345

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	6,003,099	12,589,825	AVERAGE WHOLESALE VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31		No
32a		No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

2017**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICA'S SECOND HARVEST
OF THE BIG BEND INC

Employer identification number

59-2610345

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE EXECUTIVE DIRECTOR REVIEWS THE FORM 990 AND ALL ACCOMPANYING SCHEDULES WITH THE INDEPENDENT ACCOUNTING FIRM THAT PREPARES THE RETURN AND ACCOMPANYING SCHEDULES ANY ISSUES OR QUESTIONS ARE RESOLVED THE ORGANIZATION THEN PROVIDES A COPY OF THE FORM 990 TO THE BOARD OF DIRECTORS DISTRIBUTION TO THE BOARD MAY INCLUDE A PHYSICAL OR ELECTRONIC COPY ONCE ALL QUESTIONS OR ISSUES RAISED BY THE BOARD ARE RESOLVED THE FORM 990 AND SCHEDULES ARE FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY HAVING DISCUSSIONS WITH BOARD MEMBERS REGARDING POSSIBLE CONFLICTS OF INTEREST DURING BOARD MEETINGS BOARD MEMBERS AND STAFF UPDATE THEIR STATEMENTS ANNUALLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE PROCESS FOR DETERMINING COMPENSATION INCLUDES A REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS THE BOARD COMPLETES AN EVALUATION OF THE EXECUTIVE DIRECTOR AND DISCUSSES COMPENSATION AT A BOARD MEETING THE EVALUATION IS SHARED WITH THE CHIEF EXECUTIVE OFFICER BY THE BOARD PRESIDENT THE BOARD LAST REVIEWED COMPARABLE SALARIES FOR ALL POSITIONS IN SEPTEMBER, 2014 THE CHIEF EXECUTIVE OFFICER HAS THE AUTHORITY TO SET SALARIES FOR ALL OTHER EMPLOYEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND THROUGH WWW GUIDESTAR ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	RENTAL EXPENSE ADJ 70,013 LOSS ON FIXED ASSETS 66,498 RENTAL EXPENSE ADJ -70,013 LOSS ON FIXED ASSETS -66,498