

Form 990
Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

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

C Name of organization BREAD OF THE MIGHTY FOOD BANK INC
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
325 NW 10 AVE
City or town, state or province, country, and ZIP or foreign postal code
GAINESVILLE, FL 32601

D Employer identification number
59-2805577

E Telephone number
(352) 336-0839

G Gross receipts \$ 8,617,598

F Name and address of principal officer
MARCIA CONWELL
325 NW 10TH AVENUE
GAINESVILLE, FL 32601

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

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

J Website: WWW BREADOFTHEMIGHTY ORG

K Form of organization
Corporation
Trust
Association
Other

L Year of formation 1987
M State of legal domicile FL

Part I Summary

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

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

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

Signature of officer: *****
Date: 2020-08-12
MARCIA CONWELL PRESIDENT
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name, Preparer's signature, Date 2020-08-12, Check if self-employed, PTIN P01287643, Firm's name CARR RIGGS & INGRAM LLC, Firm's EIN 72-1396621, Firm's address 4010 NW 25 PLACE GAINESVILLE, FL 32606, Phone no (352) 372-6300

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 \$ 8,150,977 including grants of \$ 7,176,389) (Revenue \$ 438,243)
See Additional Data

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

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

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

4e Total program service expenses ▶ 8,150,977

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	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

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	44		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a			No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a			No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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		
a	The governing body?	Yes	
b	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.)

		Yes	No
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?		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	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
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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

17	List the States with which a copy of this Form 990 is required to be filed	FL
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input checked="" type="checkbox"/> 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			119,030	0	0	
(2) FRED HENDERSON BOARD MEMBER	1 00	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) TONY JONES BOARD MEMBER	1 00	X					0	0	0	
(7) JOE MACKENZIE VICE PRESIDENT	1 00	X		X			0	0	0	
(8) MARY SABATELLA BOARD MEMBER	1 00	X					0	0	0	
(9) ROSA WILLIAMS BOARD MEMBER	1 00	X					0	0	0	
(10) TANYA COMEDY SECRETARY	1 00	X		X			0	0	0	
(11) GUY ROIG CHAIRMAN	1 00	X		X			0	0	0	
(12) STEVE BINEGAR BOARD MEMBER	1 00	X					0	0	0	
(13) JOHN COUNSINS ADVISOR	1 00	X					0	0	0	

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

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	119,030	0	0

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			
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>	3	Yes	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>	4		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>	5		No

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 9,600			
	b Membership dues	1b			
	c Fundraising events	1c 128,858			
	d Related organizations	1d			
	e Government grants (contributions)	1e 229,094			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 7,811,096			
	g Noncash contributions included in lines 1a - 1f \$	7,149,117			
	h Total. Add lines 1a-1f		8,178,648		

Program Service Revenue			Business Code				
	2a SHARED MAINTENANCE FEE						
		624210	433,215	433,215			
	b PALLET SALES						
		624210	3,300	3,300			
	c MISCELLANEOUS						
		624210	1,728	1,728			
	d _____						
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			438,243				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		707			707
	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 \$ 128,858 of contributions reported on line 1c) See Part IV, line 18	a	0			
	b Less direct expenses	b	4,157			
	c Net income or (loss) from fundraising events			-4,157		-4,157
	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			8,613,441	438,243	0	
					-3,450	

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.	7,176,389	7,176,389		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	125,030	85,021	30,007	10,002
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.	627,845	426,934	150,683	50,228
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.	10,320	7,018	2,477	825
10 Payroll taxes.	62,366	42,409	14,968	4,989
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	12,080	8,215	2,899	966
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.)	3,783	2,572	908	303
12 Advertising and promotion.				
13 Office expenses.	53,269	39,962	9,948	3,359
14 Information technology.				
15 Royalties.				
16 Occupancy.	77,642	75,313	1,553	776
17 Travel.	16,183	11,004	3,884	1,295
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	38,594	37,436	772	386
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	91,771	89,018	1,835	918
23 Insurance.	32,413	31,441	648	324
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 INSURANCE - FLEET	37,615	37,615		
b GAS AND OIL - FLEET	35,813	35,813		
c REPAIRS & MAINT - FLEET	28,548	28,548		
d ALL OTHER EXPENSES	14,408	13,976	288	144
e All other expenses	2,293	2,293		
25 Total functional expenses. Add lines 1 through 24e.	8,446,362	8,150,977	220,870	74,515
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	78,505	1	122,481
	2 Savings and temporary cash investments	244,907	2	295,862
	3 Pledges and grants receivable, net	29,901	3	28,893
	4 Accounts receivable, net	9,940	4	13,700
	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	136,726	8	200,207
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,881,749		
	b Less accumulated depreciation	10b 798,494	1,098,126	10c 1,083,255
	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	797	15	874
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,598,902	16	1,745,272	
Liabilities	17 Accounts payable and accrued expenses	116,169	17	126,224
	18 Grants payable		18	
	19 Deferred revenue	2,695	19	
	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	582,966	23	554,897
	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	701,830	26	681,121
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	897,072	27	1,027,651
	28 Temporarily restricted net assets		28	36,500
	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	897,072	33	1,064,151	
34 Total liabilities and net assets/fund balances	1,598,902	34	1,745,272	

