

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/foi990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015, and ending 09-30-2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BREAD OF THE MIGHTY FOOD BANK INC <hr/> Doing business as <hr/> Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 5086 <hr/> City or town, state or province, country, and ZIP or foreign postal code GAINESVILLE, FL 32627	D Employer identification number 59-2805577 <hr/> E Telephone number (352) 336-0839 <hr/> G Gross receipts \$ 7,522,519
F Name and address of principal officer MARCIA CONWELL 7707 SW 19TH PLACE GAINESVILLE, FL 32607		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		L Year of formation 1987 M State of legal domicile FL
J Website: ▶ WWW.BREADOFTHEMIGHTY.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities A NONPROFIT ORGANIZATION THAT COORDINATES THE ACQUISITION AND DISTRIBUTION OF FOOD AND BASIC ESSENTIALS TO NONPROFIT PROGRAMS THAT PROVIDE FOR THE NEEDY SO THAT HUNGER AND FOOD INSECURITY WOULD BE ELIMINATED AMONG THE CITIZENS OF ALACHUA, DIXIE, GILCHRIST, LAFAYETTE AND LEVY COUNTIES, WHICH ARE SERVED BY THE ORGANIZATION THE ORGANIZATION TRIES TO ENSURE THAT NUTRITIOUS FOOD, IN ADEQUATE AMOUNTS, IS AVAILABLE TO MEMBER AGENCIES, AND HENCE, AVAILABLE AT THE RIGHT TIME AND IN THE RIGHT PLACE TO THOSE IN NEED <hr/> <hr/> <hr/>		
	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)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	38
	6 Total number of volunteers (estimate if necessary)	6	3,737
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	6,672,349	7,013,662
	9 Program service revenue (Part VIII, line 2g)	431,839	496,096
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25	17
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,596	9,875
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,099,617	7,519,650
Expenses			
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,147,394	6,337,234
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	730,313	661,196
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 108,231		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	520,602	439,425
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	7,398,309	7,437,855
	19 Revenue less expenses Subtract line 18 from line 12	-298,692	81,795
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	1,360,526	1,305,890
	21 Total liabilities (Part X, line 26)	790,889	654,458
	22 Net assets or fund balances Subtract line 21 from line 20	569,637	651,432

Part II Signature Block

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

Sign Here	***** Signature of officer <hr/> MARCIA CONWELL EXECUTIVE DIRECTOR Type or print name and title	2017-08-15 Date
Paid Preparer Use Only	Print/Type preparer's name LORIE KEEGAN CPA <hr/> Preparer's signature LORIE KEEGAN CPA <hr/> Firm's name ▶ CARR RIGGS & INGRAM LLC Firm's address ▶ 4010 NW 25TH PLACE GAINESVILLE, FL 32606	Date <hr/> Check <input type="checkbox"/> if self-employed PTIN P01287643 Firm's EIN ▶ 72-1396621 Phone no (352) 372-6300

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

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

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

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

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

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

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No boxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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 Enter the number of voting members of the governing body at the end of the tax year (22); 1b Enter the number of voting members included in line 1a, above, who are independent (21); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (FL); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [X] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (TAMI GRAY 325 NW 10TH AVENUE GAINESVILLE, FL 32601 (352) 336-0839).

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARCIA CONWELL PRESIDENT/ED	40 00	X		X				100,416	0	7,806
(2) FRED HENDERSON CHAIR	1 00	X		X				0	0	0
(3) SPARKS GIEBEIG BOARD MEMBER	1 00	X						0	0	0
(4) WARREN GRAVES TREASURER	1 00	X		X				0	0	0
(5) ANNA JAMES BOARD MEMBER	1 00	X						0	0	0
(6) CHARLES BENE BERRY BOARD MEMBER	1 00	X						0	0	0
(7) DEBBIE BOYD BOARD MEMBER	1 00	X						0	0	0
(8) MACKENZIE BRADY BOARD MEMBER	1 00	X						0	0	0
(9) TAYLOR BROWN BOARD MEMBER	1 00	X						0	0	0
(10) DR ED GEISER SECRETARY	1 00	X		X				0	0	0
(11) BOB GILCHRIST BOARD MEMBER	1 00	X						0	0	0
(12) KIM HINES BOARD MEMBER	1 00	X						0	0	0
(13) TONY JONES BOARD MEMBER	1 00	X						0	0	0
(14) MIKE MACKENZIE BOARD MEMBER	1 00	X						0	0	0

