

PUBLIC DISCLOSURE COPY

(Not for IRS Filing)

Form **990****Return of Organization Exempt From Income Tax****2023**Department of the Treasury
Internal Revenue ServiceUnder 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.Open to Public
Inspection**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ 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)

701 Boutwell Road

Room/suite

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 \$**46,356,632.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

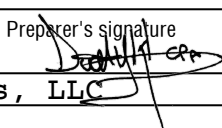
If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **www.pbcfoodbank.org****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **2012****M** State of legal domicile: **FL****Part I Summary**

Activities & Governance	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.		
	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 2023 (Part V, line 2a)	5	41
	6	Total number of volunteers (estimate if necessary)	6	6442
	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 34,359,501.	Current 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)	132,312.	424,391.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	42,993.	42,044.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,534,806.	39,302,978.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	23,494,422.
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)	2,412,177.	2,426,116.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25)	843,884.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,120,741.	3,958,715.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	29,027,340.	34,128,597.
19	Revenue less expenses. Subtract line 18 from line 12	5,507,466.	5,174,381.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 26,027,292.	End of Year 31,299,151.
	21	Total liabilities (Part X, line 26)	8,821,201.	8,924,759.
	22	Net assets or fund balances. Subtract line 21 from line 20	17,206,091.	22,374,392.

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		Date	
	Jamie Kendall, CEO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	Scott Y. Haynes, CPA		5-12-2025	P01366363
Firm's name	Holyfield & Thomas, LLC		Firm's EIN 65-1083521	
	125 Butler Street West Palm Beach, FL 33407		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 AccomplishmentsCheck 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 ☒ No

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

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

If "Yes," describe these changes on Schedule O.

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 32,861,852. including grants of \$ 27,743,766.) (Revenue \$)

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, 2024, the Food Bank distributed over 15 million pounds of food through five programs, serving more than 200 organizations that help address food insecurity in the county. In addition, the Childhood Hunger Initiatives program distributed food packs for the weekend to over 5,000 children at 62 partner agencies throughout the year, resulting in a total of 150,963 bags of nutritious, shelf-stable food, equivalent to almost 1.3

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 32,861,852.Form **990** (2023)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 7	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	41
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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 ☒

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	15			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

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

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
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 ContractorsCheck 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	X		X				197,029.	0.	14,367.
(2) Michael Groover CFO	40.00	X		X				123,322.	0.	16,484.
(3) Marti LaTour Chairman	1.00	X		X				0.	0.	0.
(4) Mark Busse Director	1.00	X						0.	0.	0.
(5) James Greco Vice Chairman	1.00	X		X				0.	0.	0.
(6) Bob O'Connell Treasurer	1.00	X		X				0.	0.	0.
(7) Susan Rabinowitz Director	1.00	X						0.	0.	0.
(8) Deborah Pucillo Vice Chairman	1.00	X		X				0.	0.	0.
(9) John Fumero Director	1.00	X						0.	0.	0.
(10) Laura Russell Director	1.00	X						0.	0.	0.
(11) Nancy Bolton Vice Chairman	1.00	X		X				0.	0.	0.
(12) Dorian Daggs Secretary	1.00	X		X				0.	0.	0.
(13) Stephen Basore Director	1.00	X						0.	0.	0.
(14) Billy Himmelrich Director	1.00	X						0.	0.	0.
(15) Joe Kyles Director	1.00	X						0.	0.	0.
(16) Eileen Acello Director	1.00	X						0.	0.	0.
(17) Julie Daum Director	1.00	X						0.	0.	0.

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
-----------------	----------------------------------------------------------------------------------------------------------------------

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
1b Subtotal								320 , 351 .	0 .	30 , 851 .
c Total from continuation sheets to Part VII, Section A								0 .	0 .	0 .
d Total (add lines 1b and 1c)								320 , 351 .	0 .	30 , 851 .

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

2

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

Section B. Independent Contractors

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

the organization report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
	5-12-2025	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		
0		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	4,029,461.			
	b	Membership dues	1b				
	c	Fundraising events	1c	126,238.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,448,817.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	33,232,027.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 28,530,442.			
	h	Total. Add lines 1a-1f		38,836,543.			
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)		416,088.		
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	(ii) Other		
b		Less: cost or other basis and sales expenses	7b	7,027,144.			
c		Gain or (loss)	7c	7,018,841.			
d		Net gain or (loss)		8,303.			8,303.
8 a		Gross income from fundraising events (not including \$ 126,238. of contributions reported on line 1c). See Part IV, line 18	8a	76,857.			
b		Less: direct expenses	8b	34,813.			
c		Net income or (loss) from fundraising events		42,044.			42,044.
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		39,302,978.	0.	0.	466,435.