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	8,613,441
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,446,362
3	Revenue less expenses Subtract line 2 from line 1	3	167,079
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	897,072
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	1,064,151

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c		No
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 59-2805577

Name: BREAD OF THE MIGHTY FOOD BANK INC

Form 990 (2018)

Form 990, Part III, Line 4a:

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 8.5 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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

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 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

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

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

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	6,672,349	7,013,663	7,332,392	7,655,655	8,178,648	36,852,707
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	6,672,349	7,013,663	7,332,392	7,655,655	8,178,648	36,852,707
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)						13,751,919
6	Public support. Subtract line 5 from line 4						23,100,788

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	6,672,349	7,013,663	7,332,392	7,655,655	8,178,648	36,852,707
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25	17	86	316	770	1,214
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						36,853,921
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 2018 (line 6, column (f) divided by line 11, column (f))	14	62.680%
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	63.150%

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 59-2805577

Name: BREAD OF THE MIGHTY FOOD BANK INC

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| 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? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		120,738		120,738
b Buildings		1,040,610	314,273	726,337
c Leasehold improvements				
d Equipment		222,894	143,419	79,475
e Other		497,507	340,802	156,705
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,083,255

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

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

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

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

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

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

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	8,622,611
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	9,170
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	9,170
3	Subtract line 2e from line 1	3	8,613,441
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	8,613,441

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	8,455,532
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	9,170
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	9,170
3	Subtract line 2e from line 1	3	8,446,362
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	8,446,362

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
PART X, LINE 2	THE FOOD BANK IS EXEMPT FROM INCOME TAXES ACCORDING TO THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS NOT EARNED ANY UNRELATED TAXABLE INCOME THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. IN ADDITION, THE FOOD BANK QUALIFIES FOR THE CHARITABLE CONTRIBUTIONS DEDUCTION AND HAS BEEN CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. THE FOOD BANK IS OPERATED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES. THE FOOD BANK HOLDS NO UNCERTAIN TAX POSITIONS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2018

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.

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

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			
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	98,683		30,175	128,858
	2 Less Contributions	98,683		30,175	128,858
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	4,157			4,157
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				4,157
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-4,157

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))
		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	13a	%
b	An outside facility	13b	%

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

Name ▶
 Address ▶

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

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

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

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$
 Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
------------------	-------------

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

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

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...
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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation

