EXTENDED TO AUGUST 16, 2021

(Rev. January 2020)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Inspection

OMB No. 1545-0047

<u>A</u>	For the	2019 calendar year, or tax year beginning OCT 1, 2019 and e	ending S	EP 30, 2020				
В	Check if applicable	C Name of organization		D Employer identific	cation number			
	Addres	BREAD OF THE MIGHTY FOOD BANK INC						
	Name change	Doing business as		59-28055	77			
	return Final return/	Number and street (or P.0. box if mail is not delivered to street address) 325 NW 10 AVE	Room/suite	E Telephone numbe 352-336-				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	17,192,981.			
	Ameno			H(a) Is this a group re	eturn			
	Application	F Name and address of principal officer: MARCIA CONWELL	for subordinates					
	pendin	9 325 NW 10TH AVENUE, GAINESVILLE, FL 326	501	H(b) Are all subordinates in	ncluded? Yes No			
Τ.	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. (see instructions)			
		e: ► WWW.BREADOFTHEMIGHTY.ORG		H(c) Group exemptio				
K	Form of	organization: X Corporation Trust Association Other	L Year		𝖊 State of legal domicile: FL			
	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities: ${ m {\color{black} A}} { m {\color{black} NON}}$	PROFI'	T ORGANIZAT	ION THAT			
Governance		COORDINATES THE ACQUISITION AND DISTRIBUTI						
rna	2	Check this box $lacktriangle$ if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets.			
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3	11			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			11			
80	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	45			
/iţi	6	Total number of volunteers (estimate if necessary)		6	3169			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 39		7b	0.			
Revenue				Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		8,178,648.	16,803,856.			
	9	Program service revenue (Part VIII, line 2g)		438,243.	388,001.			
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		707.	1,124.			
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-4,157.	-5,535.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,613,441.	17,187,446.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,176,389.	14,505,984.			
		Benefits paid to or for members (Part IX, column (A), line 4)	0.					
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $$		825,561.	947,745.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	. <u></u>	0.	0.			
Ž	b	Total fundraising expenses (Part IX, column (D), line 25) 88,11		444 440	540.000			
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		444,412.	542,238.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,446,362.	15,995,967.			
	19	Revenue less expenses. Subtract line 18 from line 12		167,079.	1,191,479.			
Net Assets or			Beg	ginning of Current Year	End of Year			
Ssel	20	Total assets (Part X, line 16)		1,745,272.	2,958,054.			
et A	21	Total liabilities (Part X, line 26)		1,064,151.	702,424.			
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		1,004,131.	2,255,050.			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and etatomo	unter and to the heet of my	knowledge and belief it is			
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of whic		•	Kilowieuge allu bellel, it is			
truc	, 001100	t, and complete. Declaration of property (other than officer) is based on an information of white	on proparor	nas any knowledge.				
Sig	ın	Signature of officer		Date				
Hei		MARCIA CONWELL, PRESIDENT						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai	d	LORIE KEEGAN CPA LORIE KEEGAN CPA	lo	8/07/21 if self-employ	P01287643			
	parer	Firm's name ► CARR, RIGGS & INGRAM, LLC		Firm's EIN ▶ 72-1396621				
	Only	Firm's address 4010 N.W. 25 PLACE						
	-	GAINESVILLE, FL 32606		Phone no. 35	2.372.6300			
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)		·	X Yes No			

Pal	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	A NONPROFIT ORGANIZATION THAT COORDINATES THE ACQUISITION AND
	DISTRIBUTION OF FOOD AND BASIC ESSENTIALS TO NONPROFIT PROGRAMS THAT
	PROVIDE FOR THE NEEDY SO THAT HUNGER AND FOOD INSECURITY WOULD BE
_	ELIMINATED AMONG THE CITIZENS OF ALACHUA, DIXIE, GILCHRIST, LAFAYETTE
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	· · · · · · · · · · · · · · · · · · ·
	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.
 4а	(Code:) (Expenses \$ 15,646,937. including grants of \$ 14,505,984.) (Revenue \$ 388,001.)
- 14	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 \$)
40	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 15,646,937.
	Form 990 (2019)

Form 990 (2019) BREAD OF THE MIGHTY FOOD BANK INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		4.5		X
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_X_	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> X</u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Form	990 (2019) BREAD OF THE MIGHTY FOOD BANK INC 59-2805	5577	Р	age 4
Ра	rt IV Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	, , ,	23		X
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
2 7a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h		24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		
ا م	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		24u		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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? If "Yes," complete	OEL		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	06		x
07	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		Α.
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	0.7		x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		x
00	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	- 22	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
24	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		X
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		X
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
		35a		
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_V
~-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	├^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
· u	Check if Schedule O contains a response or note to any line in this Part V			
	Oneth it Schedule O contains a response of hote to any line in this part v			<u> </u>
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No

	Check in deficultie of contains a response of flote to any line in this rait v					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portal	ole gaming			
	(gambling) winnings to prize winners?			1c		

