

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2019**

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2019 calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BREAD OF THE MIGHTY FOOD BANK INC</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>325 NW 10 AVE</b> City or town, state or province, country, and ZIP or foreign postal code <b>GAINESVILLE, FL 32601</b> <b>F</b> Name and address of principal officer: <b>MARCIA CONWELL</b> <b>325 NW 10TH AVENUE, GAINESVILLE, FL 32601</b>	<b>D</b> Employer identification number <b>59-2805577</b> <b>E</b> Telephone number <b>352-336-0839</b> <b>G</b> Gross receipts \$ <b>17,192,981.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.BREADOFTHEMIGHTY.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1987</b> <b>M</b> State of legal domicile: <b>FL</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>A NONPROFIT ORGANIZATION THAT COORDINATES THE ACQUISITION AND DISTRIBUTION OF FOOD AND BASIC</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>45</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>3169</b>
<b>7 a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>8,178,648.</b>	<b>16,803,856.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>438,243.</b>	<b>388,001.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>707.</b>	<b>1,124.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-4,157.</b>	<b>-5,535.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>8,613,441.</b>	<b>17,187,446.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>7,176,389.</b>	<b>14,505,984.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>825,561.</b>	<b>947,745.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>88,115.</b>	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>444,412.</b>	<b>542,238.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>8,446,362.</b>	<b>15,995,967.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>167,079.</b>	<b>1,191,479.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>1,745,272.</b>	<b>2,958,054.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>681,121.</b>	<b>702,424.</b>
<b>22</b>		<b>1,064,151.</b>	<b>2,255,630.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>MARCIA CONWELL, PRESIDENT</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LORIE KEEGAN CPA</b>	Preparer's signature <b>LORIE KEEGAN CPA</b>	Date <b>08/07/21</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01287643</b>
	Firm's name ▶ <b>CARR, RIGGS &amp; INGRAM, LLC</b>	Firm's EIN ▶ <b>72-1396621</b>			
	Firm's address ▶ <b>4010 N.W. 25 PLACE GAINESVILLE, FL 32606</b>	Phone no. <b>352.372.6300</b>			

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

Part III Statement of Program Service Accomplishments

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

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

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 [X] 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 [X] 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 \$ 15,646,937. including grants of \$ 14,505,984. ) (Revenue \$ 388,001. ) 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 18 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 PANTIRES, FAITH-BASED AND COMMUNITY FEEDING AND FOOD PROGRAMS. BREAD OF THE MIGHTY IS THE AREA ADMINSTRATOR FOR THE US DEPARTMENT OF AGRICULTURE (USDA) THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP), COMMONLY KNOWN AS "COMMODITIES" USDA COMMODITIES ARE DISTRIBUTED THROUGH 13 AGENCIES

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

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

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

4e Total program service expenses 15,646,937.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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> .....		X
<b>24a</b> 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> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....		X
<b>b</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> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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> .....		X
<b>33</b> 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> .....		X
<b>34</b> 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> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 11; 1b Enter the number of voting members included on line 1a... 11; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 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 on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 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? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; 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? X; 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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [X] Upon request [X] Other (explain on Schedule O)
19 Describe on 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 - 352-336-0839
325 NW 10TH AVENUE, GAINESVILLE, FL 32601

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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				125,030.	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 BOARD VICE CHAIRMAN	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 VICE PRESIDENT	1.00	X		X				0.	0.	0.
(12) STEVE BINEGAR BOARD MEMBER	1.00	X						0.	0.	0.