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 530 W UNIVERSITY AVE GAINESVILLE, FL 32601	45-4758789	501(C)(3)		7,389	FMV	FOOD	FEED THE HUNGRY
A HELPING HAND 2514 NW COUNTY RD ALACHUA, FL 32615	68-0384774	501(C)(3)		12,951	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
A NEW DAY 4507 SE HAWTHORNE GAINESVILLE, FL 32641	32-0397024	501(C)(3)		8,465	FMV	FOOD	FEED THE HUNGRY
ABUNDANT LIFE FAMILY MINISTRIES 1111 NE 17TH RD OCALA, FL 34470	27-2165026	501(C)(3)		9,201	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 FAITH CENTER MINISTRIES #489EC 936 NW 31ST AVE GAINESVILLE, FL 32609	59-1121978	501(C)(3)		9,168	FMV	FOOD	FEED THE HUNGRY
AL CNTY COALITION (HOMELESS&HUNGRY) 337E 3055 NE 28TH DR GAINESVILLE, FL 32609	81-2550751	501(C)(3)		90,207	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
AR CAMPS MINISTRIES # 485E 2611 NW 68TH AVE GAINESVILLE, FL 32607	45-2044627	501(C)(3)		9,666	FMV	FOOD	FEED THE HUNGRY
ARK OF HOPE FOR CHILDREN 209 EC 6501 NE 32ND PL HIGH SPRINGS, FL 32643	59-3585457	501(C)(3)		7,219	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
BLESSED HOPE FOUNDATION 117E 26821 W NEWBERRY RD NEWBERRY, FL 32669	36-4519555	501(C)(3)		13,038	FMV	FOOD	FEED THE HUNGRY
BROADWAY COMMUNITY OUTREACH 2027 W SILVER APINGS BLVD OCALA, FL 34475	46-2092583	501(C)(3)		18,464	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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BRONSON UNITED METHODIST CHURCH 313E 235 N COURT ST BRONSON, FL 32621	59-2349106	501(C)(3)		5,611	FMV	FOOD	FEED THE HUNGRY
CHAMP 235E 2005 NW 36TH DR GAINESVILLE, FL 32605	94-3391656	501(C)(3)		26,044	FMV	FOOD	FEED THE HUNGRY

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CAMP ANDERSON MINISTRIES #490C 536 NE 168TH AVE OLD TOWN, FL 32680	46-2499471	501(C)(3)		82,865	FMV	FOOD	FEED THE HUNGRY
CATHOLIC CHARITIES - GAINESVILLE 4E 1701 NE 9TH ST GAINESVILLE, FL 32609	59-1785681	501(C)(3)		26,893	FMV	FOOD	FEED THE HUNGRY

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CEDAR KEY UMC 249E 6050 D ST CEDAR KEY, FL 32625	59-3743359	501(C)(3)		28,257	FMV	FOOD	FEED THE HUNGRY
CHUCK WAGON OUTREACH 2470 NW 57TH TRL BELL, FL 32619	47-3303942	501(C)(3)		42,957	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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CHURCH OF GOD OF PROPHECY 360EC 4700 SE HAWTHORNE RD GAINESVILLE, FL 32641	59-3115511	CHURCH		13,502	FMV	FOOD	FEED THE HUNGRY
CHURCH ON THE MOVE #520E 15241 NW HWY 19 CROSS CITY, FL 32628	82-0697001	CHURCH		27,990	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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CITIZENS FOR SOCIAL JUSTICE - HOMEVAN 307 SE 6TH ST GAINESVILLE, FL 32601	26-2281356	501(C)(3)		16,457	FMV	FOOD	FEED THE HUNGRY
CLEATHER HATHCOCK COMM CNTR 357E PO BOX 9 ALACHUA, FL 32615	59-6000262	501(C)(3)		54,097	FMV	FOOD	FEED THE HUNGRY

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COMMUNITY PRAISE CENTER 303 NE 39TH AVE GAINESVILLE, FL 32609	81-1591182	CHURCH		6,011	FMV	FOOD	FEED THE HUNGRY
CROSS CITY CHURCH OF CHRIST 380E 52 NE 147TH ST CROSS CITY, FL 32628		CHURCH		238,937	FMV	FOOD	FEED THE HUNGRY

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DAYSPRING MISSIONARY BC #403EC 1945 NE8TH AVE GAINESVILLE, FL 32641	59-2440190	CHURCH		19,065	FMV	FOOD	FEED THE HUNGRY
DREAMERS FOUNDATION INC 423E 3412 NW 13TH AVE GAINESVILLE, FL 32605	45-3159522	501(C)(3)		5,598	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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FAIRBANKS CHURCH OF GOD BY FAITH 514EC 6901 NE 57T ST GAINESVILLE, FL 32609	59-3016630	CHURCH		9,034	FMV	FOOD	FEED THE HUNGRY
FAITH IN THE WORD ASSEMBLY 428E 8299 SW 65TH AVE TRENTON, FL 32693	83-0375681	501(C)(3)		31,728	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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FAMILIES IN NEED PO BOX 662 DUNNELLON, FL 34430	80-0668872	501(C)(3)		5,011	FMV	FOOD	FEED THE HUNGRY
FEED MY SHEEP 400E 6602 NW 30TH TER GAINESVILLE, FL 32653	59-2525611	501(C)(3)		67,708	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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FEEDING KIDS		501(C)(3)		98,110	FMV	FOOD	FEED THE HUNGRY
FEEDING THE GULF COAST 5709 INDUSTRIAL BLVD MILTON, FL 32583	63-0821997	501(C)(3)		41,014	FMV	FOOD	FEED THE HUNGRY