Form 990 (2019) BREAD OF THE MIGHTY FOOD BANK INC 59-2805577 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 12 45 45 16 16 or the calendar year ending with or within the year covered by this return 2 45 X Note: If the sum of lines 14 and 24 list greater than 250, you may be required to e-rise (see instructions) 3		i (continued)				
their for the calendary year ending with or within the year covered by this return 2a	0-	Fatantha annahan of annalances was acted as Fama M.O. Transpetital of Mana and Tay Otata sands			Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note if the sum of lines it and 2a is greater than 250, you may be required to e-life (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$5,000 or more during the year? 3a At any time during the calendary year, did the organization have on treatest in, or a signature or other authority over, a financial account in a foreign country business and the properties account, or other financial account; or the financial account;	2a		45			
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If Yes, "has it filed a Form 980-T for this year" "No" to bir 80, provide an explanation on Schedule O ab I army time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 4a X b If Yes, "enter the name of the foreign country Feb. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions of thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions of the organization that two sor is a party to a prohibited sax shelter transaction? 5b X c If Yes, "do the organization file organization file Form 88881? 6c Does the organization remail gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 6c If Yes, "did the organization incide with every solicitation an express statement that such contributions or grits were not tax deductible? 6c If Yes, "did the organization notity the donor of the value of the goods or services provided? 7c If Yes, "did the organization ordanization incide with every solicitation and party for goods and services provided to the payor? 7d If Yes, "did the organization receive any funds, directly or indirectly, to pay premiume on a personal benefit contract? 7d If Yes, "did the organization receive any funds, directly or indirectly, to pay premiume on a personal benefit contract? 7d If If the organization received a contribution of caris, boats, airplanes,	h			2h	x	
3a X X b if "Yes," inclicate the number of Forms 826 For Signature or St. 1000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, such as a bank account, securities account, or other financial account in a foreign country. Securities account, or other financial accounts or foreign country. Securities account, or other financial accounts (FBAR). 5a was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross nacigots that are normally greater than \$100,000, and did the organization solicit any contributions have annual gross nacigots that are normally greater than \$100,000, and did the organization to the organization aparty from 888617 we not tax deductible? 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Obost the organization receive abundance of the value of the goods or services provided to the payor? 7a Vaparizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 7c If Variation and the organization include with every solicitation and partly for goods and services provided to the payor? 7a Variation of the organization include with every solicitation and partly for goods and services provided to the payor? 7a Variation of the organization included with every solicitation and partly for goods and services provided to the payor? 7c Variation of the organization of the tax of the value of the goods o	b			20		
b If Yes, *has it filed a Form 990 T for this year? If *No* to line 3b, provide an explanation on Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X 5b If Yes, *enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes' to line Sa or Sb, did the organization file Form 8888-17? 6b Did any staable party notify the organization file Form 8888-17? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Does the organization shall many receive deductible contributions under section 17(bc). 6c Did the organization shall many receive deductible contributions under section 17(bc). 6c Did the organization shall many receive deductible contributions under section 17(bc). 6c Did the organization shall many receive deductible contribution and party for goods and services provided to the payor? 7a Yes, 'indicate the number of Forms 82822 filed during the year 6c Did the organization receive a payment in exess of SF made party as a contribution and party for yoods and services provided to the payor? 7b Did the organization receive any contribution of acres, boats, any premiums on a personal benefit contract? 7c X 7d Did the organization receive any contribution of acres, boats, any premiums on a personal benefit contract? 7c X 7d Did the organization received a contribution of cares, boats, any premiums on a personal benefit contract? 7d Did the organization received any contribution	За			3a		х
4a A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account? b if "Yes", either the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes", did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? 6c If "Yes", did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or the value of the goods or services provided? 7 Organizations that may receive deductible contributions and expert to the foreign state of the organization include with every solicitation and expert to the foreign state of the availace of the goods or services provided? 7 If If Yes, include the number of Forms 8282 filed during the year 8 If "Yes, include the number of Forms 8282 filed during the year 9 If the organization received a contribution of qualified intellectual property, on a personal benefit contract? 9 If yes, include the number of Forms 8282 filed during the year 9 If the organization received a contribution of ciars, boats, air						
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If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?		15		X
If "Yes," complete Form 4720, Schedule O.		If "Yes," see instructions and file Form 4720, Schedule N.				
	16	•	income?	16		X
		If "Yes," complete Form 4720, Schedule O.		-	000	(00:=

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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6		6		X
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
1 a	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	_ ra		- 21
b		7b		х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		21
8		0-	Х	
a	The governing body?	8a_	X	
a	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NI.
10-	Did the expenientian have lead charters branches as efficience	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		-22
b		10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
l la b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ha		21
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
12a		12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120	21	
С		12c		Х
12	in Schedule O how this was done Did the organization have a written whistleblower policy?	13		X
13	•	14		X
14	Did the organization have a written document retention and destruction policy?	14		22
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?			
_		45.0	Х	
a	The organization's CEO, Executive Director, or top management official	15a	- 77	Х
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		- 22
160				
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		- 21
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed ▶FL			
17 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	availa	hle
10	for public inspection. Indicate how you made these available. Check all that apply.	, оппу)	avalld	DIG.
10	(-1	finar	sial.	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ııı ıano	ııaı	
00	statements available to the public during the tax year.			
20				
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.

