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PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. CH36042
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

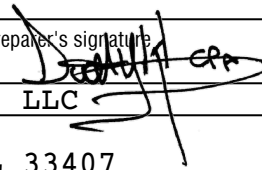
| | | |
|--|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization Palm Beach County Food Bank, Inc. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 701 Boutwell Road City or town, state or province, country, and ZIP or foreign postal code Lake Worth, FL 33461 F Name and address of principal officer: Jamie Kendall same as C above | D Employer identification number 90-0788707 E Telephone number (561) 670-2518 G Gross receipts \$ 37,786,743. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: www.pbcfoodbank.org | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | |
| L Year of formation: 2012 | | M State of legal domicile: FL |

Part I Summary

| | | | | |
|------------------------------------|----------------|---|--|--|
| | 1 | Briefly describe the organization's mission or most significant activities: Together, we nourish our neighbors and improve their lives one meal at a time. | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| Activities & Governance | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 15 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 15 |
| | 5 | Total number of individuals employed in calendar year 2024 (Part V, line 2a) | 5 | 51 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 9766 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | 7b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. |
| | Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 38,836,543. |
| 9 | | Program service revenue (Part VIII, line 2g) | 0. | 0. |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 424,391. | 451,593. |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 42,044. | -12,252. |
| 12 | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 39,302,978. | 34,977,445. |
| Expenses | | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 27,743,766. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 2,426,116. | 2,937,333. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 179,458. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) 891,934. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 3,958,715. | 4,304,656. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 34,128,597. | 33,923,352. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 5,174,381. | 1,054,093. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year 31,299,151. | End of Year 31,972,738. |
| | 21 | Total liabilities (Part X, line 26) | 8,924,759. | 8,579,007. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 22,374,392. | 23,393,731. |

Part II Signature Block

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

| | | |
|-------------------------------|---|---|
| Sign Here | Signature of officer Jamie Kendall, CEO Type or print name and title | Date |
| Paid Preparer Use Only | Preparer's name Scott Y. Haynes, CPA | Preparer's signature  |
| | Firm's name Holyfield & Thomas, LLC | Date 3-4-2026 |
| | Firm's address 125 Butler Street West Palm Beach, FL 33407 | Check if self-employed <input type="checkbox"/> PTIN P01366363 |
| | | Firm's EIN 65-1083521 |
| | | Phone no. (561) 689-6000 |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: The Palm Beach County Food Bank is dedicated to fighting hunger and improving food security in Palm Beach County by providing food, nutrition education and financial assistance services.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 32,543,388. including grants of \$ 26,501,905.) (Revenue \$ 0.) Established in 2012, The Palm Beach County Food Bank, Inc. (the "Food Bank") is committed to fighting hunger and improving food security in Palm Beach County by partnering with local organizations. The Food Bank collects, recovers, purchases, and distributes food to food pantries, soup kitchens, shelters, and other non-profit organizations in Palm Beach County at no cost. During the fiscal year ending June 30, 2025, the Food Bank distributed over 14 million pounds of food through six programs, serving more than 200 organizations that help address food insecurity in the county. (Continued on Schedule O)

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

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

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

4e Total program service expenses 32,543,388.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
Michael Groover, CFO - (561) 670-2518
701 Boutwell Road, A-2, Lake Worth Beach, FL 33461

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Jamie Kendall CEO | 40.00 0.00 | | | X | | | 208,720. | 0. | 16,913. | |
| (2) Michael Groover CFO | 40.00 0.00 | | | X | | | 139,352. | 0. | 14,061. | |
| (3) Marti LaTour Chairman | 1.00 0.00 | X | | X | | | 0. | 0. | 0. | |
| (4) James Greco Vice Chairman | 1.00 0.00 | X | | X | | | 0. | 0. | 0. | |
| (5) Deborah Pucillo Vice Chairman | 1.00 0.00 | X | | X | | | 0. | 0. | 0. | |
| (6) Nancy Bolton Vice Chairman | 1.00 0.00 | X | | X | | | 0. | 0. | 0. | |
| (7) Bob O'Connell Treasurer | 1.00 0.00 | X | | X | | | 0. | 0. | 0. | |
| (8) Dorian Daggs Secretary | 1.00 0.00 | X | | X | | | 0. | 0. | 0. | |
| (9) Mark Busse Director | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (10) Susan Rabinowitz Director | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (11) John Fumero Director | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (12) Laura Russell Director | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (13) Stephen Basore Director | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (14) Billy Himmelrich Director | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (15) Joe Kyles Director | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (16) Eileen Acello Director | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| (17) Julie Daum Director | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | 486,239. | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 97,545. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 1,711,334. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 32,242,986. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 26,516,872. | | | | |
| | h Total. Add lines 1a-1f | | | 34,538,104. | | | |
| Program Service Revenue | 2 a _____ | Business Code | | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 415,563. | | | 415,563. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses ... | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 2,810,347. | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 2,774,317. | | | | |
| | c Gain or (loss) | 7c | 36,030. | | | | |
| d Net gain or (loss) | | | 36,030. | | 36,030. | | |
| 8 a Gross income from fundraising events (not including \$ 97,545. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 22,729. | | | | |
| | | | 34,981. | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | -12,252. | | -12,252. | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a _____ | Business Code | | | | | |
| | b _____ | | | | | | |
| | c _____ | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See instructions | | | 34,977,445. | 0. | 0. | 439,341. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 24,236,824. | 24,236,824. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 2,265,081. | 2,265,081. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 405,208. | 162,084. | 121,562. | 121,562. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 1,990,045. | 1,777,116. | 81,559. | 131,370. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 21,404. | 22,891. | -1,107. | -380. |
| 9 Other employee benefits | 341,578. | 286,437. | 23,771. | 31,370. |
| 10 Payroll taxes | 179,098. | 146,019. | 14,653. | 18,426. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 36,751. | 29,963. | 3,007. | 3,781. |
| d Lobbying | 81,000. | 72,900. | 4,050. | 4,050. |
| e Professional fundraising services. See Part IV, line 17 | 179,458. | | | 179,458. |
| f Investment management fees | 22,601. | | 22,601. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 142,338. | 116,329. | 11,521. | 14,488. |
| 12 Advertising and promotion | 192,217. | | | 192,217. |
| 13 Office expenses | 179,807. | 146,598. | 14,711. | 18,498. |
| 14 Information technology | 135,179. | 110,213. | 11,059. | 13,907. |
| 15 Royalties | | | | |
| 16 Occupancy | 584,535. | 499,731. | 45,418. | 39,386. |
| 17 Travel | 17,114. | 13,953. | 1,400. | 1,761. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 24,402. | 19,895. | 1,996. | 2,511. |
| 20 Interest | 11,418. | 9,762. | 887. | 769. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,163,599. | 1,000,633. | 87,276. | 75,690. |
| 23 Insurance | 281,214. | 246,204. | 15,971. | 19,039. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a Truck, Freight and Fuel | 693,718. | 693,718. | | |
| b Lease Expense | 476,038. | 424,312. | 27,695. | 24,031. |
| c Kitchen Operations | 152,934. | 152,934. | | |
| d Warehouse Operating Exp | 109,791. | 109,791. | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 33,923,352. | 32,543,388. | 488,030. | 891,934. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 896,595. | 1 | 448,089. |
| | 2 Savings and temporary cash investments | 3,729,986. | 2 | 1,467,656. |
| | 3 Pledges and grants receivable, net | 987,525. | 3 | 927,607. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 1,840,636. | 8 | 871,635. |
| | 9 Prepaid expenses and deferred charges | 101,055. | 9 | 91,369. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 14,785,866. | | |
| | b Less: accumulated depreciation | 10b 2,239,834. | 10c | 12,546,032. |
| | 11 Investments - publicly traded securities | 3,048,568. | 11 | 7,741,844. |
| | 12 Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 7,948,915. | 15 | 7,878,506. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 31,299,151. | 16 | 31,972,738. | |
| Liabilities | 17 Accounts payable and accrued expenses | 589,335. | 17 | 460,450. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 8,335,424. | 25 | 8,118,557. |
| | 26 Total liabilities. Add lines 17 through 25 | 8,924,759. | 26 | 8,579,007. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 18,444,297. | 27 | 18,908,525. |
| | 28 Net assets with donor restrictions | 3,930,095. | 28 | 4,485,206. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 22,374,392. | 32 | 23,393,731. |
| 33 Total liabilities and net assets/fund balances | 31,299,151. | 33 | 31,972,738. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 34,977,445. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 33,923,352. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,054,093. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 22,374,392. |
| 5 | Net unrealized gains (losses) on investments | 5 | -34,754. |
| 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 | 23,393,731. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|---|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | | |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | X | |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | X | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 39879292. | 23326014. | 34359501. | 38836543. | 34538104. | 170939454 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 39879292. | 23326014. | 34359501. | 38836543. | 34538104. | 170939454 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 170939454 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 39879292. | 23326014. | 34359501. | 38836543. | 34538104. | 170939454 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 801. | 1,202. | 132,138. | 416,088. | 415,563. | 965,792. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 401. | 60. | | | | 461. |
| 11 Total support. Add lines 7 through 10 | | | | | | 171905707 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) | 14 | 99.44 % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | 99.66 % |
| 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 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 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | | Current Year |
|---------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2024 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2024 | (iii) Distributable Amount for 2024 |
|---|---|--|---|
| 1 | Distributable amount for 2024 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2024 | | |
| a | From 2019 | | |
| b | From 2020 | | |
| c | From 2021 | | |
| d | From 2022 | | |
| e | From 2023 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to under distributions of prior years | | |
| h | Applied to 2024 distributable amount | | |
| i | Carryover from 2019 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2024 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2024 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2025. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2020 | | |
| b | Excess from 2021 | | |
| c | Excess from 2022 | | |
| d | Excess from 2023 | | |
| e | Excess from 2024 | | |