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	26,167,974.	26,167,974.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,575,792.	1,575,792.		
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	373,197.	149,279.	111,959.	111,959.
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	1,565,784.	1,365,236.	90,177.	110,371.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	55,450.	48,612.	3,060.	3,778.
9 Other employee benefits	285,022.	233,357.	24,212.	27,453.
10 Payroll taxes	146,663.	115,690.	14,712.	16,261.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	31,500.	24,848.	3,160.	3,492.
d Lobbying	102,000.	91,800.	5,100.	5,100.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,964.		4,964.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	114,077.	91,581.	10,685.	11,811.
12 Advertising and promotion	155,857.			155,857.
13 Office expenses	169,781.	132,874.	17,531.	19,376.
14 Information technology	134,474.	106,076.	13,489.	14,909.
15 Royalties				
16 Occupancy	473,748.	405,204.	36,623.	31,921.
17 Travel	11,172.	8,812.	1,121.	1,239.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	28,047.	22,124.	2,813.	3,110.
20 Interest	15,336.	13,117.	1,186.	1,033.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	437,915.	374,556.	33,852.	29,507.
23 Insurance	207,585.	183,502.	11,757.	12,326.
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	959,556.	959,556.		
b Lease Expense	635,299.	567,031.	36,460.	31,808.
c Direct Mail and Public	252,573.			252,573.
d Warehouse Operating Exp	200,718.	200,718.		
e All other expenses	24,113.	24,113.		
25 Total functional expenses. Add lines 1 through 24e	34,128,597.	32,861,852.	422,861.	843,884.
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 SheetCheck 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	1,076,925.	1	896,595.
	2 Savings and temporary cash investments	6,820,600.	2	3,729,986.
	3 Pledges and grants receivable, net	2,581,397.	3	987,525.
	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	915,128.	8	1,840,636.
	9 Prepaid expenses and deferred charges	243,197.	9	101,055.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,048,160.		
	b Less: accumulated depreciation	10b 1,302,289.	10c	12,745,871.
	11 Investments - publicly traded securities		11	3,048,568.
	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	8,069,467.	15	7,948,915.
16 Total assets. Add lines 1 through 15 (must equal line 33)	26,027,292.	16	31,299,151.	
Liabilities	17 Accounts payable and accrued expenses	263,396.	17	589,335.
	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	8,557,805.	25	8,335,424.
	26 Total liabilities. Add lines 17 through 25	8,821,201.	26	8,924,759.
	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		13,776,278.	27	18,444,297.
28 Net assets with donor restrictions		3,429,813.	28	3,930,095.
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		17,206,091.	32	22,374,392.
33 Total liabilities and net assets/fund balances		26,027,292.	33	31,299,151.

Form 990 (2023)

5-12-2025

Part XI Reconciliation of Net AssetsCheck 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	39,302,978.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,128,597.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,174,381.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,206,091.
5	Net unrealized gains (losses) on investments	5	-6,080.
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	22,374,392.

Part XII Financial Statements and ReportingCheck 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? _____ 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	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
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? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Palm Beach County Food Bank, Inc.

Employer identification number

90-0788707

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23693969.	39879292.	23326014.	34359501.	38836543.	160095319
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	23693969.	39879292.	23326014.	34359501.	38836543.	160095319
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.						160095319

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	23693969.	39879292.	23326014.	34359501.	38836543.	160095319
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	835.	801.	1,202.	132,138.	416,088.	551,064.
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.)	436.	401.	60.			897.
11 Total support. Add lines 7 through 10						160647280

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 2023 (line 6, column (f), divided by line 11, column (f))	14	99.66 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.90 %

- 16a 33 1/3% support test - 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support test - 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐
- 17a 10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐
- b 10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Schedule A (Form 990) 2023

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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. (Add lines 9, 10c, 11, and 12.)						