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARCIA CONWELL	40.00	ļ						405.000	•	
PRESIDENT/ED	1 00	Х	_	Х				125,030.	0.	0 .
(2) FRED HENDERSON	1.00	- -							0	0
BOARD MEMBER (3) SPARKS GIEBEIG	1.00	X	\vdash					0.	0.	0
BOARD MEMBER	1.00	Х						0.	0.	0
(4) WARREN GRAVES	1.00	- 22						0.	0.	0
TREASURER	1.00	х		Х				0.	0.	0
(5) ANNA JAMES	1.00	 								
BOARD MEMBER		Х						0.	0.	0
(6) TONY JONES	1.00									
BOARD MEMBER		Х						0.	0.	0 .
(7) JOE MACKENZIE	1.00									
BOARD VICE CHAIRMAN		Х		Х				0.	0.	0
(8) MARY SABATELLA	1.00	1								_
BOARD MEMBER	1 22	Х						0.	0.	0
(9) ROSA WILLIAMS	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0
(10) TANYA COMEDY SECRETARY	1.00	х		х				0.	0.	0
(11) GUY ROIG	1.00	^						0.	0.	0
VICE PRESIDENT	1.00	х		Х				0.	0.	0
(12) STEVE BINEGAR	1.00								•	0
BOARD MEMBER		x						0.	0.	0
										-
		1								
		1								
		<u> </u>				_				
		<u> </u>	<u> </u>			_				
		1	l			1				

(F)

	Name and title	Average hours per	box	not c , unle:	ss pe	more rson i	than of the state	n an	compensation cor	Reportable mpensation	Es ar		
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer P		Highest compensated smployee		the org	om related ganizations //1099-MISC)	fr org an	other opensation the panization relation	e ion ed
	Subtotal								125,030.	0.			0.
	Total from continuation sheets to Part VI								125,030.	0.			0.
	Total (add lines 1b and 1c)							<u> </u>					0.
	Total number of individuals (including but n compensation from the organization	or illilited to th	ose	liste	u at	oove	e) WII	io re	eceived more than \$100,000 or	геропаріе			1
3	Did the organization list any former officer,	director, truste	ee, k	кеу є	empl	loye	e, or	hig	hest compensated employee o	n		Yes	No
	line 1a? If "Yes," complete Schedule J for s										3		X
4	For any individual listed on line 1a, is the su												7.7
_	and related organizations greater than \$150										4		X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				-			ed organization or individual for	services	5		Х
Sec	tion B. Independent Contractors	ipiete Schedule	3 J T	or st	icn į	oers	on						21
1	Complete this table for your five highest countered the organization. Report compensation for	•	•						•	00 of compensat	ion fro	om	
	(A)	ine calendar ye	Jui C	, ran	<u>19 W</u>	1011	<u> </u>	<u> </u>	(B)		((C)	
	Name and business	address	NO	ONE	3				Description of services	; C		nsatio	n
2	Total number of independent contractors (in \$100,000 of compensation from the organization from the organization)	•	ot lin	nited	d to	thos	_	ted	above) who received more that	n			
											Form	990 (2019)

Form 990 (2019) BREAD O
Part VIII Statement of Revenue

		Check if Schedule O contains a res	sponse	or note to any line	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						lunction revenue	business revenue	sections 512 - 514
တ္ တ	1 :	a Federated campaigns1	а	19,588.				
Contributions, Gifts, Grants and Other Similar Amounts			b					
2 6			c	105,527.				
Ę,			d					
ية ق			e	254,218.				
Sir			e	231,210.				
er ië		f All other contributions, gifts, grants, and	ا۔	16,424,523.				
들됨		similar amounts not included above						
o d		-	g \$	14,457,215.	16 002 056			
<u>ට අ</u>		h Total. Add lines 1a-1f			16,803,856.			
				Business Code	204 0=6	204 256		
Se	2			624210	381,876.	381,876.		
ē Ķ		b PALLET SALES		624210	4,834.	4,834.		
S E		c MISCELLANEOUS		624210	1,291.	1,291.		
eve eve		d						_
Program Service Revenue		e						
ᇫ	1	f All other program service revenue						
		g Total. Add lines 2a-2f		>	388,001.			
	3	Investment income (including dividend	s, intere	st, and				_
		other similar amounts)		.	1,124.			1,124.
	4							
	5	Royalties	-	r				
		(i) F	Real	(ii) Personal				
	6	a Gross rents 6a						
		b Less: rental expenses 6b						
		c Rental income or (loss) 6c						
		d Net rental income or (loss)						
		a Gross amount from sales of (i) Sec	urities	(ii) Other				
	•	assets other than inventory 7a		(1) 5 11 151				
		b Less: cost or other basis						
as l								
ž								
ther Revenue								
æ		d Net gain or (loss)						
₽ 	8	a Gross income from fundraising events (not						
0		including \$ 105,527.	- 1					
		contributions reported on line 1c). See	- 1					
		Part IV, line 18						
		b Less: direct expenses		5,535.				
		c Net income or (loss) from fundraising e		>	-5,535.			-5,535.
	9	a Gross income from gaming activities. S	- 1					
		Part IV, line 19						
		b Less: direct expenses	9b					
		c Net income or (loss) from gaming activ	ities					
	10	a Gross sales of inventory, less returns						
		and allowances	10a	1				
		b Less: cost of goods sold	10k					
		c Net income or (loss) from sales of inver	ntory	>				
,				Business Code				
snc	11	a						
ine Due		b						
Miscellaneous Revenue		с						
Sc Be		d All other revenue						
Σ		e Total. Add lines 11a-11d						
	12				17,187,446.	388,001.	0.	-4,411.

59-2805577

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

Form 990 (2019)

educational campaign and fundraising solicitation.