Schedule A (Form 990) 2024

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Palm Beach County Food Bank, Inc.

Employer identification number

90-0788707

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

| | |
|--|---|
| Name of organization Palm Beach County Food Bank, Inc. | Employer identification number 90-0788707 |
|--|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|-------------------|-----------------------------------|----------------------------|---|
| <u>1</u> | <hr/> <hr/> <hr/> | \$ <u>9,726,371.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>2</u> | <hr/> <hr/> <hr/> | \$ <u>8,261,043.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>3</u> | <hr/> <hr/> <hr/> | \$ <u>2,024,116.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>4</u> | <hr/> <hr/> <hr/> | \$ <u>1,204,035.</u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>5</u> | <hr/> <hr/> <hr/> | \$ <u>787,107.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization Palm Beach County Food Bank, Inc. | Employer identification number 90-0788707 |
|--|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|---|---|----------------------|
| 1 | Food - 4,937,243.99 lbs. @ \$1.97/lb. given throughout the year _____ _____ | \$ <u>9,726,371.</u> | _____ |
| 2 | Food - 4,193,422.65 lbs. @ \$1.97/lb. given throughout the year _____ _____ | \$ <u>8,261,043.</u> | _____ |
| 3 | 5,905 shares of Ishares Russell 3000 ETF immediately sold _____ _____ | \$ <u>2,024,116.</u> | _____ |
| 4 | 2,220 Shares of ISHARES CORE S&P 500 ETF immediately sold _____ _____ | \$ <u>1,204,035.</u> | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |

| | |
|--|---|
| Name of organization Palm Beach County Food Bank, Inc. | Employer identification number 90-0788707 |
|--|---|

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|--|---|
| Name of organization Palm Beach County Food Bank, Inc. | Employer identification number (EIN) 90-0788707 |
|--|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|---|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | IF the amount on line 1e, column (a) or (b), is: | THEN the lobbying nontaxable amount is: | not over \$500,000 | 20% of the amount on line 1e. | over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | over \$17,000,000 | \$1,000,000. | | |
| IF the amount on line 1e, column (a) or (b), is: | THEN the lobbying nontaxable amount is: | | | | | | | | | | | | | |
| not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | |
| over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | |
| over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | |
| over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | |
| over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990) 2024

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (b) |
|---|-----|----|---------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | | X | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | X | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | X | | 81,000. |
| j Total. Add lines 1c through 1i | | | 81,000. |
| 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|--|----|--|
| 1 Dues, assessments, and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid): | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures. See instructions | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B, Line 1, Lobbying Activities:

The Food Bank engages a lobbyist to assist them in securing food contracts for the community, creating introductions and collaborative arrangements with other food agencies, and promoting the mission and programs offered by the Food Bank. There are no expenditures related to political elections or candidates.

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

Palm Beach County Food Bank, Inc.