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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

Schedule A (Form 990) 2023

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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

Part VI**Supplemental Information.**

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

Schedule A, Part II, Line 10, Explanation for Other Income:**Other Support**

2019 Amount: \$ 436.

2020 Amount: \$ 401.

2021 Amount: \$ 60.

Schedule B
(Form 990)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

2023

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 foundationCheck 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
Palm Beach County Food Bank, Inc.	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>		\$ <u>3,975,889.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,373,520.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>9,756,422.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>12,307,143.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
Palm Beach County Food Bank, Inc.	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
<u>3</u>	Food - 5,055,141 lbs. @ \$1.93/lb. given throughout the year	\$ <u>9,756,422.</u>	
<u>4</u>	Food - 6,376,758 lbs. @ \$1.93/lb. given throughout the year	\$ <u>12,307,143.</u>	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization	Employer identification number
Palm Beach County Food Bank, Inc.	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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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

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 employer identification number (EIN) 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-.

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

Schedule C (Form 990) 2023

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.			
If the amount on line 1e, column (a) or (b) is:	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?			

☐ Yes ☐ 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) 2020	(b) 2021	(c) 2022	(d) 2023	(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) 2023

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		102,000.
j Total. Add lines 1c through 1i			102,000.
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)

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

2023

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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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

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

Schedule D (Form 990) 2023

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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:

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

	Yes	No
3a(i)		
3a(ii)		
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				
d Equipment		1,250,031.	740,356.	509,675.
e Other		12,798,129.	561,933.	12,236,196.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				12,745,871.

Schedule D (Form 990) 2023

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	7,564,996.
(2) Right of Use Assets - Financing Leases, net	111,323.
(3) Deposits	22,842.
(4) Beneficial Interest in assets held by Community	
(5) Foundation	249,754.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	7,948,915.

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	8,152,039.
(3) Financing Right of Use Obligation	183,385.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	8,335,424.

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 ... ☒

Schedule D (Form 990) 2023

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	39,326,747.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-6,080.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	34,813.
e	Add lines 2a through 2d	2e	28,733.
3	Subtract line 2e from line 1	3	39,298,014.
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	4,964.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	4,964.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	39,302,978.

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	34,158,446.
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	34,813.
e	Add lines 2a through 2d	2e	34,813.
3	Subtract line 2e from line 1	3	34,123,633.
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	4,964.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	4,964.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	34,128,597.

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

Part XIII Supplemental Information *(continued)*

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	34,813.
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Part XII, Line 2d - Other Adjustments:

Direct Special Event Expenses	34,813.
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Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Palm Beach County Food Bank, Inc.

Employer identification number

90-0788707

Part I

Fundraising Activities.

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☒ No

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Newport One, Inc - 21 Railroad Avenue, Duxbury, MA	Mail Solicitations		X	555,676.	252,573.	303,103.
Total				555,676.	252,573.	303,103.

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

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

Schedule G (Form 990) 2023

See Part IV for continuations

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2023.05070 PALM BEACH COUNTY FOOD BA 04274001

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 B (event type)	Empty Bowls-Delray (event type)	1 (total number)	
Revenue	1 Gross receipts	112,279.	56,504.	34,312.	203,095.
	2 Less: Contributions	74,440.	30,640.	21,158.	126,238.
	3 Gross income (line 1 minus line 2)	37,839.	25,864.	13,154.	76,857.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	7,680.	21,586.	5,547.	34,813.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				34,813.
	11 Net income summary. Subtract line 10 from line 3, column (d)				42,044.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

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

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

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

b Enter the amount of distributions required under state law 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 <i>(continued)</i>
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[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

**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 33465	23-7153017	501(C)(3)	0.	1,286.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
A Place Called Hope with FBC of Greenacres - 201 Swain Blvd. - Greenacres, FL 33463	02-0579135	501(C)(3)	0.	101,631.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
AHEPA 18 4370 Community Drive West Palm Beach, FL 33409	65-0444455	501(C)(3)	0.	14,525.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Aid to Victims of Domestic Abuse (AVDA) - P.O Box 6161 - Delray Beach, FL 33482	59-2486620	501(C)(3)	0.	11,908.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Alpert Jewish Family Service Food Pantry - 9085 Hagen Ranch Road - Boynton Beach, FL 33472	59-1520581	501(C)(3)	0.	2,656.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Arms of Hope Community, Inc 1512 Wingfield Street Lake Worth, FL 33460	47-2851445	501(C)(3)	0.	254,260.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support