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

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

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,337,234	6,337,234		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	108,222	69,262	27,056	11,904
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	499,404	319,619	124,851	54,934
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4,917	3,147	1,229	541
10	Payroll taxes	48,653	31,138	12,163	5,352
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	8,900		8,900	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	529	41	481	7
12	Advertising and promotion				
13	Office expenses	58,269	37,292	14,567	6,410
14	Information technology				
15	Royalties				
16	Occupancy	69,827	44,689	17,457	7,681
17	Travel	14,796	9,469	3,699	1,628
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	48,154	30,818	12,039	5,297
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	87,694	56,124	21,924	9,646
23	Insurance	27,090	17,337	6,773	2,980
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	GAS AND OIL - FLEET	46,341	46,341		
b	REPAIRS & MAINT - FLEET	31,250	31,250		
c	INSURANCE - FLEET	29,746	29,746		
d					
e	All other expenses	16,829	10,771	4,207	1,851
25	Total functional expenses. Add lines 1 through 24e	7,437,855	7,074,278	255,346	108,231
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	92,361	1	52,231
	2 Savings and temporary cash investments		2	41,718
	3 Pledges and grants receivable, net	34,910	3	20,036
	4 Accounts receivable, net	29,260	4	29,184
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	191,316	8	137,394
	9 Prepaid expenses and deferred charges	3,857	9	
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 1,548,010		
	b Less accumulated depreciation	10b 523,305	1,008,500	10c 1,024,705
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	322	15	622
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,360,526	16	1,305,890	
Liabilities	17 Accounts payable and accrued expenses	188,515	17	44,696
	18 Grants payable		18	
	19 Deferred revenue	2,695	19	2,695
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	599,679	23	607,067
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	790,889	26	654,458
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	551,556	27	651,432
	28 Temporarily restricted net assets	18,081	28	0
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	569,637	33	651,432	
34 Total liabilities and net assets/fund balances	1,360,526	34	1,305,890	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,519,650
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,437,855
3	Revenue less expenses Subtract line 2 from line 1	3	81,795
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	569,637
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	651,432

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 59-2805577

Name: BREAD OF THE MIGHTY FOOD BANK INC

Form 990, Part III, Line 4a

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

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

Form 990, Part III, Line 4b

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

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

Form 990, Part III, Line 4c

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

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

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization BREAD OF THE MIGHTY FOOD BANK INC

Employer identification number

59-2805577

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)	4,016,851	3,956,844	5,328,845	6,672,349	7,013,663	26,988,552
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,016,851	3,956,844	5,328,845	6,672,349	7,013,663	26,988,552
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,764,354
6 Public support. Subtract line 5 from line 4						18,224,198

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	4,016,851	3,956,844	5,328,845	6,672,349	7,013,663	26,988,552
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	61	22	911	25	17	1,036
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						26,989,588

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	67.520%
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	72.340%

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

Part VI Supplemental Information.

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047
2015
Open to Public Inspection

Name of the organization
BREAD OF THE MIGHTY FOOD BANK INC

Employer identification number
59-2805577

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

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

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

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

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

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

Preservation of land for public use (e.g., recreation or education) 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
2a Total number of conservation easements	
2b Total acreage restricted by conservation easements	
2c Number of conservation easements on a certified historic structure included in (a)	
2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Table with 2 columns: Description (1c-1f) and Amount

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
a Board designated or quasi-endowment
b Permanent endowment
c Temporarily restricted endowment
The percentages on lines 2a, 2b, and 2c should equal 100%

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
(i) unrelated organizations
(ii) related organizations
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

Small table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

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

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

1	Total revenue, gains, and other support per audited financial statements		1	7,529,282
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	9,632	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	9,632
3	Subtract line 2e from line 1		3	7,519,650
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	7,519,650

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

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

1	Total expenses and losses per audited financial statements		1	7,447,487
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	9,632	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	9,632
3	Subtract line 2e from line 1		3	7,437,855
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	7,437,855

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-2805577

Name: BREAD OF THE MIGHTY FOOD BANK INC

Supplemental Information

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

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2015

**Open to Public
Inspection**

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

▶ Attach to Form 990 or Form 990-EZ

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

Department of the Treasury
Internal Revenue Service

Name of the organization
BREAD OF THE MIGHTY FOOD BANK INC

Employer identification number
59-2805577

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events.