Employer identification number

90-0788707

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

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

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 12,629,214. | 1,228,396. | 11,400,818. |
| d Equipment | | 2,156,652. | 1,011,438. | 1,145,214. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 12,546,032. |

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) Right of Use Assets - Operating Leases, net | 7,271,777. |
| (2) Right of Use Assets - Financing Leases, net | 45,803. |
| (3) Deposits | 22,842. |
| (4) Beneficial Interest in assets held by Community | |
| (5) Foundation | 538,084. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | 7,878,506. |

Part X Other Liabilities

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) Operating Right of Use Obligation | 7,988,153. |
| (3) Financing Right of Use Obligation | 130,404. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 8,118,557. |

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

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

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

| | | | | |
|---|---|----|----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 34,955,071. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| | a Net unrealized gains (losses) on investments | 2a | -34,754. | |
| | b Donated services and use of facilities | 2b | | |
| | c Recoveries of prior year grants | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | 34,981. | |
| | e Add lines 2a through 2d | 2e | | 227. |
| 3 | Subtract line 2e from line 1 | | 3 | 34,954,844. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 22,601. | |
| | b Other (Describe in Part XIII.) | 4b | | |
| | c Add lines 4a and 4b | 4c | | 22,601. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 34,977,445. |

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

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

| | | | | |
|---|--|----|---------|-------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 33,935,732. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| | a Donated services and use of facilities | 2a | | |
| | b Prior year adjustments | 2b | | |
| | c Other losses | 2c | | |
| | d Other (Describe in Part XIII.) | 2d | 34,981. | |
| | e Add lines 2a through 2d | 2e | | 34,981. |
| 3 | Subtract line 2e from line 1 | | 3 | 33,900,751. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 22,601. | |
| | b Other (Describe in Part XIII.) | 4b | | |
| | c Add lines 4a and 4b | 4c | | 22,601. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 33,923,352. |

Part XIII Supplemental Information

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

Part X, Line 2:

The Food Bank is a not-for-profit corporation that is exempt from income taxes under the Internal Revenue Code Section 501(c)(3) and comparable state law as a charitable organization, whereby only unrelated business income, as defined by the Code Section 509(a)(1) is subject to federal income tax. The Food Bank currently has no unrelated business income and, accordingly, no provision for income taxes has been recorded.

The Food Bank follows FASB ASC 740-10, Accounting for Uncertainty in Income Taxes. This pronouncement seeks to reduce the diversity in practice associated with certain aspects of measurement and recognition in accounting for income taxes. It prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position that an entity takes or expects to take in a tax return. An entity may only recognize or continue to recognize tax positions that meet a more-likely-than-not threshold. The Food Bank assesses its income tax positions based on management's evaluation of the facts, circumstances, and information available at the reporting date. The Food Bank uses the prescribed more-likely-than-not threshold when making its assessment. There are currently no open federal or state income tax years under audit.

Part XI, Line 2d - Other Adjustments:

Direct Special Event Expenses 34,981.

Part XIII Supplemental Information *(continued)*

Part XII, Line 2d - Other Adjustments:

Direct Special Event Expenses 34,981.

Lined area for supplemental information entries.

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|--|---|--------------------------------------|------------------------|--|
| | | Empty Bowls Palm Beach (event type) | Day of 200K Meals (event type) | None (total number) | |
| Revenue | 1 | Gross receipts | 71,269. | 49,005. | 120,274. |
| | 2 | Less: Contributions | 48,540. | 49,005. | 97,545. |
| | 3 | Gross income (line 1 minus line 2) | 22,729. | | 22,729. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | 2,735. | | 2,735. |
| | 7 | Food and beverages | 10,383. | | 10,383. |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 2,585. | 19,278. | 21,863. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | 34,981. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | -12,252. | |

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:

(i) Name of Fundraiser: **Newport One, Inc**

(i) Address of Fundraiser: **21 Railroad Avenue, Duxbury, MA 02332**

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **Palm Beach County Food Bank, Inc.** Employer identification number **90-0788707**

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| 211 Palm Beach Treasure Coast 415 Gator Drive Lantana, FL 33462 | 23-7153017 | 501(C)(3) | 0. | 1,284. | Number of Pounds of Food 652 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| A Place Called Hope with FBC of Greenacres - 201 Swain Boulevard - Greenacres, FL 33463 | 02-0579135 | 501(C)(3) | 0. | 18,524. | Number of Pounds of Food 9,403 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| AHEPA 18 4370 Community Dr West Palm Beach, FL 33409 | 65-0444455 | 501(C)(3) | 0. | 18,607. | Number of Pounds of Food 9,445 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Aid to Victims of Domestic Abuse (AVDA) - 1001 Texas Ave - Houston, FL 77002 | 59-2486620 | 501(C)(3) | 0. | 16,988. | Number of Pounds of Food 8,623.25 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Alpert Jewish Family Service Food Pantry - Boynton - 9085 Hagen Ranch Road - Boynton Beach, FL 33472 | 59-1520581 | 501(C)(3) | 0. | 567. | Number of Pounds of Food 288 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Alpert Jewish Family Service Food Pantry - WPB - 5841 Corporate Way - West Palm Beach, FL 33407 | 59-1520581 | 501(C)(3) | 0. | 276. | Number of Pounds of Food 140 X \$1.97/lb. | Food Supplies | Unrestricted Support |