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

Form 990 (2019)
Part X | Balance Sheet

Part X		Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
1		Cash - non-interest-bearing			122,481.	1	451,440
2		Savings and temporary cash investments			295,862.	2	762,191
3		Pledges and grants receivable, net			28,893.	3	36,366
4		Accounts receivable, net			13,700.	4	23,140
5		Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the		5			
6	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe		6			
တ္ 7	•	Notes and loans receivable, net				7	
Assets	3	Inventories for sale or use			200,207.	8	364,767
₹ 9)	Prepaid expenses and deferred charges				9	
10		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		2,224,574.			
		Less: accumulated depreciation		906,538.	1,083,255.	10c	1,318,036
11		Investments - publicly traded securities		11			
12		Investments - other securities. See Part IV, line		12			
13		Investments - program-related. See Part IV, line		13			
14		Intangible assets		0.7.4	14	0.11.1	
15	5	Other assets. See Part IV, line 11		874.	15	2,114	
16		Total assets. Add lines 1 through 15 (must equ	1,745,272.	16	2,958,054		
17		Accounts payable and accrued expenses	126,224.	17	163,293		
18		Grants payable		18			
19		Deferred revenue			19		
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete				21	
ဖ္မ 22		Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
<u> </u>		controlled entity or family member of any of the			EE1 007	22	F20 121
23		Secured mortgages and notes payable to unrela			554,897.	23	539,131
24		Unsecured notes and loans payable to unrelate				24	
25		Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	-	· .		0.5	
06		of Schedule D			681,121.	25 26	702,424
26		Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			001,121.	20	702,424
ဖွ		and complete lines 27, 28, 32, and 33.	CK HEIE				
ŏ E 27		Net assets without donor restrictions		1,027,651.	27	2,255,630	
<u>e</u> 27 28		Net assets with donor restrictions		36,500.	28	0	
<u> </u>		Organizations that do not follow FASB ASC 9			30,3001	20	,
돌		and complete lines 29 through 33.	, ciic	CK Here			
ნ ₂₉		Capital stock or trust principal, or current funds				29	
8 30		Paid-in or capital surplus, or land, building, or e				30	
§ 30 ▼ 31		Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances 25 26 27 28 27 29 20 20 20 20 20 20 20 20 20 20 20 20 20		Total net assets or fund balances			1,064,151.	32	2,255,630
2 33		Total liabilities and net assets/fund balances			1,745,272.	33	2,958,054
33		Total habilities and het assets/fully balafices			-,,-,,2,2,2,4	<u> </u>	Form 990 (2)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,18		
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,99		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,19		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,06	4,1	<u>51.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,25	5,6	30.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

932012 01-20-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **Employer identification number** BREAD OF THE MIGHTY FOOD BANK INC 59-2805577 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Total

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.)

Se	ction A. Public Support	,,		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	` ,	` ,	, ,	, ,		
	membership fees received. (Do not						
	include any "unusual grants.")	7013663.	7332392.	7655655.	8178648.	16803856.	46984214.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7013663.	7332392.	7655655.	8178648.	16803856.	46984214.
	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.
6	Public support. Subtract line 5 from line 4.						31052193.
	ction B. Total Support				ı	ı	
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	7013663.	7332392.	7655655.	8178648.	16803856.	
	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.
a	Net income from unrelated business			3201	7.700		2,3231
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						46986527.
	Gross receipts from related activities,	etc (see instruction	nne)			12	100000271
	First five years. If the Form 990 is for	•		 I fourth or fifth ta			
10	organization, check this box and stor	_			•		
Se	ction C. Computation of Publi						
14	Public support percentage for 2019 (li	ine 6 column (f) di	vided by line 11 co	olumn (f))		14	66.09 %
	Public support percentage from 2018					15	62.68 %
	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies						
r	33 1/3% support test - 2018. If the o						
_	and stop here. The organization qual						
17:	10% -facts-and-circumstances test						
.,,	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"		•	-	•	•	
	10% -facts-and-circumstances test						
	more, and if the organization meets the	ū				•	
	organization meets the "facts-and-circ						▶ □
18	Private foundation. If the organization						
.0	Thrate roundation. If the organization	n did flot offect a	557 OIT III 16 10, 108	a, 100, 17a, 01 170			or 990-EZ) 2019

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
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					 	
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and					+	
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	4 > 4 - : -	425		10		107
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6					+	+
dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	ration,
check this box and stop here			·····	·		>
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2019 (li	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	<u>%</u>
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	17 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation If the organization	n did not check a	hay an line 1/1 10	a or 10h check th	nie hav and een inc	tructions	

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

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

	Yes	No
1		
_		
2		
За		
- Oa		
3b		
3с		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
_		
8		
9a		
9b		
30		
9с		
10a		
401-		
10b		

	Capporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. etion C. Type II Supporting Organizations			
000	alon of Type in supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control			
	,			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tine supported organization(s). Stion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	, , , , , , , , , , , , , , , , , , , ,			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	1 /1 0 /			
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b	ı I	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must of	complete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _(continued)	
Secti	ion D - Distributions		· -	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	3		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BREAD OF THE MIGHTY FOOD BANK INC