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	19,588.				
	<b>1 b</b>	Membership dues					
	<b>1 c</b>	Fundraising events	105,527.				
	<b>1 d</b>	Related organizations					
	<b>1 e</b>	Government grants (contributions)	254,218.				
	<b>1 f</b>	All other contributions, gifts, grants, and similar amounts not included above	16,424,523.				
	<b>1 g</b>	Noncash contributions included in lines 1a-1f	\$ 14,457,215.				
	<b>1 h</b>	<b>Total.</b> Add lines 1a-1f		16,803,856.			
Program Service Revenue	<b>2 a</b>	SHARED MAINTENANCE FEES	624210	381,876.	381,876.		
	<b>2 b</b>	PALLET SALES	624210	4,834.	4,834.		
	<b>2 c</b>	MISCELLANEOUS	624210	1,291.	1,291.		
	<b>2 d</b>						
	<b>2 e</b>						
	<b>2 f</b>	All other program service revenue					
	<b>2 g</b>	<b>Total.</b> Add lines 2a-2f		388,001.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		1,124.		1,124.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses					
	<b>6 c</b>	Rental income or (loss)					
	<b>6 d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses					
<b>7 c</b>	Gain or (loss)						
<b>7 d</b>	Net gain or (loss)						
<b>8 a</b>	Gross income from fundraising events (not including \$ 105,527. of contributions reported on line 1c). See Part IV, line 18	8a	0.				
<b>8 b</b>	Less: direct expenses	8b	5,535.				
	Net income or (loss) from fundraising events		-5,535.			-5,535.	
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	9a					
<b>9 b</b>	Less: direct expenses	9b					
	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances	10a					
<b>10 b</b>	Less: cost of goods sold	10b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>						
	<b>11 b</b>						
	<b>11 c</b>						
	<b>11 d</b>	All other revenue					
	<b>11 e</b>	<b>Total.</b> Add lines 11a-11d					
<b>12</b>	<b>Total revenue.</b> See instructions		17,187,446.	388,001.	0.	-4,411.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	14,505,984.	14,505,984.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	138,859.	94,424.	33,326.	11,109.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	725,328.	493,223.	174,079.	58,026.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	11,971.	8,140.	2,873.	958.
<b>10</b> Payroll taxes .....	71,587.	48,679.	17,181.	5,727.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	4,156.	2,827.	997.	332.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	4,437.	3,017.	1,065.	355.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	98,726.	70,465.	21,167.	7,094.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	68,855.	66,789.	1,377.	689.
<b>17</b> Travel .....	14,965.	10,176.	3,592.	1,197.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....	45,342.	43,982.	907.	453.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	114,543.	111,107.	2,291.	1,145.
<b>23</b> Insurance .....	80,514.	78,099.	1,610.	805.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> REPAIRS & MAINT - FLEET	47,270.	47,270.		
<b>b</b> GAS AND OIL - FLEET	31,093.	31,093.		
<b>c</b> ALL OTHER EXPENSES	22,501.	21,826.	450.	225.
<b>d</b> OTHER FLEET	9,836.	9,836.		
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	15,995,967.	15,646,937.	260,915.	88,115.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	122,481.	<b>1</b>	451,440.
	<b>2</b> Savings and temporary cash investments .....	295,862.	<b>2</b>	762,191.
	<b>3</b> Pledges and grants receivable, net .....	28,893.	<b>3</b>	36,366.
	<b>4</b> Accounts receivable, net .....	13,700.	<b>4</b>	23,140.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	200,207.	<b>8</b>	364,767.
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,224,574.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 906,538.	1,083,255.	<b>10c</b> 1,318,036.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	874.	<b>15</b>	2,114.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	1,745,272.	<b>16</b>	2,958,054.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	126,224.	<b>17</b>	163,293.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	554,897.	<b>23</b>	539,131.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	681,121.	<b>26</b>	702,424.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	1,027,651.	<b>27</b>	2,255,630.
	<b>28</b> Net assets with donor restrictions .....	36,500.	<b>28</b>	0.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	1,064,151.	<b>32</b>	2,255,630.
	<b>33</b> Total liabilities and net assets/fund balances .....	1,745,272.	<b>33</b>	2,958,054.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	17,187,446.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	15,995,967.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,191,479.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,064,151.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	2,255,630.

**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 on 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 on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>		X
<b>2c</b>		
<b>3a</b>		X
<b>3b</b>		

Form 990 (2019)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7013663.	7332392.	7655655.	8178648.	16803856.	46984214.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	7013663.	7332392.	7655655.	8178648.	16803856.	46984214.
<b>5</b> 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) .....						15932021.
<b>6 Public support.</b> Subtract line 5 from line 4.						31052193.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	7013663.	7332392.	7655655.	8178648.	16803856.	46984214.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	17.	86.	316.	770.	1,124.	2,313.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						46986527.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	66.09 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	62.68 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

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

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

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

**Part IV Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>		
<b>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

Schedule A (Form 990 or 990-EZ) 2019

**Part VI**

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

Horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**  
**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 (for example, recreation or education)  Preservation of a 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 Tax 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? .....