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FELLOWSHIP BC 16916 NW US HWY 441 HIGH SPRINGS, FL 32643	59-2876106	501(C)(3)		5,904	FMV	FOOD	FEED THE HUNGRY
FIRST BAPTIST CHURCH OF HAWTHORNE #515E 22027 SE 65TH AVE HAWTHORNE, FL 32640	59-1570536	CHURCH		15,526	FMV	FOOD	FEED THE HUNGRY

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FIRST MISSIONARY BC 80 EC 1515 SE 15TH ST GAINESVILLE, FL 32641	59-1960964	501(C)(3)		40,669	FMV	FOOD	FEED THE HUNGRY
FIRST UMC OF WILLISTON 213 W NOBLE AVE WILLISTON, FL 32696	59-6198245	CHURCH		8,813	FMV	FOOD	FEED THE HUNGRY

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FOOD FOR CHRIST 420E 4909 SE 165TH AVE MICANOPY, FL 32667	90-0629428	501(C)(3)		24,464	FMV	FOOD	FEED THE HUNGRY
FRANCIS BAPTIST CHURCH 419C 155 COUNTY RD 309C PALATKA, FL 32177	59-2436471	CHURCH		5,874	FMV	FOOD	FEED THE HUNGRY

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FRAZIER OUTREACH FOUNDATION INC 1104 NE 4TH AVE WILLISTON, FL 32696	47-2226477	501(C)(3)		6,080	FMV	FOOD	FEED THE HUNGRY
GAINESVILLE COMMUNITY MINISTRY 238 SW 4TH AVE GAINESVILLE, FL 32601	59-1724202	501(C)(3)		20,496	FMV	FOOD	FEED THE HUNGRY

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GAINESVILLE OPPORTUNITY CNTR INC 329EANR 102 NE 10TH AVE STE 2 GAINESVILLE, FL 32601	20-8823721	501(C)(3)		10,107	FMV	FOOD	FEED THE HUNGRY
GAINESVILLE SEVENTH-DAY ADVENTIST #291E 2115 NW 39TH AVE GAINESVILLE, FL 32605	59-6137501	CHURCH		23,121	FMV	FOOD	FEED THE HUNGRY

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GILCHRIST COUNTY FOOD PANTRY 410E PO BOX 736 TRENTON, FL 32693	46-1284758	501(C)(3)		44,304	FMV	FOOD	FEED THE HUNGRY
GRACE MINISTRY OF FL INC 405ER 4129 NW 16TH TRL BELL, FL 32619	27-2233138	501(C)(3)		18,934	FMV	FOOD	FEED THE HUNGRY

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GREATER BETHEL AME CHURCH 333E 701 SE 43RD ST GAINESVILLE, FL 32641	59-2342883	CHURCH		12,983	FMV	FOOD	FEED THE HUNGRY
HAWTHORNE AREA RESOURCE CENTER #510E PO BOX 655 HAWTHORNE, FL 32640	83-1336269	501(C)(3)		22,114	FMV	FOOD	FEED THE HUNGRY

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HEART OF A SERVANT OUTREACH 11076 NE HWY 349 OLD TOWN, FL 32680	82-2310268	501(C)(3)		169,784	FMV	FOOD	FEED THE HUNGRY
HOLY CROSS MISSION SOCTYST VINCNT 363E PO BOX 1315 CROSS CITY, FL 32628	27-0564877	501(C)(3)		26,580	FMV	FOOD	FEED THE HUNGRY

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HOUSE OF HOPE ALACHUA COUNTY 29 SE 21ST ST GAINESVILLE, FL 32641	59-3336745	501(C)(3)		5,758	FMV	FOOD	FEED THE HUNGRY
I AM BORN AGAIN MINISTRIES 236E 18858 NW 246 ST HIGH SPRINGS, FL 32643	60-0002763	501(C)(3)		13,683	FMV	FOOD	FEED THE HUNGRY