Employer identification number 59-2805577

Pai			milar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bonor daviood	Tarias	(a) i unas una suna asseunts
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 w	vriting that the assets held	d in donor advised fu	nds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the org	anization answered "Yes	on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a his	storically important land area
	Protection of natural habitat		Preservation of a cer	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribut	tion in the form of a c	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a	·		
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	rminated by the orga	nization during the tax
	year ▶			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the peri	• • •	on, handling of	
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	l enforcing conservat	ion easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, handles \bullet	ling of violations, and enfo	orcing conservation e	asements during the year
	Description appears reported on line 2/d\ shows	a actiof , the requirements	of acation 170/b)/4)/[7)/:)
8	Does each conservation easement reported on line 2(d) above	•		
0	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnets.		•	
	organization's accounting for conservation easements.	ote to the organization's i	manciai statements t	nat describes the
Par	t III Organizations Maintaining Collections of	Art. Historical Trea	sures. or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form		,	
	If the organization elected, as permitted under FASB ASC 958		nue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub	•		
	service, provide in Part XIII the text of the footnote to its finan-			
b	If the organization elected, as permitted under FASB ASC 958			ce sheet works of
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	,,		· - - · · · · · · · · · · · · · · · · · ·
	(i) Revenue included on Form 990, Part VIII, line 1			• \$
				L A
2	If the organization received or held works of art, historical trea			
_	the following amounts required to be reported under FASB AS			, 1
а	Revenue included on Form 990, Part VIII, line 1	~		• \$
	Assets included in Form 990, Part X			

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

Schedule D (Form 990) 2019

		F THE MIGH							05577	
Par	t III Organizations Maintaining C	ollections of A	rt, Histo	orical Tre	easures, or	Other	Similar	· Assets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the f	following that	make sigr	nificant u	use of its		
	collection items (check all that apply):									
а	Public exhibition	•	d	Loan or exc	hange progra	ım				
b	Scholarly research	•	е 🗌	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ey further th	ne organizatio	n's exemp	t purpos	se in Part ?	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or othe	r similar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the orgar	nization's co	llection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Comp	lete if the	organizatio	n answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for d	contributions	s or other ass	ets not inc	cluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.					-				
Par										
		(a) Current year		rior year	(c) Two year			ears back	(e) Four y	ears back
1a	Beginning of year balance	(a) comon you.	(2):	you.	(6))	S Susit (.,	July Dusit	(0) . 0)	<u> </u>
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
Ŭ	and programs									
f	Administrative expenses									
	End of year balance									
g 2	Provide the estimated percentage of the curr	ont year and halane	o (lino 1e	r column (a))) hold as:					
	Board designated or quasi-endowment	,	,	y, coluitiii (a))) Held as.					
	Permanent endowment		— ′°							
		/0 %								
C	The percentages on lines 2a, 2b, and 2c short	, -								
22	Are there endowment funds not in the posses	•	ation tha	t are hold ar	ad administor	ad for the	organiza	ation		
Ja	by:	ssion of the organiz	ation tha	t are rielu ar	iu auriii iister	ed for the	organiza	ition	[v	es No
	•								3a(i)	65 140
									3a(ii)	
h	(ii) Related organizations	tions listed as requi	rod on S	obodulo D2					3b	
4	Describe in Part XIII the intended uses of the								30	
Par			WITIELLE	urius.						
	Complete if the organization answered		0 Part IV	/ line 11a S	See Form 990	Part X lir	ne 10			
	Description of property			<u> </u>	or other		cumulate	<u></u>	(d) Book	volue.
	Description of property	(a) Cost or o			(other)	` '	cumulate eciation	,u	(u) BOOK	value
1-	Land	`			0,738.	аорі	20141011		120	,738.
	Land				5,563.	3.	48,16	50		,403.
	Buildings			1,10	3,303.	٠, ٠	Ξυ, Ι(-	01/	,=03•
	Leasehold improvements			2.2	2,894.	1 /	50,95	51	61	,940.
a	Equipment				5 379		97 11		317	

Schedule D (Form 990) 2019

1,318,036.

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

Schedule D	(Form 990) 2019 BREAD OF TH	E MIGHTY FOO	D BANK	INC	59-	-2805577	Page
Part VII							, ago
	Complete if the organization answered "Yes"						
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Met	thod of valuat	ion: Cost or end-	of-year market \	/alue
(1) Financia	al derivatives						
(2) Closely	held equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	b) must equal Form 990, Part X, col. (B) line 12.)						
	Investments - Program Related.	•	•				
	Complete if the organization answered "Yes"	on Form 990. Part IV. lin	ne 11c. See Fo	rm 990. Part 2	X. line 13.		
	(a) Description of investment	(b) Book value			ion: Cost or end-	of-year market v	/alue
(1)						•	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
			+				
(9)	h) must squal Form 000 Port V sel (D) line 10)						
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.						
raitix		are Farmer 000. Don't IV. lim		000 David	V 1: 15		
	Complete if the organization answered "Yes"	Description	ie 11a. See Fo	rm 990, Part .	K, line 15.	(b) Book va	alua
	(a)	Description				(D) BOOK V	alue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Part X	ımn (b) must equal Form 990, Part X. col. (B) lin Other Liabilities.	e 15.)	<u></u>		>		
	Complete if the organization answered "Yes"	on Form 990. Part IV. lir	ne 11e or 11f. S	See Form 990	, Part X, line 25.		
1.	(a) Description of liability	-,···,			,	(b) Book va	alue
	deral income taxes						
(2)	2.2						
(3)							
(0)							

(4) (5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

Schedule D (Form 990) 2019

Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information.

b Other (Describe in Part XIII.) c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

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.