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

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

Schedule I (Form 990) 2023

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
Bethany Baptist Church of the Palm Beaches - 6353 Wallis Road - West Palm Beach, FL 33413	02-0553057	501(C)(3)	0.	412,799.	X Number of Pounds of Food \$1.93/lb.	Food Supplies	Unrestricted Support
Bethel Church of God, Inc. 4610 Luzon Avenue Lake Worth, FL 33461	01-0553917	501(C)(3)	0.	55,288.	X Number of Pounds of Food \$1.93/lb.	Food Supplies	Unrestricted Support
Big Dog Ranch Rescue 14444 Okeechobee Blvd. Loxahatchee Grove, FL 33470	26-3184971	501(C)(3)	0.	52,805.	X Number of Pounds of Food \$1.93/lb.	Food Supplies	Unrestricted Support
Blessed Provisions Inc - Mobile Pantry - 7960 Ventura Center Way - Boynton Beach, FL 33437	85-3026024	501(C)(3)	0.	190,659.	X Number of Pounds of Food \$1.93/lb.	Food Supplies	Unrestricted Support
Boca Helping Hands, Inc. 1500 NW 1st Court Boca Raton, FL 33432	31-1713631	501(C)(3)	0.	3,530,027.	X Number of Pounds of Food \$1.93/lb.	Food Supplies	Unrestricted Support
Bridges at Pahokee 1020 E Main Street Pahokee, FL 33476	65-0299932	501(C)(3)	0.	2,779.	X Number of Pounds of Food \$1.93/lb.	Food Supplies	Unrestricted Support
Bright Star Church International 4645 Gun Club Road West Palm Beach, FL 33415	45-4747565	501(C)(3)	0.	80,992.	X Number of Pounds of Food \$1.93/lb.	Food Supplies	Unrestricted Support
Caridad Center 8645 West Boynton Beach Blvd Boynton Beach, FL 33472	65-0149423	501(C)(3)	0.	81,507.	X Number of Pounds of Food \$1.93/lb.	Food Supplies	Unrestricted Support
Catholic Charities-St. Francis 100 West 20th Street Riviera Beach, FL 33404	59-2470479	501(C)(3)	0.	21,239.	X Number of Pounds of Food \$1.93/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
Catholic Charities-St. Mary's 1200 East Main Street Pahokee, FL 33476	59-2470479	501(C)(3)	0.	59,959.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Children's Outreach, Inc. 1608 Broadway Avenue Riviera Beach, FL 33404	36-4737341	501(C)(3)	0.	88,100.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Children's Services Council- Bridges - 1020 E Main Street - Pahokee, FL 33476	65-0299932	501(C)(3)	0.	695.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Church Of God Of Prophecy Inc. of Greenacres - 116 Broward Ave, - Greenacres, FL 33463	65-0839857	501(C)(3)	0.	206,122.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Church of the Harvest (Glades Area Pantry) - 183 South Lake Avenue - Pahokee, FL 33476	55-1079385	501(C)(3)	0.	81,367.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
CIDRA 865 S Congress Avenue West Palm Beach, FL 33406	26-4732554	501(C)(3)	0.	40,677.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Club 100 Charities, Inc 425 Crescent Drive Lake Park, FL 33403	20-3929694	501(C)(3)	0.	118,891.	Number of Pounds of Food X \$1.93/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.	37,950.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Community Faith Outreach Ministries - Mobile - 1015 N.W. 4th Street - Boynton Beach, FL 33435	57-1194591	501(C)(3)	0.	35,224.	Number of Pounds of Food X \$1.93/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
Community Outreach Foundation Mission - 1717 NE 2nd Avenue - Delray Beach, FL 33444	60-0003487	501(C)(3)	0.	23,918.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Connections Education Center 1310 Old Congress Ave West Palm Beach, FL 33409	47-3805751	501(C)(3)	0.	24,569.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Covenant Centre International (CCI) - 3950 RCA Blvd - Palm Beach Gardens, FL 33410	65-0338166	501(C)(3)	0.	107,108.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
CROS Belle Glade Pantry 401 SW 1st Street Belle Glade, FL 33430	59-1802917	501(C)(3)	0.	127,821.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
CROS Caring Kitchen 341 N Swinton Ave Delray Beach, FL 33444	59-1802917	501(C)(3)	0.	43,652.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
CROS Central Palm Pantry - WPB 215 S. Congress Avenue West Palm Beach, FL 33409	59-1802917	501(C)(3)	0.	63,668.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
CROS Delray Beach 141 SW 12th Ave Delray Beach, FL 33444	59-1802917	501(C)(3)	0.	127,948.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
CROS Jupiter Food Pantry 106 Military Trail Jupiter, FL 33458	59-1802917	501(C)(3)	0.	68,935.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
CROS Lake Worth Food Pantry 1615 Lake Avenue Lake Worth, FL 33460	59-1802917	501(C)(3)	0.	626,940.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support