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)? .....

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

**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 make 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 program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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 Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		120,738.		120,738.
b Buildings		1,165,563.	348,160.	817,403.
c Leasehold improvements				
d Equipment		222,894.	160,954.	61,940.
e Other		715,379.	397,424.	317,955.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>1,318,036.</b>

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

**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.

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

**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.

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

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE FOOD BANK IS 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.





**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) Total events
		EMPTY BOWLS (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	82,160.	23,367.	105,527.
	2	Less: Contributions	82,160.	23,367.	105,527.
	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	5,535.		5,535.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			5,535.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-5,535.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

**BREAD OF THE MIGHTY FOOD BANK INC**

Employer identification number  
**59-2805577**

**Part I General Information on Grants and Assistance**

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

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

1 (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)	0.	16,343. FMV		FOOD	FEED THE HUNGRY
A HELPING HAND 2514 NW COUNTY RD ALACHUA, FL 32615	68-0384774	501(C)(3)	0.	11,658. FMV		FOOD	FEED THE HUNGRY
A NEW DAY 4507 SE HAWTHORNE GAINESVILLE, FL 32641	32-0397024	501(C)(3)	0.	222,022. FMV		FOOD	FEED THE HUNGRY
ABUNDANT LIFE FAMILY MINISTRIES 1111 NE 17TH RD OCALA, FL 34470	27-2165026	501(C)(3)	0.	8,477. FMV		FOOD	FEED THE HUNGRY
AL CNTY COALITION (HOMELESS&HUNGRY) 337E - 3055 NE 28TH DR - GAINESVILLE, FL 32609	81-2550751	501(C)(3)	0.	118,471. FMV		FOOD	FEED THE HUNGRY
AR CAMPS MINISTRIES # 485E 2611 NW 68TH AVE GAINESVILLE, FL 32607	45-2044627	501(C)(3)	0.	8,109. FMV		FOOD	FEED THE HUNGRY

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **103.**
- 3** Enter total number of other organizations listed in the line 1 table **103.**

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
ARK OF HOPE FOR CHILDREN 209 EC 6501 NE 32ND PL HIGH SPRINGS, FL 32643	59-3585457	501(C)(3)	0.	7,826.	FMV	FOOD	FEED THE HUNGRY
BLESSED HOPE FOUNDATION 117E 26821 W NEWBERRY RD NEWBERRY, FL 32669	36-4519555	501(C)(3)	0.	11,336.	FMV	FOOD	FEED THE HUNGRY
BROADWAY COMMUNITY OUTREACH 2027 W SILVER APINGS BLVD OCALA, FL 34475	46-2092583	501(C)(3)	0.	31,921.	FMV	FOOD	FEED THE HUNGRY
C.H.A.M.P. 235E 2005 NW 36TH DR GAINESVILLE, FL 32605	94-3391656	501(C)(3)	0.	22,346.	FMV	FOOD	FEED THE HUNGRY
CAMP ANDERSON MINISTRIES #490C 536 NE 168TH AVE OLD TOWN, FL 32680	46-2499471	501(C)(3)	0.	33,141.	FMV	FOOD	FEED THE HUNGRY
CATHOLIC CHARITIES - GAINESVILLE 4E - 1701 NE 9TH ST - GAINESVILLE, FL 32609	59-1785681	501(C)(3)	0.	6,239.	FMV	FOOD	FEED THE HUNGRY
CEDAR KEY UMC 249E 6050 D ST CEDAR KEY, FL 32625	59-3743359	501(C)(3)	0.	24,259.	FMV	FOOD	FEED THE HUNGRY
CHUCK WAGON OUTREACH 2470 NW 57TH TRL BELL, FL 32619	47-3303942	501(C)(3)	0.	33,193.	FMV	FOOD	FEED THE HUNGRY
CHURCH ON THE MOVE #520E 15241 NW HWY 19 CROSS CITY, FL 32628	82-0697001	CHURCH	0.	8,194.	FMV	FOOD	FEED THE HUNGRY