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

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

Part III Gaming.

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
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Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization BREAD OF THE MIGHTY FOOD BANK INC

Employer identification number 59-2805577

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?
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.

Table with 8 columns: (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.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 102
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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Return Reference	Explanation

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
4 W'S NETWORK INC #432 EC 530 W UNIVERSITY GAINESVILLE, FL 32601	45-4758789	501(C)(3)		9,564	FMV	FOOD	FEED THE HUNGRY
ABUNDANT LIFE FAMILY MINISTRIES 1111 NE 17TH ROAD OCALA, FL 34470	27-2165026	501(C)(3)		8,462	FMV	FOOD	FEED THE HUNGRY
AGAPE FAITH CENTER MINISTRIES 936 NW 31ST AVE GAINESVILLE, FL 32609	59-1121978	501(C)(3)		5,138	FMV	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGAPE LOVE & PRAISE WORD CHURCH 392 EC 1239 NW 10TH AVE GAINESVILLE, FL 32601	80-0410205	501(C)(3)		16,711	FMV	FOOD	FEED THE HUNGRY
ALACHUA MYCROSCHOOL 2611 TEMPLE HEIGHTS DRIVE STE A OCEANSIDE, CA 92056	27-3578548	501(C)(3)		20,901	FMV	FOOD	FEED THE HUNGRY
ANDERSON MEMORIAL COG IN CHRIST 402EC 23075 NW 179TH PLACE HIGH SPRINGS, FL 32655	45-4214307	501(C)(3)		12,718	FMV	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCHER CHURCH OF THE NAZARENE 330E 13327 SW STATE ROAD 45 ARCHER, FL 32618	59-6546052	501(C)(3)		8,206	FMV	FOOD	FEED THE HUNGRY
BLESSED HOPE 23821 W NEWBARRY RD NEWBERRY, FL 32669	36-4519555	501(C)(3)		6,485	FMV	FOOD	FEED THE HUNGRY
BROADWAY COMM OUTREACH 2027 W SILVER SPRINGS BLVD OCALA, FL 34475	46-2092583	501(C)(3)		8,082	FMV	FOOD	FEED THE HUNGRY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAMP 4200 SW WACAHOOTA RD MICANOPY, FL 32667	94-3391656	501(C)(3)		15,338	FMV	FOOD	FEED THE HUNGRY
CALVARY TEMPLE ASSEMBLY OF GOD 739 SW 10TH STREET CROSS CITY, FL 32628	59-2365350	501(C)(3)		16,807	FMV	FOOD	FEED THE HUNGRY
CAMP ANDERSON MINISTRIES 536 NE 168TH AVENUE OLD TOWN, FL 32680	46-2499471	501(C)(3)		9,455	FMV	FOOD	FEED THE HUNGRY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RMW UNLIMITED INC 8602 SW 145 PLACE ARCHER, FL 32618	45-5076648	501(C)(3)		42,845	FMV	FOOD	FEED THE HUNGRY
RONALD MCDONALD 1600 SW 14TH ST GAINESVILLE, FL 32608	59-1887896	501(C)(3)		43,027	FMV	FOOD	FEED THE HUNGRY
SAND HILL CHURCH				18,098	FMV	FOOD	FEED THE HUNGRY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Name of the organization
BREAD OF THE MIGHTY FOOD BANK INC

Employer identification number
59-2805577

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	7,151,798	5,841,955	SEE PART II
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

Part II Supplemental Information.

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

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

**SCHEDULE O
(Form 990 or
990-EZ)**

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
BREAD OF THE MIGHTY FOOD BANK INC

Employer identification number

59-2805577

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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