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IGLESIA EVANGELICA BAUTISTA INC 322E 12100 NW 39TH AVE GAINESVILLE, FL 32606	23-7044150	501(C)(3)		5,998	FMV	FOOD	FEED THE HUNGRY
INTERLACHEN SOUP KITCHEN 397E 179 MILLER SQ INTERLACHEN, FL 32148	83-0634775	501(C)(3)		77,478	FMV	FOOD	FEED THE HUNGRY

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ISKCON OF ALACHUA-FARM 23C 17306 NW 112TH BLVD ALACHUA, FL 32615	59-3238808	501(C)(3)		7,163	FMV	FOOD	FEED THE HUNGRY
ISKCON OF GNV- 534 CR 214 NW 14TH ST GAINESVILLE, FL 32603	59-3080780	501(C)(3)		36,002	FMV	FOOD	FEED THE HUNGRY

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JENA PENTECOSTAL HOLINESS CHURCH 371 EC 5335 SW HWY 358 STEINHATCHEE, FL 32359	26-2186180	CHURCH		16,591	FMV	FOOD	FEED THE HUNGRY
JOPPA BC 7530 NW 165TH ST TRENTON, FL 32693		CHURCH		5,246	FMV	FOOD	FEED THE HUNGRY

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LANDMARK HOLY TEMPLE OF GOD 320EC 1220 NE 23RD AVE GAINESVILLE, FL 32609	59-2786486	CHURCH		291,010	FMV	FOOD	FEED THE HUNGRY
LATTER RAIN OUTREACH #526E 1705 NW 27TH AVE CHIEFLAND, FL 32626	45-4589041	501(C)(3)		13,240	FMV	FOOD	FEED THE HUNGRY

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LIVING FAITH FELLOWSHIP 353 EAN 5510 NW 39TH AVE GAINESVILLE, FL 32606	59-1834974	501(C)(3)		10,642	FMV	FOOD	FEED THE HUNGRY
LIVING PRAISE CHURCH OF GOD 370 E 1058 N MAIN ST TRENTON, FL 32693	45-5215216	CHURCH		6,858	FMV	FOOD	FEED THE HUNGRY

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LIVING WATER LIFE CENTER 408EC 6491 SE 123RD TER MORRISTON, FL 32668	20-0063346	501(C)(3)		153,382	FMV	FOOD	FEED THE HUNGRY
LOVE LEVY COMMUNITY HELP CENTER # 472E 26291 SE 33RD ST MORRISTON, FL 32668	59-2704734	501(C)(3)		50,998	FMV	FOOD	FEED THE HUNGRY

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MICANOPY BAPTIST CHURCH 425 E 709 NE CHOLOKKA BLVD MICANOPY, FL 32667	26-4168544	CHURCH		12,772	FMV	FOOD	FEED THE HUNGRY
MIRACLE WORD OF FAITH MINISTRY INC305E 3809 A E UNIVERSITY AVE GAINESVILLE, FL 32614	48-1295756	CHURCH		12,643	FMV	FOOD	FEED THE HUNGRY

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MLK JR COMMISSION OF FLORIDA 1712 NE WALDO ROAD GAINESVILLE, FL 32609	59-1932327	501(C)(3)		35,014	FMV	FOOD	FEED THE HUNGRY
MORE THAN CONQUERORS F & OUTREACH CNT 431 4600 NW 143RD ST GAINESVILLE, FL 32606	20-2655968	501(C)(3)		124,827	FMV	FOOD	FEED THE HUNGRY

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MT ERIE BC 1216 NW 11TH AVE CHIEFLAND, FL 32626	59-3368207	501(C)(3)		6,380	FMV	FOOD	FEED THE HUNGRY
MT OLIVE AME 293E 721 SE 8TH ST GAINESVILLE, FL 32601	59-1800753	CHURCH		22,188	FMV	FOOD	FEED THE HUNGRY

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MT PLEASANT UMC 145 EC 630 NW 2ND ST GAINESVILLE, FL 32601	36-2167731	501(C)(3)		107,764	FMV	FOOD	FEED THE HUNGRY
NEW COVENANT BELIEVERS HOUSEOF PRAYER401E 40701 NW 10TH LN GAINESVILLE, FL 32653	90-0538272	501(C)(3)		8,815	FMV	FOOD	FEED THE HUNGRY