<b>Part II</b> Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(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
CITIZENS FOR SOCIAL JUSTICE - HOMEVAN - 307 SE 6TH ST - GAINESVILLE, FL 32601	26-2281356	501(C)(3)	0.	9,029.	FMV	FOOD	FEED THE HUNGRY
CLEATHER HATHCOCK COMM CNTR 357E PO BOX 9 ALACHUA, FL 32615	59-6000262	501(C)(3)	0.	91,394.	FMV	FOOD	FEED THE HUNGRY
CROSS CITY CHURCH OF CHRIST 380E 52 NE 147TH ST CROSS CITY, FL 32628		CHURCH	0.	361,624.	FMV	FOOD	FEED THE HUNGRY
DAYSRING MISSIONARY BC #403EC 1945 NE8TH AVE GAINESVILLE, FL 32641	59-2440190	CHURCH	0.	13,422.	FMV	FOOD	FEED THE HUNGRY
FAIRBANKS CHURCH OF GOD BY FAITH 514EC - 6901 NE 57T ST - GAINESVILLE, FL 32609	59-3016630	CHURCH	0.	8,272.	FMV	FOOD	FEED THE HUNGRY
FAITH IN THE WORD ASSEMBLY 428E 8299 SW 65TH AVE TRENTON, FL 32693	83-0375681	501(C)(3)	0.	7,349.	FMV	FOOD	FEED THE HUNGRY
FEED MY SHEEP 400E 6602 NW 30TH TER GAINESVILLE, FL 32653	59-2525611	501(C)(3)	0.	17,292.	FMV	FOOD	FEED THE HUNGRY
FEEDING KIDS 325 10TH AVE GAINESVILLE, FL 32601		501(C)(3)	0.	44,699.	FMV	FOOD	FEED THE HUNGRY
FIRST BAPTIST CHURCH OF HAWTHORNE #515E - 22027 SE 65TH AVE - HAWTHORNE, FL 32640	59-1570536	CHURCH	0.	12,025.	FMV	FOOD	FEED THE HUNGRY