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

3 Enter total number of other organizations listed in the line 1 table 129.

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

Schedule I (Form 990) (Rev. 12-2024)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| Best Foot Forward Foundation Inc 9080 Kimberly Blvd. Suite #10 Boca Raton, FL 33434 | 30-0598378 | 501(C)(3) | 0. | 4,499. | Number of Pounds of Food 2,284 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Bethany Baptist Church of the Palm Beaches - 6353 Wallis Road - West Palm Beach, FL 33413 | 02-0553057 | 501(C)(3) | 0. | 345,744. | Number of Pounds of Food 175,504.38 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Bethel Church of God 4610 Luzon Avenue Lake Worth, FL 33461 | 01-0553917 | 501(C)(3) | 0. | 93,137. | Number of Pounds of Food 47,277.80 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Blessed Provisions Inc - Mobil Pantry - 1041 Hillsboro Mile - Hillsboro beach, FL 33062 | 85-3415674 | 501(C)(3) | 0. | 177,532. | Number of Pounds of Food 90,118 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Boca Helping Hands 1500 NW 1st Ct Boca Raton, FL 33432 | 31-1713631 | 501(C)(3) | 0. | 3,444,765. | Number of Pounds of Food 1,748,611.60 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Bright Star Church International 4645 Gun Club Road West Palm Beach, FL 33415 | 45-4747565 | 501(C)(3) | 0. | 61,405. | Number of Pounds of Food 31,170 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Caridad Center 8645 West Boynton Beach Blvd Boynton Beach, FL 33472 | 65-0149423 | 501(C)(3) | 0. | 87,919. | Number of Pounds of Food 44,629 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Catholic Charities - St. Francis 100 West 20th Street Riviera Beach, FL 33404 | 59-2470479 | 501(C)(3) | 0. | 24,708. | Number of Pounds of Food 12,542 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Catholic Charities - St. Mary's 1200 East Main Street Building F Pahokee, FL 33476 | 59-2470479 | 501(C)(3) | 0. | 54,941. | Number of Pounds of Food 27,889 X \$1.97/lb. | Food Supplies | Unrestricted Support |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| Children's Outreach 315 President Barack Obama Hwy Riviera Beach, FL 33404 | 36-4737341 | 501(C)(3) | 0. | 109,747. | Number of Pounds of Food 55,709.10 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Church Of God Of Prophecy Inc. Of Greenacres - 116 Broward Avenue - Greenacres, FL 33463 | 65-0839657 | 501(C)(3) | 0. | 187,975. | Number of Pounds of Food 95,418.75 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Church of the Harvest (Glades Area Pantry) - 183 South Lake Avenue - Pahokee, FL 33476 | 65-1079385 | 501(C)(3) | 0. | 87,694. | Number of Pounds of Food 44,514.50 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| CIDRA 865 S Congress Avenue Palm Spring, FL 33406 | 26-4732554 | 501(C)(3) | 0. | 35,419. | Number of Pounds of Food 17,979.40 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Club 100 Charities 425 Crescent Drive Lake Park, FL 33403 | 20-3929694 | 501(C)(3) | 0. | 105,490. | Number of Pounds of Food 53,548 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Coalition for Independent Living Options (CILO) - 4400 N. Congress Avenue, Suite 201 - West Palm Beach, FL 33407 | 65-0174695 | 501(C)(3) | 0. | 47,823. | Number of Pounds of Food 24,275.80 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Community Faith Outreach Ministries - 1015 NW 4th Street - Boynton Beach, FL 33436 | 57-1194591 | 501(C)(3) | 0. | 37,241. | Number of Pounds of Food 18,903.82 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Connections Education Center 1310 Old Congress Ave West Palm Beach, FL 33409 | 47-3805751 | 501(C)(3) | 0. | 16,862. | Number of Pounds of Food 8,559.25 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| County Sr Center - Mid (PBC Div of Sr & Vet Svcs) - 3680 Lake Worth Rd - Lake Worth, FL 33461 | 59-6000785 | 501(C)(3) | 0. | 3,448. | Number of Pounds of Food 1,750 X \$1.97/lb. | Food Supplies | Unrestricted Support |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| County Sr Center - North (PBC Div of Sr & Vet Svcs) - 5217 Northlake Blvd - Palm Beach Gardens, FL 33418 | 59-6000785 | 501(C)(3) | 0. | 2,019. | Number of Pounds of Food 1,025 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| County Sr Center - West (PBC Div of Sr & Vet Svcs) - 2616 State Rd #15 - Belle Glade, FL 33430 | 59-6000785 | 501(C)(3) | 0. | 2,864. | Number of Pounds of Food 1,454 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Covenant Centre International (CCI) - 357 Hiatt Dr - Palm Beach Gardens, FL 33418 | 65-0338166 | 501(C)(3) | 0. | 106,034. | Number of Pounds of Food 53,824.50 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| CROS Belle Glade Food Pantry 401 SW 1st Street Belle Glade, FL 33430 | 59-1802917 | 501(C)(3) | 0. | 56,988. | Number of Pounds of Food 28,927.80 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| CROS Caring Kitchen 341 N Swinton Ave Delray Beach, FL 33444 | 59-1802917 | 501(C)(3) | 0. | 38,583. | Number of Pounds of Food 19,585.20 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| CROS Central Palm Pantry - WPB 215 S Congress Ave West Palm Beach, FL 33409 | 59-1802917 | 501(C)(3) | 0. | 24,167. | Number of Pounds of Food 12,267.40 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| CROS Delray Beach Food Pantry 141 SW 12th Ave Delray Beach, FL 33444 | 59-1802917 | 501(C)(3) | 0. | 58,533. | Number of Pounds of Food 29,712 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| CROS Jupiter Food Pantry 106 Military Trail Jupiter, FL 33458 | 59-1802917 | 501(C)(3) | 0. | 33,417. | Number of Pounds of Food 16,963.10 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| CROS Lake Worth Food Pantry 1615 Lake Avenue Lake Worth, FL 33460 | 59-1802917 | 501(C)(3) | 0. | 647,830. | Number of Pounds of Food 328,847.52 X \$1.97/lb. | Food Supplies | Unrestricted Support |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| CROS Ministries Mobile Pantry 3677 23rd Ave South Lake Worth, FL 33461 | 59-1802917 | 501(C)(3) | 0. | 171,366. | Number of Pounds of Food 86,988 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Cross Community Church 2575 Lone Pine Road Palm Beach Gardens, FL 33410 | 59-6187064 | 501(C)(3) | 0. | 4,442. | Number of Pounds of Food 2,255 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Dot and Ruby Helping Hand 227 SW 6th Street Belle Glade, FL 33430 | 80-0167886 | 501(C)(3) | 0. | 201,185. | Number of Pounds of Food 102,124.40 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Eben-Ezer French SDA Church 725 S. Dixie Hwy. Lake Worth, FL 33460 | 52-0643036 | 501(C)(3) | 0. | 110,257. | Number of Pounds of Food 55,968 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Echoes of Praise Ministries International - 3650 Shawnee Avenue - West Palm Beach, FL 33409 | 30-0555324 | 501(C)(3) | 0. | 1,169,899. | Number of Pounds of Food 593,857.50 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Eglise de Dieu de Beree 4731 West Atlantic Ave, Suite B-4 Delray Beach, FL 33445 | 65-0909304 | 501(C)(3) | 0. | 95,265. | Number of Pounds of Food 48,357.75 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Eglise De La Mission Semence 508 North G St Lake Worth, FL 33460 | 26-3461687 | 501(C)(3) | 0. | 140,413. | Number of Pounds of Food 71,275.75 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| El Hacedor Juan 3:16 413 Fern St. Jupiter, FL 33458 | 26-0317668 | 501(C)(3) | 0. | 36,289. | Number of Pounds of Food 18,420.60 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| El Sol, Jupiter's Neighborhood Resource Center - 106 Military Trail - Jupiter, FL 33458 | 01-0870672 | 501(C)(3) | 0. | 38,161. | Number of Pounds of Food 19,371.05 X \$1.97/lb. | Food Supplies | Unrestricted Support |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| E-Roadmap Corporation 2635 Old Okeechobee Rd West Palm Beach, FL 33409 | 46-4925867 | 501(C)(3) | 0. | 3,711. | Number of Pounds of Food 1,884 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Estella's Brilliant Bus 1701 Skees Rd West Palm Beach, FL 33411 | 30-0493352 | 501(C)(3) | 0. | 53,836. | Number of Pounds of Food 27,328 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Estella's Brilliant