4a

4c

PART X, LINE 2:

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

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019	BREAD	OF THE	MIGHTY	FOOD	BANK	INC	59-2805577	Page 5
Schedule D (Form 990) 2019 Part XIII Supplemental Inform	mation (co	ontinued)						
	100	minaca)						

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization BREAD OF THE MIGHTY FOOD BANK INC 59-2805577

Employer identification number

Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Fotal						
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from req	gistration

932081 09-11-19

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Schedule G (Form 990 or 990-EZ) 2019

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and gr									
		or iditarialsing event contributions and gr	(a) Event #1 EMPTY BOWLS	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))					
Φ			(event type)	(event type)	(total number)	551. (6)					
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)									
	4	Cash prizes									
	5	Noncash prizes									
Direct Expenses	6	Rent/facility costs									
)irect E	7	Food and beverages									
	8	Entertainment									
	9	Other direct expenses				5,535.					
	10	Direct expense summary. Add lines 4 through	(,			5,535.					
Pa	11 Net income summary. Subtract line 10 from line 3, column (d)										
		\$15,000 on Form 990-EZ, line 6a.	answered res on rollin	330, 1 art 10, mile 13, or	reported more triair						
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))					
Rev											
	1	Gross revenue									
ses	2	Cash prizes									
Direct Expenses	3	Noncash prizes									
Direct	4	Rent/facility costs									
	5	Other direct expenses									
	6	Volunteer labor	Yes % No	Yes % No	Yes % No						
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>						
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)								
		ter the state(s) in which the organization condu									
		he organization licensed to conduct gaming and No," explain:				Yes No					
	_										
		ere any of the organization's gaming licenses re Yes," explain:	•	-		Yes No					
	_										

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19

Sch	edule G (Form 990 or 990-EZ) 2019 BREAD OF THE MIGHTY FOOD BANK INC 59-2	<u> 2805577</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	
14	cinter the fiame and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	The first state and address of the time party.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
-		Yes	□ No
L	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	163	140
L			
Pa	organization's own exempt activities during the tax year \(\bigs\) \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III. linna O. ()h 10h
. u	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, III les 9, 8	<i>5</i> D, 10D,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990 or 990-EZ) Supplemental Inform	BREAD	OF TH	E MIGHTY	FOOD	BANK	INC	59-2805577	Page 4
Part IV	Supplemental Inform	mation (co	ontinued)						
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2019

OMB No. 1545-0047

Open to Public

Inspection

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

2 103. **Employer identification number** 59-2805577 (h) Purpose of grant or assistance X Yes FEED THE HUNGRY 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 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 (g) Description of noncash assistance FOOD FOOD FOOD FOOD FOOD FOOD (f) Method of valuation (book, FMV, appraisal, other) FMVFMV11,658, FMV 16,343, FMV 118 471, FMV 8,109. FMV 222,022. 8 477 (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 0 0 0 0 0 0 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC BANK (c) IRC section (if applicable) FOOD 501(C)(3) 501(C)(3) 501(C)(3) 27-2165026 501(C)(3) 81-2550751 501(C)(3) 45-2044627 501(C)(3) Enter total number of other organizations listed in the line 1 table THE MIGHTY 45-4758789 68-0384774 32-0397024 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? BREAD OF 1 (a) Name and address of organization - 3055 NE ABUNDANT LIFE FAMILY MINISTRIES FL 32609 AR CAMPS MINISTRIES # 485E or government (HOMELESS&HUNGRY) 337E 28TH DR - GAINESVILLE, GAINESVILLE, FL 32607 GAINESVILLE, FL 32601 GAINESVILLE, FL 32641 530 W UNIVERSITY AVE Name of the organization ALACHUA, FL 32615 4 W'S NETWORK INC 2514 NW COUNTY RD 4507 SE HAWTHORNE AL CNTY COALITION 2611 NW 68TH AVE OCALA, FL 34470 1111 NE 17TH RD A HELPING HAND A NEW DAY Part I Part II N

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

Schedule I (Form 990) (2019)

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	(Schedule I (Form 990), Part II.)
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(a) Name and address of if applicable cash grant assistance appraisal, other)	(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)	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)	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	СНОКСН	0.	8,194.	FMV	FOOD	FEED THE HUNGRY
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PartII	Continuation of	Grants and C)ther	Assista	nce to Gover	nments a	nd Organi	zations in the United States (S	Schedule I (Form 990), Par	(;

(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		снивсн	0.	361,624.	FMV	FOOD	FEED THE HUNGRY
DAYSPRING MISSIONARY BC #403EC 1945 NE8TH AVE GAINESVILLE, FL 32641	59-2440190	сниксн	.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	снивсн	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	СНОКСН	0.	12,025.	FMV	FOOD	FEED THE HUNGRY
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Schedule I (Form 990) 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.) BREAD OF THE MIGHTY FOOD BANK INC