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NEW COVENANT HAITIAN CHURCH #444E 261 MARION OAKS BLVD OCALA, FL 34473	46-1756139	501(C)(3)		13,570	FMV	FOOD	FEED THE HUNGRY
NEW HOPE MISS BAPT CHURCH 295E 21251 40TH PL WILLISTON, FL 32696	31-1712947	CHURCH		47,834	FMV	FOOD	FEED THE HUNGRY

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NEWBERRY CHRISTIAN COMMUNITY SCHOOL 522S 3536 NW 8TH AVE GAINESVILLE, FL 32605	49-2964564	501(C)(3)		16,944	FMV	FOOD	FEED THE HUNGRY
NORTH GAINESVILLE BC 6203 NW 39TH AVE GAINESVILLE, FL 32606	59-3061533	CHURCH		7,128	FMV	FOOD	FEED THE HUNGRY

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NORTH PLEASANT GROVE BC 25330 NW CR 239 ALACHUA, FL 32615	59-3425683	CHURCH		5,758	FMV	FOOD	FEED THE HUNGRY
OAK PARK BAPT 134 E 4610 SW ARCHER RD GAINESVILLE, FL 32608	59-1554589	CHURCH		17,870	FMV	FOOD	FEED THE HUNGRY

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O'BRIEN BAPATIST CHURCH 427E 9544 E COUNTY RD 349 OBRIEN, FL 32071	59-2356452	CHURCH		10,613	FMV	FOOD	FEED THE HUNGRY
OUR LORD AND SAVIOR COMMUNITY INC 6169 SE 91ST TRL TRENTON, FL 32693	51-0145238	501(C)(3)		6,234	FMV	FOOD	FEED THE HUNGRY

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PARKVIEW BAPTIST CHURCH #440EC 3403 NW 13TH ST GAINESVILLE, FL 32609	59-0838096	CHURCH		29,235	FMV	FOOD	FEED THE HUNGRY
PASSAGE MINISTRIES INC 343E 5000 E UNIVERSITY AVE GAINESVILLE, FL 32641	36-4491241	501(C)(3)		16,163	FMV	FOOD	FEED THE HUNGRY

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PLEDGE 5 FOUNDATION INC #503E 1516 N MAIN ST GAINESVILLE, FL 32601	27-1208090	501(C)(3)		34,065	FMV	FOOD	FEED THE HUNGRY
POWER HOUSE FAMILY WORSHIP CNTR #511EC 7600 SW 24TH AVE GAINESVILLE, FL 32607	80-0524889	501(C)(3)		9,550	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
PRAXEIS MINISTRIES INC 449 EC 7686 OAK DR KEYSTONE, FL 32656	46-1782369	501(C)(3)		12,913	FMV	FOOD	FEED THE HUNGRY
PRAYER AND DELIVERANCE MINISTRY #498E 5002 SW 63 BLVD GAINESVILLE, FL 32608	27-0130079	501(C)(3)		59,828	FMV	FOOD	FEED THE HUNGRY

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RALEIGH CGBF 7891 NE HWY 41 WILLISTON, FL 32696	59-1631564	501(C)(3)		8,182	FMV	FOOD	FEED THE HUNGRY
REICHERT HOUSE 82C 0704 SE 2ND AVE GAINESVILLE, FL 32641	20-5621656	501(C)(3)		34,847	FMV	FOOD	FEED THE HUNGRY

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RIGHT WORD CHURCH INC PO BOX 5692 GAINESVILLE, FL 32627	45-4951527	CHURCH		17,842	FMV	FOOD	FEED THE HUNGRY
RMW UNLIMITED INC # 463 8602 SW 145TH PL ARCHER, FL 32618	45-5076648	501(C)(3)		22,758	FMV	FOOD	FEED THE HUNGRY

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RONALD MCDONALD HOUSE 1600 SW 14TH ST GAINESVILLE, FL 32608	59-1887896	501(C)(3)		5,337	FMV	FOOD	FEED THE HUNGRY
SALVATION ARMY 14EC PO BOX 14403 GAINESVILLE, FL 32604	59-0631403	501(C)(3)		8,510	FMV	FOOD	FEED THE HUNGRY