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST MISSIONARY B/C 80 EC 1515 SE 15TH ST GAINESVILLE, FL 32641	59-1960964	501(C)(3)	0.	33,906.	FMV	FOOD	FEED THE HUNGRY
FIRST UMC OF WILLIISTON 213 W NOBLE AVE WILLIISTON, FL 32696	59-6198245	CHURCH	0.	9,001.	FMV	FOOD	FEED THE HUNGRY
FRAZIER OUTREACH FOUNDATION INC 1104 NE 4TH AVE WILLIISTON, FL 32696	47-2226477	501(C)(3)	0.	6,753.	FMV	FOOD	FEED THE HUNGRY
GAINESVILLE COMMUNITY MINISTRY 238 SW 4TH AVE GAINESVILLE, FL 32601	59-1724202	501(C)(3)	0.	13,044.	FMV	FOOD	FEED THE HUNGRY
GAINESVILLE OPPORTUNITY CNTR INC. 329EAMR - 102 NE 10TH AVE STE 2 - GAINESVILLE, FL 32601	20-8823721	501(C)(3)	0.	11,409.	FMV	FOOD	FEED THE HUNGRY
GAINESVILLE SEVENTH-DAY ADVENTIST #291E - 2115 NW 39TH AVE - GAINESVILLE, FL 32605	59-6137501	CHURCH	0.	22,415.	FMV	FOOD	FEED THE HUNGRY
GILCHRIST COUNTY FOOD PANTRY 410E PO BOX 736 TRENTON, FL 32693	46-1284758	501(C)(3)	0.	14,907.	FMV	FOOD	FEED THE HUNGRY
GRACE MINISTRY OF FL, INC 405ER 4129 NW 16TH TRL BELL, FL 32619	27-2233138	501(C)(3)	0.	8,476.	FMV	FOOD	FEED THE HUNGRY
GREATER BETHEL AME CHURCH 333E 701 SE 43RD ST GAINESVILLE, FL 32641	59-2342883	CHURCH	0.	11,815.	FMV	FOOD	FEED THE HUNGRY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
HAWTHORNE AREA RESOURCE CENTER #510E - PO BOX 655 - HAWTHORNE, FL 32640	83-1336269	501(C)(3)	0.	29,027.	FMV	FOOD	FEED THE HUNGRY
HEART OF A SERVANT OUTREACH 11076 NE HWY 349 OLD TOWN, FL 32680	82-2310268	501(C)(3)	0.	89,150.	FMV	FOOD	FEED THE HUNGRY
HOLY CROSS MISSION SOCIETY VINCNT 363E - PO BOX 1315 - CROSS CITY, FL 32628	27-0564877	501(C)(3)	0.	18,354.	FMV	FOOD	FEED THE HUNGRY
HOUSE OF HOPE ALACHUA COUNTY 29 SE 21ST ST GAINESVILLE, FL 32641	59-3336745	501(C)(3)	0.	7,669.	FMV	FOOD	FEED THE HUNGRY
I AM BORN AGAIN MINISTRIES 236E 18858 NW 246 ST HIGH SPRINGS, FL 32643	60-0002763	501(C)(3)	0.	54,692.	FMV	FOOD	FEED THE HUNGRY
INTERLACHEN SOUP KITCHEN 397E 179 MILLER SQ INTERLACHEN, FL 32148	83-0634775	501(C)(3)	0.	60,816.	FMV	FOOD	FEED THE HUNGRY
ISKCON OF GNV- 534 CR 214 NW 14TH ST GAINESVILLE, FL 32603	59-3080780	501(C)(3)	0.	25,528.	FMV	FOOD	FEED THE HUNGRY
JENA PENTECOSTAL HOLINESS CHURCH 371 EC - 5335 SW HWY 358 - STEINHATCHEE, FL 32359	26-2186180	CHURCH	0.	9,010.	FMV	FOOD	FEED THE HUNGRY
JOPPA BC 7530 NW 165TH ST TRENTON, FL 32693		CHURCH	0.	10,086.	FMV	FOOD	FEED THE HUNGRY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
LANDMARK HOLY TEMPLE OF GOD 320EC 1220 NE 23RD AVE GAINESVILLE, FL 32609	59-2786486	CHURCH	0.	19,352.	FMV	FOOD	FEED THE HUNGRY
LATTER RAIN OUTREACH #526E 1705 NW 27TH AVE CHIEFLAND, FL 32626	45-4589041	501(C)(3)	0.	9,004.	FMV	FOOD	FEED THE HUNGRY
LIVING FAITH FELLOWSHIP 353 EAN 5510 NW 39TH AVE GAINESVILLE, FL 32606	59-1834974	501(C)(3)	0.	10,984.	FMV	FOOD	FEED THE HUNGRY
LIVING WATER LIFE CENTER 408EC 6491 SE 123RD TER MORRISTON, FL 32668	20-0063346	501(C)(3)	0.	180,312.	FMV	FOOD	FEED THE HUNGRY
LOVE LEVY COMMUNITY HELP CENTER # 472E - 26291 SE 33RD ST - MORRISTON, FL 32668	59-2704734	501(C)(3)	0.	20,715.	FMV	FOOD	FEED THE HUNGRY
MICANOPY BAPTIST CHURCH 425 E 709 NE CHOLOKKA BLVD MICANOPY, FL 32667	26-4168544	CHURCH	0.	6,750.	FMV	FOOD	FEED THE HUNGRY
MIRACLE WORD OF FAITH MINISTRY, INC. 305E - 3809 A E UNIVERSITY AVE - GAINESVILLE, FL 32614	48-1295756	CHURCH	0.	8,216.	FMV	FOOD	FEED THE HUNGRY
MLK JR COMMISSION OF FLORIDA 1712 NE WALDO ROAD GAINESVILLE, FL 32609	59-1932327	501(C)(3)	0.	5,771.	FMV	FOOD	FEED THE HUNGRY
MORE THAN CONQUERORS F & OUTREACH CNT 431 - 4600 NW 143RD ST - GAINESVILLE, FL 32606	20-2655968	501(C)(3)	0.	258,064.	FMV	FOOD	FEED THE HUNGRY