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CROS Ministries Mobile Pantry 3677 23rd Ave Lake Worth, FL 33461	59-1802917	501(C)(3)	0.	133,487.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Cross Community Church 2575 Lone Pine Road Palm Beach Gardens, FL 33410	59-6187064	501(C)(3)	0.	5,144.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Dot and Ruby Helping Hand Program 227 SW 6th Street Belle Glade, FL 33430	80-0167886	501(C)(3)	0.	263,266.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Eat Better Live Better, Inc 14451 South Military Trail Suite #2 Delray Beach, FL 33484	81-0994119	501(C)(3)	0.	71,380.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Eben-Ezer French SDA Church 725 S. Dixie Hwy. Lake Worth, FL 33460	52-0643036	501(C)(3)	0.	127,735.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Echoes of Praise Ministries International Inc - 3650 Shawnee Avenue - West Palm Beach, FL 33409	30-0555324	501(C)(3)	0.	938,470.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Eglise de Dieu de Beree 4731 West Atlantic Ave, Suite B-4 Delray Beach, FL 33444	65-0909304	501(C)(3)	0.	97,852.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Eglise De La Mission Semence Inc. 508 North G Street Lake Worth, FL 33460	26-3461687	501(C)(3)	0.	141,101.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
El Hacedor Juan 3:16 413 Fern St. Jupiter, FL 33458	44-0577787	501(C)(3)	0.	39,513.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support

Schedule I (Form 990)

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El Sol, Jupiter Neighborhood Resource Center - 106 Military Trail - Jupiter, FL 33458	01-0870672	501(C)(3)	0.	27,718.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Estella's Brilliant Bus 1701 Skees Rd West Palm Beach, FL 33411	30-0493352	501(C)(3)	0.	68,965.	Number of Pounds of Food X \$1.93/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.	70,432.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Extended Arm, Inc. 819 Washington Ave. Lake Worth, FL 33460	65-1012365	501(C)(3)	0.	107,527.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Extended Hands Community Outreach, Inc. - 540 Cheerful Street - West Palm Beach, FL 33407	03-0484951	501(C)(3)	0.	89,501.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Faith Deliverance "Feeding Hope Villiage" - 3437 Avenue O - Riviera Beach, FL 33404	20-5716273	501(C)(3)	0.	104,319.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Families First of Palm Beach County, Inc. - 3333 Forest Hill Blvd, 2nd Floor - West Palm Beach, FL 33406	45-5184288	501(C)(3)	0.	2,779.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Farm Share 2701 Vista Parkway Suite A-6 West Palm Beach, FL 33411	65-0342192	501(C)(3)	0.	65,832.	Number of Pounds of Food X \$1.93/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.	301,031.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support

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

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Farmworker Coordinating Council - Lake Worth - 1123 Crestwood Blvd - Lake Worth, FL 33460	59-1830267	501(C)(3)	0.	489,642.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Federation of Families of Florida 19 Everglades Street Belle Glades, FL 33476	52-2313668	501(C)(3)	0.	6,948.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Feed the Hungry Pantry of PBC Inc. 900 Brandywine Road West Palm Beach, FL 33409	82-3760456	501(C)(3)	0.	830,608.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
First Corinthians MB Church 2826 Broadway, 103 Riviera Beach, FL 33404	43-2018913	501(C)(3)	0.	10,759.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
First Presbyterian Church of Boynton Beach - 235 SW 6th Avenue - Boynton Beach, FL 33435	59-2354995	501(C)(3)	0.	119,711.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
First SDA Church of Riviera Beach 3751 Avenue J Riviera Beach, FL 33404	52-0643036	501(C)(3)	0.	43,824.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
First SDA West Palm Beach 6300 Summitt Blvd West Palm Beach, FL 33415	65-0181052	501(C)(3)	0.	708,963.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Florida Department of Health WPB (FLDOH) - 1150 45th Street - West Palm Beach, FL 33407	59-2242689	170(b)(1)(A)(ii)	0.	23,090.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Florida Department of Health (FLDOH)- Delray Beach - 225 SW Congress Avenue - Delray Beach, FL 33445	59-2242689	170(b)(1)(A)(ii)	0.	10,531.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support