Bus at Lakeside - 2156 Okeechobee Blvd - West Palm Beach, FL 33409 | 30-0493352 | 501(C)(3) | 0. | 79,840. | Number of Pounds of Food 40,258 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Extended Arms 819 Washington Ave. Lake Worth, FL 33460 | 65-1012365 | 501(C)(3) | 0. | 115,807. | Number of Pounds of Food 58,785.50 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Extended Hands Community Outreach 540 Cheerful Street West Palm Beach, FL 33407 | 03-0484951 | 501(C)(3) | 0. | 73,752. | Number of Pounds of Food 37,437.50 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Faith Deliverance "Feeding Hope Village" - 3437 Avenue O - Riviera Beach, FL 33404 | 20-5716273 | 501(C)(3) | 0. | 115,603. | Number of Pounds of Food 58,681.50 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Farm Share 2701 Vista Parkway Suite A-6 West Palm Beach, FL 33411 | 65-0342192 | 501(C)(3) | 0. | 269,228. | Number of Pounds of Food 136,664 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Farmworker Coordinating Council - Belle Glade - 233 West Avenue A, Suite D - Belle Glade, FL 33430 | 59-1830267 | 501(C)(3) | 0. | 385,315. | Number of Pounds of Food 195,591.15 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Farmworker Coordinating Council - Lake Worth - 1123 Crestwood Blvd - Lake Worth, FL 33460 | 59-1830267 | 501(C)(3) | 0. | 565,900. | Number of Pounds of Food 287,258.92 X \$1.97/lb. | Food Supplies | Unrestricted Support |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| Federation of Families of Florida 19 Everglades Street Belle Glades, FL 33476 | 52-2313668 | 501(C)(3) | 0. | 2,780. | Number of Pounds of Food 1,411.00 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Feed the Hungry Pantry of PBC 900 Brandywine Road West Palm Beach, FL 33409 | 82-3760456 | 501(C)(3) | 0. | 685,185. | Number of Pounds of Food 347,809.40 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| First Corinthians MB Church 2826 Broadway Riviera Beach, FL 33404 | 43-2018913 | 501(C)(3) | 0. | 15,039. | Number of Pounds of Food 7,634 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| First Presbyterian Church of Boynton Beach - 235 SW 6TH AVE - Boynton Beach, FL 33435 | 59-2354995 | 501(C)(3) | 0. | 133,131. | Number of Pounds of Food 67,579 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| First SDA Church of Riviera Beach 3751 Avenue J Riviera Beach, FL 33404 | 52-0643036 | 501(C)(3) | 0. | 59,871. | Number of Pounds of Food 30,391.40 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| First SDA Church of West Palm Beach - 6300 Summit Blvd - West Palm Beach, FL 33415 | 65-0181052 | 501(C)(3) | 0. | 711,904. | Number of Pounds of Food 361,372.82 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| FLIPANY 701 Boutwell Rd Lake Worth, FL 33461 | 87-0743538 | | 0. | 8,940. | Number of Pounds of Food 4,538 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Florida Department of Health - Delray Beach - 225 SW Congress Avenue - Delray Beach, FL 33445 | 59-2242689 | 170(b)(1)(A)(ii) | 0. | 2,987. | Number of Pounds of Food 1,516 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Florida Department of Health - Lantana/Lake Worth - 1250 Southwinds Drive - Lantana, FL 33462 | 59-2242689 | 170(b)(1)(A)(ii) | 0. | 12,241. | Number of Pounds of Food 6,213.56 X \$1.97/lb. | Food Supplies | Unrestricted Support |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| Florida Department of Health WPB (FLDOH) - 1150 45th Street - West Palm Beach, FL 33407 | 59-2242689 | 170(b)(1)(A)(ii) | 0. | 7,117. | Number of Pounds of Food 3,612.60 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Gateway to Housing 160 Congress Park Drive Delray Beach, FL 33445 | 27-0861630 | 501(C)(3) | 0. | 3,840. | Number of Pounds of Food 1,949 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Glades Central High School 1001 SW Avenue M Belle Glade, FL 33430 | 59-6000783 | 501(C)(3) | 0. | 8,802. | Number of Pounds of Food 4,468 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Gospel Prayer Band Church 420 Martin Luther King Blvd South Bay, FL 33493 | 65-0571285 | 501(C)(3) | 0. | 107,261. | Number of Pounds of Food 54,447 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Hacer Ministry Corp. 2727 Georgia Avenue West Palm Beach, FL 33409 | 27-1506309 | 501(C)(3) | 0. | 1,265,061. | Number of Pounds of Food 642,163 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Hands Together for Haitians 1520 10th Ave North Lake Worth, FL 33460 | 20-2512245 | 501(C)(3) | 0. | 511,936. | Number of Pounds of Food 259,866.08 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Healthcare District of PBC - Belle Glade - 39200 Hooker Highway Suite 101 - Belle Glade, FL 33430 | 59-6000785 | 501(C)(3) | 0. | 1,475. | Number of Pounds of Food 748.50 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Healthcare District of PBC - WPB 2051 45th St. Suite 300 West Pam Beach, FL 33407 | 45-5591655 | 501(C)(3) | 0. | 1,081. | Number of Pounds of Food 548.50 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Healthy Mothers, Healthy Babies 842 N. Military Trail West Palm Beach, FL 33415 | 59-2657051 | 501(C)(3) | 0. | 23,411. | Number of Pounds of Food 11,883.80 X \$1.97/lb. | Food Supplies | Unrestricted Support |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| Heart of Gold Christian Temple 5503 Broadway West Palm Beach, FL 33407 | 46-2962478 | 501(C)(3) | 0. | 142,940. | Number of Pounds of Food 72,558.50 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Howell L. Watkins Middle 9480 Mac Arthur Blvd Palm Beach Gardens, FL 33403 | 59-6000783 | 501(C)(3) | 0. | 19,215. | Number of Pounds of Food 9,754 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Inlet Grove Community High School 600 W 28th Street Riviera Beach, FL 33404 | 59-6000783 | 501(C)(3) | 0. | 15,851. | Number of Pounds of Food 8,046.40 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| J.A.Y. (Jesus and You) Outreach Ministries - 2831 Avenue South - Riviera Beach, FL 33404 | 65-0452075 | 501(C)(3) | 0. | 72,980. | Number of Pounds of Food 37,045.50 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Jacobson Family Food Pantry 430 South Congress Ave Delray Beach, FL 33445 | 65-1115689 | 501(C)(3) | 0. | 33,274. | Number of Pounds of Food 16,890.25 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Jeff Industries 113 East Coast Avenue Hypoluxo, FL 33462 | 59-2516157 | 501(C)(3) | 0. | 126,102. | Number of Pounds of Food 64,011.40 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Joy of Living 455 North Haverhill Road West Palm Beach, FL 33415 | 46-2014964 | 501(C)(3) | 0. | 36,870. | Number of Pounds of Food 18,715.50 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Lake Village at the Glades 1749 E Main Street Pahokee, FL 33476 | 59-1197040 | 501(C)(3) | 0. | 63,258. | Number of Pounds of Food 32,110.45 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Lake Worth Community High School 1701 Lake Worth Rd Lake Worth, FL 33460 | 59-6000783 | 501(C)(3) | 0. | 7,535. | Number of Pounds of Food 3,825 X \$1.97/lb. | Food Supplies | Unrestricted Support |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| Liberty Movement Ministry 1301 53rd ST Mangonia Park West Palm Beach, FL 33407 | 27-0849384 | 501(C)(3) | 0. | 609,424. | Number of Pounds of Food 309,352.05 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Loving Hands for the Needy ind. 3100 S. Congress Ave Boynton Beach, FL 33435 | 41-2128962 | 501(C)(3) | 0. | 150,391. | Number of Pounds of Food 76,340.8X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Martha's Kitchen 231 North Federal Highway Lake Worth, FL 33460 | 23-6393377 | 501(C)(3) | 0. | 343,619. | Number of Pounds of Food 174,425.87X \$1.97/lb. | Food Supplies | Unrestricted Support |
| McCurdy- Quiet Waters 306 SW 10TH Street Belle Glade, FL 33430 | 56-2423539 | 501(C)(3) | 0. | 55,357. | Number of Pounds of Food 28,099.8X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Mission Eglise Evangelique de la Bible - 1960 S. Congress Ave. - West Palm Beach, FL 33406 | 81-2971652 | 501(C)(3) | 0. | 15,701. | Number of Pounds of Food 7,969.8X \$1.97/lb. | Food Supplies | Unrestricted Support |