<b>Part II</b> Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MT. OLIVE AME 293E 721 SE 8TH ST GAINESVILLE, FL 32601	59-1800753	CHURCH	0.	21,506.	FMV	FOOD	FEED THE HUNGRY
MT. PLEASANT UMC 145 EC 630 NW 2ND ST GAINESVILLE, FL 32601	36-2167731	501(C)(3)	0.	90,478.	FMV	FOOD	FEED THE HUNGRY
NEW COVENANT BELIEVERS HOUSEOF PRAYER401E - 40701 NW 10TH LN - GAINESVILLE, FL 32653	90-0538272	501(C)(3)	0.	11,421.	FMV	FOOD	FEED THE HUNGRY
NEW COVENANT HAITIAN CHURCH #444E 261 MARION OAKS BLVD OCALA, FL 34473	46-1756139	501(C)(3)	0.	11,176.	FMV	FOOD	FEED THE HUNGRY
NEW HOPE MISS BAPT CHURCH 295E 21251 40TH PL WILLISTON, FL 32696	31-1712947	CHURCH	0.	23,566.	FMV	FOOD	FEED THE HUNGRY
NEWBERRY CHRISTIAN COMMUNITY SCHOOL 522S - 3536 NW 8TH AVE - GAINESVILLE, FL 32605	49-2964564	501(C)(3)	0.	16,957.	FMV	FOOD	FEED THE HUNGRY
O'BRIEN BAPATIST CHURCH 427E 9544 E COUNTY RD 349 O'BRIEN, FL 32071	59-2356452	CHURCH	0.	5,330.	FMV	FOOD	FEED THE HUNGRY
PARKVIEW BAPTIST CHURCH #440EC 3403 NW 13TH ST GAINESVILLE, FL 32609	59-0838096	CHURCH	0.	11,151.	FMV	FOOD	FEED THE HUNGRY
PASSAGE MINISTRIES, INC. 343E 5000 E UNIVERSITY AVE GAINESVILLE, FL 32641	36-4491241	501(C)(3)	0.	6,998.	FMV	FOOD	FEED THE HUNGRY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(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
PLEDGE 5 FOUNDATION, INC #503E 1516 N MAIN ST GAINESVILLE, FL 32601	27-1208090	501(C)(3)	0.	38,099.	FMV	FOOD	FEED THE HUNGRY
POWER HOUSE FAMILY WORSHIP CNTR #511EC - 7600 SW 24TH AVE - GAINESVILLE, FL 32607	80-0524889	501(C)(3)	0.	6,626.	FMV	FOOD	FEED THE HUNGRY
PRAXEIS MINISTRIES, INC 449 EC 7686 OAK DR KEYSTONE, FL 32656	46-1782369	501(C)(3)	0.	12,266.	FMV	FOOD	FEED THE HUNGRY
PRAYER AND DELIVERANCE MINISTRY #498E - 5002 SW 63 BLVD - GAINESVILLE, FL 32608	27-0130079	501(C)(3)	0.	102,116.	FMV	FOOD	FEED THE HUNGRY
RALEIGH CGEF 7891 NE HWY 41 WILLISTON, FL 32696	59-1631564	501(C)(3)	0.	8,910.	FMV	FOOD	FEED THE HUNGRY
REICHERT HOUSE 82C 0704 SE 2ND AVE GAINESVILLE, FL 32641	20-5621656	501(C)(3)	0.	47,930.	FMV	FOOD	FEED THE HUNGRY
RIGHT WORD CHURCH INC PO BOX 5692 GAINESVILLE, FL 32627	45-4951527	CHURCH	0.	10,280.	FMV	FOOD	FEED THE HUNGRY
RMW UNLIMITED, INC # 463 8602 SW 145TH PL ARCHER, FL 32618	45-5076648	501(C)(3)	0.	25,062.	FMV	FOOD	FEED THE HUNGRY
SEVEN GABLES FOOD MINISTRY 393 EC 857 E MAIN ST MAYO, FL 32066	59-2347952	501(C)(3)	0.	107,095.	FMV	FOOD	FEED THE HUNGRY