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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 (FLDOH)- Lantana/Lake Worth - 1250 Southwinds Drive - Lantana, FL 33462	59-2242689	170(b)(1)(A)(ii)	0.	34,661.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Gateway to Housing Inc. 160 Congress Park Drive, Suite 116 Delray Beach, FL 33445	27-0861630	501(C)(3)	0.	89,440.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Glades Central High School 1001 SW Avenue M Belle Glade, FL 33430	26-3067638	501(C)(3)	0.	6,412.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Gospel Prayer Band Church 420 Martin Luther King Blvd South Bay , FL 33493	65-0571285	501(C)(3)	0.	97,867.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Hacer Ministry Corp. 2727 Georgia Avenue West Palm Beach, FL 33409	27-1506309	501(C)(3)	0.	1,597,203.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Hands Together for Haitians 25 S H ST Lake Worth, FL 33460	20-5122445	501(C)(3)	0.	208,092.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Healthy Mothers, Healthy Babies 842 N. Military Trail West Palm Beach, FL 33415	59-2657051	501(C)(3)	0.	164,644.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Heart of Gold Christian Temple 5503 Broadway West Palm Beach, FL 33407	46-2962478	501(C)(3)	0.	116,068.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Helping People Live Prosperously, Inc. (H.E.L.P.) - 3600 Broadway - West Palm Beach, FL 33407	82-1952365	501(C)(3)	0.	41,369.	Number of Pounds of Food X \$1.93/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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Howell L. Watkins Middle 9480 Mac Arthur Blvd Palm Beach Gardens, FL 33403	59-6000783	501(C)(3)	0.	6,348.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Inlet Grove Community High School 600 W. 28th Street Riviera Beach, FL 33404	26-3067638	501(C)(3)	0.	32,415.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
J.A.Y. (Jesus and You) Outreach Ministries, Inc. - 2831 Avenue South - Riviera Beach, FL 33404	65-0452075	501(C)(3)	0.	90,581.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Jacobson Family Food Pantry @ JFS 430 South Congress Ave, Suite 1-C Delray Beach, FL 33445	65-1115689	501(C)(3)	0.	43,967.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Jeff Industries, Inc. 113 East Coast Avenue Hypoluxo, FL 33462	59-2516157	501(C)(3)	0.	109,351.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Joy of Living 455 North Haverhill Road West Palm Beach, FL 33415	46-2014964	501(C)(3)	0.	32,652.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Lake Village at the Glades 1749 E. Main Street Pahokee, FL 33476	59-1197040	501(C)(3)	0.	61,085.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Lake Worth Community High School 1701 Lake Worth Rd Lake worth, FL 33460	59-6000783	501(C)(3)	0.	12,341.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Liberty Movement Ministry 2501 Bristol Dr, Suite A8 West Palm Beach, FL 33409	27-8049384	501(C)(3)	0.	696,063.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support

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Loving Hands for the Needy, Inc. 3100 S Congress Avenue, Suite 1 Boynton Beach, FL 33435	41-2128962	501(C)(3)	0.	147,615.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Martha's Kitchen 231 North Federal Highway Lake Worth, FL 33460	23-6393377	501(C)(3)	0.	310,289.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
McCurdy Quiet Waters 306 SW 10TH Street Belle Glade, FL 33430	56-2423539	501(C)(3)	0.	108,600.	Number of Pounds of Food X \$1.93/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.	77,564.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
More Than Conquerors Ministries 3275 North Haverhill Road West Palm Beach, FL 33417	58-2116261	501(C)(3)	0.	418,700.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Nelson's Outreach Ministries, Inc. 251 West 11th Street Unit 700 Riviera Beach, FL 33404	65-0787394	501(C)(3)	0.	195,853.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
New Bethel Missionary Baptist Church - 911 9th St. - West Palm Beach, FL 33401	59-1930127	501(C)(3)	0.	98,617.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
New Birth Deliverance DBA Edwards Sims Pantry - 1650 South Main Street - Belle Glade, FL 33430	65-0787394	501(C)(3)	0.	29,156.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
New South Bay Villas - LOT 845 West Palm Beach Road, South Bay South Bay, FL 33414	47-2640945	501(C)(3)	0.	79,790.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support