| More Than Conquerors Ministries 3275 North Haverhill Road West Palm Beach, FL 33417 | 73-6109354 | 501(C)(3) | 0. | 460,184. | Number of Pounds of Food 233,596.1X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Nelson's Outreach Ministries 251 West 11th Street- Main Office Riviera Beach, FL 33404 | 65-0787394 | 501(C)(3) | 0. | 180,635. | Number of Pounds of Food 91,692.8X \$1.97/lb. | Food Supplies | Unrestricted Support |
| New Bethel Missionary Baptist Church - 911 9th St. - West Palm Beach, FL 33401 | 59-1930127 | 501(C)(3) | 0. | 97,162. | Number of Pounds of Food 49,320.8X \$1.97/lb. | Food Supplies | Unrestricted Support |
| New Birth Deliverance DBA Edward Sims Pantry - 1650 South Main Street - Belle Glade, FL 33430 | 65-0269611 | 501(C)(3) | 0. | 34,599. | Number of Pounds of Food 17,563X \$1.97/lb. | Food Supplies | Unrestricted Support |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| New South Bay Villas - LOT 845 West Palm Beach Road, South Bay, FL 33493 | 47-2640945 | 501(C)(3) | 0. | 96,026. | Number of Pounds of Food 48,744X \$1.97/lb. | Food Supplies | Unrestricted Support |
| North Grade Elementary 824 N K Street Lake Worth, FL 33460 | 59-6000783 | 501(C)(3) | 0. | 4,958. | Number of Pounds of Food 2,516.5X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Our Support for Children in Need 229 SE 2nd Avenue Delray Beach, FL 33483 | 75-3238083 | 501(C)(3) | 0. | 321,779. | Number of Pounds of Food 163,339.48X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Palm Beach Harvest - Mobil Pantry 4601 S. Flagler Dr. West Palm Beach, FL 33405 | 90-0508579 | 501(C)(3) | 0. | 284,317. | Number of Pounds of Food 144,323.5X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Palm Beach State College - Belle Glade - 1977 SW College drive - Belle Glade, FL 33430 | 59-1818556 | 501(C)(3) | 0. | 24,471. | Number of Pounds of Food 12,421.95X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Palm Beach State College - Boca Raton - 4200 Congress Ave. - Lake Worth, FL 33461 | 59-1818556 | 501(C)(3) | 0. | 22,507. | Number of Pounds of Food 11,424.7X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Palm Beach State College - Lake Worth - 4200 Congress Ave. - Lake Worth, FL 33461 | 59-1818556 | 501(C)(3) | 0. | 48,017. | Number of Pounds of Food 24,374.35X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Palm Beach State College - Palm Beach Gardens - 3160 PGA Blvd - Palm Beach Gardens, FL 33410 | 59-1818556 | 501(C)(3) | 0. | 21,855. | Number of Pounds of Food 11,094.1X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Program R.E.A.C.H. 1320 Henrietta Avenue West Palm Beach, FL 33407 | 59-2471253 | 501(C)(3) | 0. | 51,159. | Number of Pounds of Food 25,969X \$1.97/lb. | Food Supplies | Unrestricted Support |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| Project Lift 1140 NE 18th St Belle Glade, FL 33430 | 27-3949112 | 501(C)(3) | 0. | 101,928. | Number of Pounds of Food 51,739.85X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Redemptive Life Fellowship 4431 Embarcadero Drive West Palm Beach, FL 33407 | 65-0286937 | 501(C)(3) | 0. | 108,566. | Number of Pounds of Food 55,109.85X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Restoration Bridge International 7965 Lantana Rd Lake Worth, FL 33467 | 55-0808840 | 501(C)(3) | 0. | 917,852. | Number of Pounds of Food 465,914.6X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Riviera Beach Community Outreach 1144 W 6th Street Riviera Beach, FL 33404 | 30-0686477 | 501(C)(3) | 0. | 433,996. | Number of Pounds of Food 220,302.66X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Salem Haitian Evangelical Lutheran Church - 1020 South Dixie Highway - Lake Worth, FL 33460 | 65-0531379 | 501(C)(3) | 0. | 16,522. | Number of Pounds of Food 8,387X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Shammah Baptist Worship Center 5710 N Haverhill Rd West Palm Beach, FL 33407 | 90-0410257 | 501(C)(3) | 0. | 34,749. | Number of Pounds of Food 17,639X \$1.97/lb. | Food Supplies | Unrestricted Support |
| St James Residence 400 S Olive Avenue West Palm Beach, FL 33401 | 59-1847497 | 501(C)(3) | 0. | 46,876. | Number of Pounds of Food 23,795X \$1.97/lb. | Food Supplies | Unrestricted Support |
| St. Ann Place Outreach Center 2107 N. Dixie Highway West Pam Beach, FL 33407 | 59-6001732 | 501(C)(3) | 0. | 22,343. | Number of Pounds of Food 11,341.56X \$1.97/lb. | Food Supplies | Unrestricted Support |
| St. Gregory's Episcopal Church 100 NE Mizner Blvd. Boca Raton, FL 33429 | 59-1276272 | 501(C)(3) | 0. | 60,365. | Number of Pounds of Food 30,642X \$1.97/lb. | Food Supplies | Unrestricted Support |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| St. Peter Catholic Church 2581 Jupiter Park Drive Jupiter, FL 33458 | 65-0012587 | 501(C)(3) | 0. | 62,984. | Number of Pounds of Food 31,971.5X \$1.97/lb. | Food Supplies | Unrestricted Support |
| St. Rita's Catholic Church 13645 Paddock Drive Wellington, FL 33414 | 59-2290631 | 501(C)(3) | 0. | 46,495. | Number of Pounds of Food 23,601.5X \$1.97/lb. | Food Supplies | Unrestricted Support |
| The Arc of the Glades 4250 NW 16th St Belle Glade, FL 33430 | 59-1760374 | 501(C)(3) | 0. | 68,233. | Number of Pounds of Food 34,635.8X \$1.97/lb. | Food Supplies | Unrestricted Support |
| The First Baptist Church of Lantana - 1126 W. Lantana Rd. - Lantana, FL 33462 | 59-1381873 | 501(C)(3) | 0. | 91,905. | Number of Pounds of Food 46,652.25X \$1.97/lb. | Food Supplies | Unrestricted Support |
| The Glades Initiative 149 SE Avenue D Belle Glade, FL 33430 | 01-0733180 | 501(C)(3) | 0. | 905,799. | Number of Pounds of Food 459,796.6X \$1.97/lb. | Food Supplies | Unrestricted Support |
| The Guatemalan Maya Center 1776 W Lake Worth Rd Lake Worth, FL 33460 | 65-0355018 | 501(C)(3) | 0. | 765,107. | Number of Pounds of Food 388,379X \$1.97/lb. | Food Supplies | Unrestricted Support |
| The Lord's Place - Burckle Place 3 825 S Federal Highway Lake Worth, FL 33460 | 59-2240502 | 501(C)(3) | 0. | 4,785. | Number of Pounds of Food 2,429X \$1.97/lb. | Food Supplies | Unrestricted Support |
| The Lords Place - Burckles Women Campus - 711 South J Street - Lake Worth, FL 33460 | 59-2240502 | 501(C)(3) | 0. | 1,714. | Number of Pounds of Food 870.25X \$1.97/lb. | Food Supplies | Unrestricted Support |
| The Lord's Place - Cafe Joshua 2808 N. Australian Ave. West Palm Beach, FL 33407 | 59-2240502 | 501(C)(3) | 0. | 32,427. | Number of Pounds of Food 16,460.5X \$1.97/lb. | Food Supplies | Unrestricted Support |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| The Lord's Place - Family Campus 4964 Wedgewood Way West Palm Beach, FL 33417 | 59-2240502 | 501(C)(3) | 0. | 76,193. | Number of Pounds of Food 38,676.9X \$1.97/lb. | Food Supplies | Unrestricted Support |
| The Lord's Place - Halle Place 627 6th Street West Palm Beach, FL 33401 | 59-2240502 | 501(C)(3) | 0. | 3,310. | Number of Pounds of Food 1,680.4X \$1.97/lb. | Food Supplies | Unrestricted Support |
| The Lord's Place - Men's Campus 1750 NE 4th Street Boynton Beach, FL 33435 | 59-2240502 | 501(C)(3) | 0. | 77,987. | Number of Pounds of Food 39,587.25X \$1.97/lb. | Food Supplies | Unrestricted Support |
| The Pearl Mae Foundation 2635 Old Okeechobee Road West Palm Beach, FL 33409 | 32-0485613 | 501(C)(3) | 0. | 9,350. | Number of Pounds of Food 4,746X \$1.97/lb. | Food Supplies | Unrestricted Support |
| The Salvation Army 2100 Palm Beach Lakes Blvd. West Palm Beach, FL 33409 | 58-0660607 | 501(C)(3) | 0. | 7,520. | Number of Pounds of Food 3,817.4X \$1.97/lb. | Food Supplies | Unrestricted Support |
| The Soup Kitchen 8645 West Boynton Beach Blvd Boynton Beach, FL 33472 | 59-2628415 | 501(C)(3) | 0. | 782,769. | Number of Pounds of Food 397,344.63X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Tree of Life Foundation International - 2701 Vista Parkway - West Palm Beach, FL 33411 | 20-3857927 | 501(C)(3) | 0. | 168,398. | Number of Pounds of Food 85,481X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Trinity United Methodist Church 1401 9th Street West Palm Beach, FL 33401 | 59-1726789 | 501(C)(3) | 0. | 57,266. | Number of Pounds of Food 29,069.1X \$1.97/lb. | Food Supplies | Unrestricted Support |
| True Fast Outreach Ministries 638 6th Street West Palm Beach, FL 33401 | 30-0194610 | 501(C)(3) | 0. | 290,115. | Number of Pounds of Food 147,266.73X \$1.97/lb. | Food Supplies | Unrestricted Support |