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(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
SIMMON GROVE BETHELITC B/C 430E 17800 NE 77TH LN ORANGE HEIGHTS, FL 32640	20-6208778	501(C)(3)	0.	6,183.	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)	0.	37,450.	FMV	FOOD	FEED THE HUNGRY
SPRING RIDGE 1ST CHURCH OF GOD 325E - 5529 NE 52ND PL - HIGH SPRINGS, FL 32643	59-1874803	CHURCH	0.	123,400.	FMV	FOOD	FEED THE HUNGRY
STARLIGHT TEMPLE HOUSE OF REFUGE 184E - 411 SW 4TH AVE - GAINESVILLE, FL 32601	26-3837280	501(C)(3)	0.	9,930.	FMV	FOOD	FEED THE HUNGRY
THE ARC OF BRADFORD 246R 5144 SW 155TH ST STARKE, FL 32091	59-1696581	501(C)(3)	0.	9,035.	FMV	FOOD	FEED THE HUNGRY
THE LONG FOUNDATION INC 1712 NE WALDO RD GAINESVILLE, FL 32609	90-0802724	501(C)(3)	0.	9,182.	FMV	FOOD	FEED THE HUNGRY
THE NEW BEGINNING CHRISTIAN WC 402 NW 6TH ST MICANOPY, FL 32667	38-3901674	501(C)(3)	0.	41,335.	FMV	FOOD	FEED THE HUNGRY
THE WORD CHURCH GLOBAL, INC. 1239 NW 10TH AVE GAINESVILLE, FL 32601	80-0410205	CHURCH	0.	18,229.	FMV	FOOD	FEED THE HUNGRY
UNITED CHRISTIAN SERVICES 38E 264 NE 210TH AVE CROSS CITY, FL 32628	59-2495091	501(C)(3)	0.	51,203.	FMV	FOOD	FEED THE HUNGRY

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(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
VINEYARD CHRISTIAN 61E PO BOX 358117 GAINESVILLE, FL 32635	76-0683925	CHURCH	0.	70,387. FMV		FOOD	FEED THE HUNGRY
VOICE OF FAITH 92E 2029 SE 2ND PL GAINESVILLE, FL 32641	37-1698146	501(C)(3)	0.	14,004. FMV		FOOD	FEED THE HUNGRY
WHITE SPRINGS CONG HOLINESS CHURCH PO BOX 561 WHITE SPRINGS, FL 32096	59-3243094	CHURCH	0.	175,337. FMV		FOOD	FEED THE HUNGRY
WINDSOR BAPT 130 E. 918 COUNTY RD 234 SE GAINESVILLE, FL 32641	59-2888666	CHURCH	0.	58,462. FMV		FOOD	FEED THE HUNGRY
WITNESSES OF CHRIST MINISTRY # 482E - 18583 MAIN ST STE 30 - HIGH SPRINGS, FL 32643	45-2676169	501(C)(3)	0.	182,593. FMV		FOOD	FEED THE HUNGRY
ALTERNATIVE CARE II 405 NW 4TH AVE GAINESVILLE, FL 32601	83-4658903	501(C)(3)	0.	10,461. FMV		FOOD	FEED THE HUNGRY
ARCHER CHURCH OF THE NAZARENE #330E - 13327 SW STATE RD 45 - ARCHER, FL 32618	44-0552034	CHURCH	0.	5,360. FMV		FOOD	FEED THE HUNGRY
CIVIC MEDIA CENTER #557E 433 S MAIN STREET GAINESVILLE, FL 32601	36-4879919	501(C)(3)	0.	11,410. FMV		FOOD	FEED THE HUNGRY
E=MC2 #532E 2630 NW 41ST ST GAINESVILLE, FL 32605	81-3998286	501(C)(3)	0.	6,178. FMV		FOOD	FEED THE HUNGRY