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North Grade Elementary 824 N K Street Lake Worth, FL 33460	26-3067638	501(C)(3)	0.	12,128.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Our Support for Children in Need, Inc. - 229 SE 2nd Avenue. - Delray Beach, FL 33483	75-3238083	501(C)(3)	0.	374,214.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Palm Beach Harvest-Mobil Pantry 4730 Maine Street Lake Worth, FL 33467	90-0508579	501(C)(3)	0.	231,355.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Palm Beach State College - Belle Grade - 1977 SW College Drive - Belle Glade, FL 33430	56-1818556	501(C)(3)	0.	38,487.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Palm Beach State College - Boca Raton - 4200 Congress Ave. - Lake Worth, FL 33461	59-1818556	501(C)(3)	0.	9,482.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Palm Beach State College - Lake Worth - 4200 Congress Ave. - Lake Worth, FL 33461	59-1818556	501(C)(3)	0.	56,467.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Palm Beach State College - Palm Beach Garden - 3160 PGA - Palm Beach Gardens, FL 33410	59-1818556	501(C)(3)	0.	38,728.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Program R.E.A.C.H. 1318 Henrietta Avenue West Palm Beach, FL 33401	59-1084179	501(C)(3)	0.	51,896.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Project Lift 1140 Ne 18th ST Belle Glade, FL 33430	59-1818556	501(C)(3)	0.	99,778.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support

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Redemptive Life Fellowship 4431 Embarcadero Drive West Palm Beach, FL 33407	65-0286937	501(C)(3)	0.	178,614.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Restoration Bridge International 127 S M Street - Church by the Glad Lake Worth, FL 33460	55-0808840	501(C)(3)	0.	2,534,280.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Riviera Beach Community Outreach 1144 W 6th Street Riviera Beach, FL 33404	30-0686477	501(C)(3)	0.	325,169.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Salem Haitian Evangelical Lutheran Church - 1020 South Dixie Highway - Lake Worth, FL 33460	65-0531379	501(C)(3)	0.	219,327.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
School District of Palm Beach County - 3300 Forest Hill Blvd - West Palm Beach, FL 33406	59-6000783	501(C)(3)	0.	8,928.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Seagull Academy for Independent Living (SAIL) - 6250 North Military Trail - Riviera Beach, FL 33407	59-1879968	501(C)(3)	0.	43,316.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Shammah Baptist Worship Center 6240 Dodd Rd. Greenacres, FL 33463	90-0410257	501(C)(3)	0.	28,990.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Siloe Baptist Church of West Palm Beach - 1527 North Haverhill Road - West Palm Beach, FL 33417	65-0852817	501(C)(3)	0.	15,075.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
St. Ann Church 310 North Olive Avenue West Palm Beach, FL 33401	59-6001732	501(C)(3)	0.	69,926.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support

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St. Gregory's Episcopal Church 100 NE Mizner Blvd. Boca Raton, FL 33429	59-1276272	501(C)(3)	0.	43,774.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
St. Peter Catholic Church 2581 Jupiter Park Drive Jupiter, FL 33458	65-0012587	501(C)(3)	0.	69,158.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
St. Rita's Catholic Church Louis Ctr - Annex. Fairgrounds West Palm Beach, FL 33461	59-2290631	501(C)(3)	0.	77,149.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
The Arc of the Glades 4250 NW 16th Street Belle Glade, FL 33430	59-1760374	501(C)(3)	0.	88,372.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
The First Baptist Church of Lantana - 1126 W. Lantana Rd. - Lantana, FL 33462	59-1381873	501(C)(3)	0.	59,292.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
The Glades Initiative 141 SE Avenue C Belle Glade, FL 33430	01-0733180	501(C)(3)	0.	726,052.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
The Guatemala Maya Center 430 North G Street Lake Worth, FL 33460	65-0355018	501(C)(3)	0.	874,748.	Number of Pounds of Food X \$1.93/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.	2,164.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
The Lord's Place - Burckle's Women Campus - 711 South J Street - Lake Worth, FL 33460	59-2240502	501(C)(3)	0.	7,507.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support