Schedule I (Form 990)

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| Un Nuevo Comienzo 2419 10th St Ave N Lake Worth, FL 33461 | 47-5121380 | 501(C)(3) | 0. | 46,989. | Number of Pounds of Food 23,852.35X \$1.97/lb. | Food Supplies | Unrestricted Support |
| United Haitian Baptist Food Ministry - 2015 Parker Avenue - West Palm Beach, FL 33401 | 65-0287465 | 501(C)(3) | 0. | 870,080. | Number of Pounds of Food 441,664.95X \$1.97/lb. | Food Supplies | Unrestricted Support |
| West Palm Beach Housing Authority 3800 South Ridge CT West Palm Beach, FL 33405 | 59-6001290 | 501(C)(3) | 0. | 202,758. | Number of Pounds of Food 102,923X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Windsor Park - LOT 1389 Summit Pines Blvd West Palm Beach, FL 33415 | 47-2640945 | 501(C)(3) | 0. | 64,389. | Number of Pounds of Food 32,685X \$1.97/lb. | Food Supplies | Unrestricted Support |
| YWCA of Palm Beach County 4919 32nd Drive South Lake Worth, FL 33461 | 59-0751935 | 501(C)(3) | 0. | 47,561. | Number of Pounds of Food 24,142.75X \$1.97/lb. | Food Supplies | Unrestricted Support |
| Anonymous 701 Boutwell Rd Lake Worth, FL 33461 | 90-0788707 | 501(C)(3) | 0. | 363,714. | Number of Pounds of Food 184,626.52 X \$1.97/lb. | Food Supplies | Unrestricted Support |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---|
| Gift Cards and food supplies | 14839 | 0. | 2,265,081. | Retail price of supplies and gift cards | Food supplies distributed through Childhood Hunger Initiatives-Weekend Food for Kids, Lois' Food4Kids, School |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

Part I, Line 2:

The organization awards assistance based upon the mission of the recipient organization and its history of achieving its program objectives.