**BREAD OF THE MIGHTY FOOD BANK INC**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
FAMILY CHURCH #48E 2022 SW 122ND ST GAINESVILLE, FL 32607	59-3188310	CHURCH	0.	8,091.	FMV	FOOD	FEED THE HUNGRY
FIRST BC OF WILLISTON #544E 339 EAST NOBLE WILLISTON, FL 32696	59-6198245	CHURCH	0.	15,413.	FMV	FOOD	FEED THE HUNGRY
FREE CANAAN UMC #551EC 17815 NE 108TH WALDO, FL 32641	59-1724202	CHURCH	0.	14,194.	FMV	FOOD	FEED THE HUNGRY
GAINESVILLE PEER RESPITE #531R 728 E UNIVERSITY AVE GAINESVILLE, FL 32601	47-4480110	501(C)(3)	0.	31,826.	FMV	FOOD	FEED THE HUNGRY
HUMANITY SERVICE GROUP # 547EC 776 NW FAIRWAY DR LAKE CITY, FL 32624	81-2970272	501(C)(3)	0.	8,862.	FMV	FOOD	FEED THE HUNGRY
IGNITE LIFE CENTER #550EC 404 NW 14TH AVE GAINESVILLE, FL 32601	26-1552854	501(C)(3)	0.	74,599.	FMV	FOOD	FEED THE HUNGRY
MERIDIAN BEHAVIORIAL HEALTH, INC. 11R - 4300 SW 13TH ST - GAINESVILLE, FL 32614	59-1906214	501(C)(3)	0.	10,322.	FMV	FOOD	FEED THE HUNGRY
MICANOPIY CHRISTIAN FELLOWSHIP 90 E. - 4909 SE 165TH AVE - MICANOPIY, FL 32667	59-3426671	CHURCH	0.	6,998.	FMV	FOOD	FEED THE HUNGRY
MT HERMON BC #319E 1510 NE 2ND ST GAINESVILLE, FL 32601	11-0624138	CHURCH	0.	7,180.	FMV	FOOD	FEED THE HUNGRY

<b>Part II</b> Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(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
MURRAY REEVES FAITH & BELIEF OUTRCH #545E - 390 SE CR 337 - TRENTON, FL 32693	20-3523413	501(C)(3)	0.	7,590.	FMV	FOOD	FEED THE HUNGRY
OAK PARK BC #134E 4610 SW ARCHER RD GAINESVILLE, FL 32608	59-1554589	CHURCH	0.	39,418.	FMV	FOOD	FEED THE HUNGRY
ST MATTHEW BAPTIST CHURCH 15712 NW 140TH STREET ALACHUA, FL 32615	35-2528745	CHURCH	0.	5,126.	FMV	FOOD	FEED THE HUNGRY
SUWANNEE RIVER CAMPFIRE MINISTRIES #434E - 275 SW STEPHEN FOSTER DR - WHITE SPRINGS, FL 32096		501(C)(3)	0.	1,460,579.	FMV	FOOD	FEED THE HUNGRY
THE SEED OF JAMES OUTREACH #548EC 6018 NE 27TH AVE GAINESVILLE, FL 32609	83-3655848	501(C)(3)	0.	409,188.	FMV	FOOD	FEED THE HUNGRY
WESTSIDE BC #223E 10000 W NEWBERRY RD GAINESVILLE, FL 32606	59-1032948	CHURCH	0.	14,230.	FMV	FOOD	FEED THE HUNGRY
WORD OF DELIVERANCE MINISTRIES 555E - 125 NW 23RD AVE - GAINESVILLE, FL 32601	35-2240527	501(C)(3)	0.	10,953.	FMV	FOOD	FEED THE HUNGRY

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

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		14,452,965.	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**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

**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.

SCHEDULE M, LINE 30B:

CONTRIBUTIONS IN POUNDS: DONATED FOOD VALUED AT \$.80 PER POUND

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

BREAD OF THE MIGHTY FOOD BANK INC

Employer identification number

59-2805577

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM IS REVIEWED BY SENIOR STAFF AND DELIVERED TO THE BOARD PRIOR TO  
FILING

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  
REVIEWD AND APPROVED BY THE GOVERNING BOARD

Name of the organization

BREAD OF THE MIGHTY FOOD BANK INC

Employer identification number

59-2805577

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 FOOD BANK'S WEBSITE