(a) Name and address of coganization or government if applicat	(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	tion (d) Amount of cash grant assistance (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 WILLISTON 213 W NOBLE AVE WILLISTON, FL 32696	59-6198245	сниксн	.0	9,001.	FMV	FOOD	FEED THE HUNGRY
FRAZIER OUTREACH FOUNDATION INC 1104 NE 4TH AVE WILLISTON, FL 32696	47-2226477 501(C)(3)	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)	501(C)(3)	0.	13,044.	FMV	FOOD	FEED THE HUNGRY
GAINESVILLE OPPORTUNITY CNTR INC. 329EANR - 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	снивсн	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	сниксн	.0	11,815.	FMV	FOOD	FEED THE HUNGRY
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(a) Name and address of coganization or government if applicate if app	(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	tion (d) Amount of cash grant assistance (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 SOCTYST VINCHT 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	сниксн	.0	9,010.	FMV	FOOD	FEED THE HUNGRY
JOPPA BC 7530 NW 165TH ST TRENTON, FL 32693		снивсн	.0	10,086.	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
LANDMARK HOLY TEMPLE OF GOD 320EC 1220 NE 23RD AVE GAINESVILLE, FL 32609	59-2786486	сниксн	.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	СНОВСН	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	снивсн	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
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MT. OLIVE AME 293E 721 SE 8TH ST GAINESVILLE: FL 32601 59-		if applicable	cash grant	assistance	(I) Metitod of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	or assistance
	59-1800753	сниксн	.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.	11,421.1	FMV	FOOD	FEED THE HUNGRY
NEW COVENANT HAITIAN CHURCH #444E 261 MARION OAKS BLVD OCALA, FL 34473 46-	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	снивсн	0.	23,566.1	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 0	снивсн	0.	5,330.1	FMV	FOOD	FEED THE HUNGRY
PARKVIEW BAPTIST CHURCH #440EC 3403 NW 13TH ST GAINESVILLE, FL 32609	59-0838096	сниксн	°	11,151.	FMV	FOOD	FEED THE HUNGRY
PASSAGE MINISTRIES, INC. 343E 5000 E UNIVERSITY AVE GAINESVILLE, FL 32641 36-	36-4491241 501(C)(3)	501(C)(3)	.0	6,998.	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
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 CGBF 7891 NE HWY 41 WILLISTON, FL 32696	59-1631564 501(C)(3)	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	сниксн	.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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STANCES RELOCATED THE LAND THE	(a) Name and address of (b) EIN (c) IRC seconganization or government	(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	tion (d) Amount of cash grant non-cash appraisal, other) (d) Amount of non-cash valuation no assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TY OF ST. VIN. DEPAUL - CITY, FL 32628 INV 19 - GRINGLE IST CHURCH OF GOD - 5529 NE 52ND PL - HIGH 59-1874803 GHUNCH 59-187280 SOI(C)(3) 60. 37,450, PWV POOD 123,400, PWV POOD	THELITC B/C N FL 32640	20-6208778	501(C)(3)	0		FMV	FOOD	FEED THE HUNGRY
SS, PL 32643 SS, PL 32613 SS, PL 32614 SS, PL 32613 SS, PL 32614 SS, PL 32613 SS	ST. VIN. DEPAUL - E - 18278 SE HWY 19 FL 32628	59-2591070	501(C)(3)	.0	- 1	FMV	FOOD	THE
CHAIN TEMPLE HOUSE OF REFUGE	SPRING RIDGE 1ST CHURCH OF GOD 325E - 5529 NE 52ND PL - HIGH SPRINGS, FL 32643	59-1874803	снивсн	0.		FMV	FOOD	FEED THE HUNGRY
59-1696581 501(C)(3) 0. 9,035. FMV FOOD 90-0802724 501(C)(3) 0. 9,182. FMV FOOD 38-3901674 501(C)(3) 0. 41,335. FMV FOOD 80-0410205 CHURCH 0. 18,229. FMV FOOD 59-2495091 501(C)(3) 0. 51,203. FMV FOOD	IGHT TEMPLE HOUSE OF - 411 SW 4TH AVE - SVILLE, FL 32601	26-3837280	501(C)(3)	0.	,930.	FMV	FOOD	
90-0802724 501(C)(3) 0. 9,182, FMV FOOD 38-3901674 501(C)(3) 0. 41,335, FMV FOOD 80-0410205 CHURCH 0. 18,229, FMV FOOD 59-2495091 501(C)(3) 0. 51,203, FMV FOOD	OF BRADFORD 155TH ST FL 32091	59-1696581	501(C)(3)	0.	,035.	FMV	FOOD	FEED THE HUNGRY
S9-3901674 501(C)(3) 0. 41,335, FMV FOOD 80-0410205 CHURCH 0. 18,229, FMV FOOD 59-2495091 501(C)(3) 0. 51,203, FMV FOOD	THE LONG FOUNDATION INC 1712 NE WALDO RD GAINESVILLE, FL 32609	90-0802724	501(C)(3)	.0	,182.	FMV	FOOD	THE
80-0410205 CHURCH 0. 18,229. FMV FOOD 59-2495091 501(C)(3) 0. 51,203. FMV FOOD	THE NEW BEGINNING CHRISTIAN WC 402 NW 6TH ST MICANOPY, FL 32667	38-3901674	501(C)(3)	.0	,335.	FMV	FOOD	FEED THE HUNGRY
59-2495091 501(C)(3) 0. 51,203. FMV FOOD		80-0410205	сниксн	.0		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

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Schedul	e I (Form 990)	BREAD OF	OF	THE	THE MIGHTY FOOD BANK	FOOD		INC		
PartII	Continuation of	Grants and C)ther	Assista	nce to Gover	nments a	nd Organi	zations in the United States (S	Schedule I (Form 990), Par	(;

(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	СНОВСН	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	снивсн	0.	175,337.	FMV	FOOD	FEED THE HUNGRY
WINDSOR BAPT 130 E. 918 COUNTY RD 234 SE GAINESVILLE, FL 32641	59-2888666	снивсн	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	снивсн	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
							Schedule I (Form 990)