(f) Description of Non-cash Assistance: Food supplies distributed through Childhood Hunger Initiatives-Weekend Food for Kids, Lois' Food4Kids, School Pantries, Senior Hunger Initiatives, Groceries for Seniors, Benefits Outreach and The Community Kitchen

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
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 **Palm Beach County Food Bank, Inc.** Employer identification number **90-0788707**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|----------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) Jamie Kendall CEO | (i) | 193,846. | 14,874. | 0. | 7,829. | 9,084. | 225,633. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) Michael Groover CFO | (i) | 124,427. | 14,925. | 0. | 4,977. | 9,084. | 153,413. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Palm Beach County Food Bank, Inc.

Employer identification number

90-0788707

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | X | 1 | 71,500. | FMV |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 2 | 3,265,536. | Public Exchange |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | X | 54 | 23,179,836. | Wholesale market val |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other () | | | | |
| 26 Other () | | | | |
| 27 Other () | | | | |
| 28 Other () | | | | |

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

29

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

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

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

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

b If "Yes," describe in Part II.

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

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | | X |
| 32a | | X |

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

Schedule M (Form 990) 2024

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 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 Palm Beach County Food Bank, Inc. | Employer identification number 90-0788707 |
|--|---|

Form 990, Part III, Line 4a, Program Service Accomplishments:
 In addition, the Childhood Hunger Initiatives program distributed food packs for the weekend to over 5,000 children at 51 partner agencies throughout the year, resulting in a total of 180,750 bags of nutritious, shelf-stable food, equivalent to almost 1.6 million meals for children. The Senior Hunger Initiatives Program served approximately 600 unduplicated low-income, food-insecure households with a weekly produce box and nutrition information to help increase their intake of fresh vegetables and fruits. Groceries for Seniors supplemented seniors' weekly groceries by providing them with bi-weekly groceries. The Community Kitchen Program prepared and delivered nutritious hot meals, cold meals and snacks to 1,297 children. The Workforce Development Culinary piloted its first cohort program graduating two students, preparing them for entry level positions in the food industry. The Benefits Outreach program helped over 7,942 individuals with their SNAP applications, generating over \$5.2 million of federal food benefit assistance revenue for the local economy.

The Food Bank collects, recovers, purchases, and distributes food to food pantries, soup kitchens, shelters, schools, and other non-profit organizations in Palm Beach County. We are a locally led and governed food bank in Palm Beach County that distributes food to partner agencies at no cost. Serving one of the largest counties in Florida from Tequesta to Boca Raton, Belle Glade, and Pahokee to the Coast, the Food Bank successfully operates six programs:

Partner Marketplace distributes food to partner agencies on the front line of hunger relief. Food Bank's refrigerated trucks pick up and receive food donations from local farmers, distributors, and retailers. The food is brought to the Food Bank's refrigerated warehouse and sorted by volunteers.

Childhood Hunger Initiatives (CHI) Weekend Food for Kids, Lois' Food4Kids, and School Pantries provide school-age children who are on free/reduced-price lunch and their families with nutritious, easy-to-prepare food for the weekends. CHI gives families the opportunity to supplement their food budgets and complement the meals provided by schools during the school week by providing an additional food resource.

Senior Hunger Initiatives delivers healthy food and educational resources to underserved populations, including food deserts and low-income seniors. Every two weeks, the program distributes fresh produce, shelf-stable groceries, and recipe cards through partnerships with local organizations and direct community engagement. Its mission is to improve food security and promote healthier eating habits by making nutritious options accessible to those who need them most.

Community Kitchen Program prepares and delivers nutritious hot meals, cold meals, and snacks for children and seniors from our commercial kitchen, which has the capacity to produce thousands of meals each day, we serve after-school and summer programs as well as senior services to

| | |
|---|--|
| Name of the organization Palm Beach County Food Bank, Inc. | Employer identification number 90-0788707 |
|---|--|

ensure consistent access to wholesome food when other options are limited. Through year-round partnerships with schools, community organizations, and senior programs, the Community Kitchen helps close the hunger gap and supports the well-being of our community.

Workforce Development Culinary Training course is designed to prepare participants for entry-level positions in the food service industry. The training program builds culinary job readiness and practical life skills. The course is offered at no cost to students.

The Benefits Outreach Program assists individuals and families with applying for the Supplemental Nutrition Assistance Program (SNAP), Medicaid, and Cash Assistance free of charge. Food Bank is one of only four organizations in Florida that provides the Department of Children & Families required federal food relief interview. The interview is conducted during a meeting with one of the Food Bank's benefits specialists, who speaks English, Spanish, and Haitian Creole.

Form 990, Part V, Line 2a and 2b

The Organization outsourced its human resource functions to a professional employee organization (PEO) with which it co-employs its employees. The PEO files all required federal employment tax returns, including Form W-3 (Transmittal of Wage and Tax Statements) and the accompanying Form W-2s, under its name and EIN.

Form 990, Part VI, Section B, line 11b:

A copy of Form 990 is provided to the governing body by e-mail and presented to the board for approval before it is filed.

Form 990, Part VI, Section B, Line 12c:

The Organization monitors its conflict of interest policy annually through submitting a questionnaire.

Form 990, Part VI, Section B, Line 15a:

The Organization's compensation determination method is based on a review of published salary surveys. The executive director's salary is approved by the board of directors.

Form 990, Part VI, Section C, Line 19:

The Organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request.

Form 990, Part XII, Line 2c:

The audit report is evaluated annually at the audit report review meeting as presented by the independent auditor. The process has not changed from the prior year.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

| | | |
|--|---|---|
| Type or Print | Name of exempt organization, employer, or other filer, see instructions. Palm Beach County Food Bank, Inc. | Taxpayer identification number (TIN) 90-0788707 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 701 Boutwell Road | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. Lake Worth, FL 33461 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|------------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | Form 990-T (governmental entities) | 15 |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **Michael Groover, CFO**
701 Boutwell Road, A-2 - Lake Worth Beach, FL 33461

Telephone No. **(561) 670-2518** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **May 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or

tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

For Privacy Act and Paperwork Reduction Act Notice, see instructions.