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SECOND HARVEST FOOD BANK OF CENTRAL FL 411 MERCY DR ORLANDO, FL 32805	59-2142315	501(C)(3)		19,958	FMV	FOOD	FEED THE HUNGRY
SEVEN GABLES FOOD MINISTRY 393 EC 857 E MAIN ST MAYO, FL 32066	59-2347952	501(C)(3)		97,141	FMV	FOOD	FEED THE HUNGRY

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SIMMON GROVE BETHELITC BC 430E 17800 NE 77TH LN ORANGE HEIGHTS, FL 32640	20-6208778	501(C)(3)		6,195	FMV	FOOD	FEED THE HUNGRY
SOCIETY OF ST VIN DEPAUL - INTERLA 152E 18278 SE HWY 19 CROSS CITY, FL 32628	59-2591070	501(C)(3)		22,302	FMV	FOOD	FEED THE HUNGRY

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SPRING RIDGE 1ST CHURCH OF GOD 325E 5529 NE 52ND PL HIGH SPRINGS, FL 32643	59-1874803	CHURCH		43,494	FMV	FOOD	FEED THE HUNGRY
ST JOHN THE EVAN-ST VINCENT DE PAUL 351E 18278 SE HWY 19 CROSS CITY, FL 32628	27-0219652	501(C)(3)		5,487	FMV	FOOD	FEED THE HUNGRY

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STARLIGHT TEMPLE HOUSE OF REFUGE 184E 411 SW 4TH AVE GAINESVILLE, FL 32601	26-3837280	501(C)(3)		16,965	FMV	FOOD	FEED THE HUNGRY
SUWANNEE FOREST PARK HILL CNTR #500E 275 SW STEPHEN FOSTER DR WHITE SPRINGS, FL 32096	47-5556805	501(C)(3)		14,123	FMV	FOOD	FEED THE HUNGRY

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THE ARC OF BRADFORD 246R 5144 SW 155TH ST STARKE, FL 32091	59-1696581	501(C)(3)		11,919	FMV	FOOD	FEED THE HUNGRY
THE LONG FOUNDATION INC 1712 NE WALDO RD GAINESVILLE, FL 32609	90-0802724	501(C)(3)		10,884	FMV	FOOD	FEED THE HUNGRY

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THE NEW BEGINNING CHRISTIAN WC 402 NW 6TH ST MICANOPY, FL 32667	38-3901674	501(C)(3)		23,075	FMV	FOOD	FEED THE HUNGRY
THE WORD CHURCH GLOBAL INC 1239 NW 10TH AVE GAINESVILLE, FL 32601	80-0410205	CHURCH		25,300	FMV	FOOD	FEED THE HUNGRY

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UNITED CHRISTIAN SERVICES 38E 264 NE 210TH AVE CROSS CITY, FL 32628	59-2495091	501(C)(3)		37,932	FMV	FOOD	FEED THE HUNGRY
VINEYARD CHRISTIAN 61E PO BOX 358117 GAINESVILLE, FL 32635	76-0683925	CHURCH		7,801	FMV	FOOD	FEED THE HUNGRY

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VOICE OF FAITH 92E 2029 SE 2ND PL GAINESVILLE, FL 32641	37-1698146	501(C)(3)		5,256	FMV	FOOD	FEED THE HUNGRY
WHITE SPRINGS CONG HOLINESS CHURCH PO BOX 561 WHITE SPRINGS, FL 32096	59-3243094	CHURCH		163,681	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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WINDSOR BAPT 130 E 918 COUNTY RD 234 SE GAINESVILLE, FL 32641	59-2888666	CHURCH		64,992	FMV	FOOD	FEED THE HUNGRY
WITNESSES OF CHRIST MINISTRY # 482E 18583 MAIN ST STE 30 HIGH SPRINGS, FL 32643	45-2676169	501(C)(3)		39,399	FMV	FOOD	FEED THE HUNGRY

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

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

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 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		7,144,317	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

29	
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30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31		No
32a		No

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

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

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

b If "Yes," describe in Part II

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

Part II Supplemental Information.

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

Return Reference	Explanation
PART I, LINE 30B	CONTRIBUTIONS IN POUNDS DONATED FOOD VALUED AT \$ 80 PER POUND

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

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

▶ Attach to Form 990 or 990-EZ.

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

**Open to Public
Inspection**

Department of the Treasury

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 11B	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