	(Schedule I (Form 990), Part II.)
INC	izations in the United States
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le I (Form 990)	Continuation
Schedu	Part II

(a) Name and address of (b) EIN (c) IRC sec organization or government if applicat	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	tion (d) Amount of cash grant assistance (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	сниксн	0.	8,091.	FMV	FOOD	FEED THE HUNGRY
FIRST BC OF WILLISTON #544E 339 EAST NOBLE WILLISTON, FL 32696	59-6198245	сниксн	.0	15,413.	FMV	FOOD	FEED THE HUNGRY
FREE CANAAN UMC #551EC 17815 NE 108TH WALDO, FL 32641	59-1724202	сниксн	.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)	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 BEHAVORIAL HEALTH, INC. 11R - 4300 SW 13TH ST - GAINESVILLE, FL 32614	59-1906214 501(C)(3)	501(C)(3)	0.	10,322.	FMV	FOOD	FEED THE HUNGRY
MICANOPY CHRISTIAN FELLOWSHIP 90 E 4909 SE 165TH AVE - MICANOPY, FL 32667	59-3426671	сниксн	.0	.866,9	FMV	FOOD	FEED THE HUNGRY
MT HERMON BC #319E 1510 NE 2ND ST GAINESVILLE, FL 32601	11-0624138	сниксн	0.	7,180.	FMV	FOOD	FEED THE HUNGRY
							Schedule I (Form 990)

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INC	izations in the United States
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Schedule	Part II

(a) Name and address of (b) EIN (c) IRC section organization or government (f) Method of if applicable cash grant assistance (book, FMV, appraisal, other)	(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)	501(C)(3)	0	7,590.	FMV	FOOD	FEED THE HUNGRY
OAK PARK BC #134E 4610 SW ARCHER RD GAINESVILLE, FL 32608	59-1554589	сниксн	.0	39,418.	FMV	FOOD	FEED THE HUNGRY
ST MATTHEW BAPTIST CHURCH 15712 NW 140TH STREET ALACHUA, FL 32615	35-2528745 CHURCH	снивсн	.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	снивсн	.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
							Schedule I (Form 990)

59-2805577

Schedule I (Form 990) (2019) BREAD OF THE MIGHTY FOOD BANK INC

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.	uired in Part I, line	2; Part III, column	(b); and any other ad	ditional information.	
932102 10-26-19	.6-19		•			Schedule I (Form 990) (2019)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Employer identification number BREAD OF THE MIGHTY FOOD BANK INC 59-2805577

Pai	tΙ	Types of Property						
			(a)	(b)	(c)	(d)		
			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of detern noncash contribution	_	+ 0
			applicable		Form 990, Part VIII, line 1g	Horicasii contribution	amoun	
1	Arl	t - Works of art						
2		t - Historical treasures						
3		t - Fractional interests						
4		oks and publications						
5	Clo	othing and household goods						
6	Ca	rs and other vehicles						
7		ats and planes						
8		ellectual property						
9	Se	curities - Publicly traded						
10	Se	curities - Closely held stock						
11	Se	curities - Partnership, LLC, or						
	tru	st interests						
12	Se	curities - Miscellaneous						
13	Qu	alified conservation contribution -						
	His	storic structures						
14	Qι	ıalified conservation contribution - Other						
15		al estate - Residential						
16	Re	al estate - Commercial						
17		al estate - Other						
18		ollectibles			11 150 055			
19		od inventory	X		14,452,965.	SEE PART II		
20	Dr	ugs and medical supplies						
21		xidermy						
22		storical artifacts						
23		ientific specimens						
24	Ar	cheological artifacts						
25		her ()						
26		her						
27		her ()						
28		her ()						
29		ımber of Forms 8283 received by the organiz	_	•				
	tor	which the organization completed Form 828	33, Part IV, L	Jonee Acknowledg	gement 29			Τ
	_						Yes	No
30a		iring the year, did the organization receive by			· · · · · · · · · · · · · · · · · · ·			
		ust hold for at least three years from the date		•	•			v
_		empt purposes for the entire holding period?				30	а	X
		Yes," describe the arrangement in Part II.	aliau Haat	autico the medical	of any nanatanalana assatilis a	iana?		v
31		es the organization have a gift acceptance p				ions?3	'	X
32a		es the organization hire or use third parties o		_		00	_	x
L		ntributions?				32	a	
		Yes," describe in Part II.	alumn (a) f-:	r a type of areas:	for which column (a) is about	akad		
33		he organization didn't report an amount in co	101 (C) ا اا االالماد	a type of property	non which column (a) is ched	ikeu,		
	ue	scribe in Part II.						

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

Schedule M (Form 990) 2019

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SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2019 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BREAD OF THE MIGHTY FOOD BANK INC

Employer identification number 59-2805577

FORM 990, PART 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 LAFAYETTE AND LEVY COUNTIES, ALACHUA, DIXIE, GILCHRIST, WHICH ARE SERVED BY THE ORGANIZATION. THE ORGANIZATION TRIES TO ENSURE THAT IS AVAILABLE TO MEMBER AGENCIES NUTRITIOUS FOOD, IN ADEQUATE AMOUNTS, AVAILABLE AT THE RIGHT TIME AND IN THE RIGHT PLACE TO THOSE AND HENCE, 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

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

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

Schedule O (Form 990 or 990-EZ) (2019)