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The Lord's Place - Family Campus 4964 Wedgewood Way West Palm Beach, FL 33417	59-2240502	501(C)(3)	0.	63,040.	Number of Pounds of Food X \$1.93/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.	15,382.	Number of Pounds of Food X \$1.93/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.	80,746.	Number of Pounds of Food X \$1.93/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.	8,248.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
The Pearl Mae Foundation 775 W Indian Town Jupiter, FL 33458	32-0485613	501(C)(3)	0.	16,449.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
The Salvation Army 2100 Palm Beach Lakes Blvd. West Palm Beach, FL 33409	58-0660607	501(C)(3)	0.	6,897.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
The Salvation Army - Northwest Community Center - 600 North Rosemary Avenue - West Palm Beach, FL 33401	58-0660607	501(C)(3)	0.	1,654.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
The Soup Kitchen 8645 West Boynton Beach Blvd Boynton Beach, FL 33472	59-2628415	501(C)(3)	0.	676,410.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Tree of Life Foundation International - 2701 Vista Parkway - West Palm Beach, FL 33411	20-3857927	501(C)(3)	0.	122,440.	Number of Pounds of Food X \$1.93/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
Tri-County Humane Society, Inc. 21287 Boca Rio Road Boca Raton, FL 33433	65-0719233	501(C)(3)	0.	11,117.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Trinity United Methodist Church 1401 9th Street West Palm Beach, FL 33401	59-1726789	501(C)(3)	0.	52,799.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
True Fast Outreach Ministries 638 6th Street West Palm Beach, FL 33401	30-0194610	501(C)(3)	0.	282,412.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Un Nuevo Comienzo 2419 10TH ST AVE N Lake Worth, FL 33461	47-5121380	501(C)(3)	0.	76,830.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
United Haitian Baptist Food Ministry - 2015 Parker Avenue - West Palm Beach, FL 33401	65-0287465	501(C)(3)	0.	898,060.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
West Palm Beach Housing Authority 3800 South Ridge CT West Palm Beach, FL 33405	56-6001290	501(C)(3)	0.	190,224.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Windsor Park - LOT 1389 Summitt Pines Blvd West Palm Beach, FL 33415	47-2640945	501(C)(3)	0.	57,187.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
YWCA of Palm Beach County 1016 N DIXIE HWY West Palm Beach, FL 33401	59-0751935	501(C)(3)	0.	17,341.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support
Anonymous			0.	801,583.	Number of Pounds of Food X \$1.93/lb.	Food Supplies	Unrestricted Support

Schedule I (Form 990)

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	66080	9,809.	1,094,132.	Retail price of supplies and gift cards	Food supplies distributed through Project Thanksgiving, Childhood Hunger Initiatives-Weekend Food for
Food supplies donated for direct distribution to needy	30000	0.	471,851.	Number of pounds of food X \$1.93/lb.	Food supplies distributed through food recovery and distribution program

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 Project Thanksgiving, Childhood Hunger Initiatives-Weekend Food for Kids, Lois' Food4Kids, School Pantries, Pop-up Farmers Market, Groceries for Seniors and Nutrition Driven Programs

**SCHEDULE J
(Form 990)**

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

2023

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? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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) 2023

Part III	Supplemental Information
-----------------	---------------------------------

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	1,390,619.	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	109	27,139,823.	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 in 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) 2023

Supplemental Information.

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

SCHEDULE O
(Form 990)

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 the latest information.

OMB No. 1545-0047

2023

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:

million meals for children. The Pop-Up Farmers Market Program served approximately 500 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 Benefits Outreach program helped over 8,500 individuals with their SNAP applications, generating over \$4.7 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 five programs:

Partner Marketplace - distributes food to its partner agencies on the front line of hunger relief. Our refrigerated trucks pick up and receive donations of food from local farmers, distributors, and retailers. The food is brought to our 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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

Palm Beach County Food Bank, Inc.

Employer identification number

90-0788707

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 complements meals provided by schools during the school week by providing an additional food resource.

The Pop-Up Farmers Market - a direct-distribution program focusing on getting healthy produce into our communities' food deserts. Biweekly, we deliver boxes and recipe cards to those communities to supplement their groceries and expose them to healthier eating.

Groceries for Seniors - partners with senior-centric community organizations to provide low-income seniors (+55) with a biweekly grocery bag of nutritious shelf-stable food and recipe cards to supplement their groceries.

The Benefits Outreach Program - assists individuals and families with applying for the Supplemental Nutrition Assistance Program (SNAP), Medicaid, and Cash Assistance free of charge. We are one of only four organizations in Florida that provide the Department of Children & Families required federal food relief interview. The interview is conducted during a meeting with one of our benefits specialist, who speak English, Spanish & 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,

Name of the organization

Palm Beach County Food Bank, Inc.

Employer identification number

90-0788707

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

OMB No. 1545-0047

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 File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. Palm Beach County Food Bank, Inc.	Taxpayer identification number (TIN) 90-0788707
	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		

• 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 **25**, 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 **23**, and ending **JUN 30**, 20 **24**

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.

Form **8868** (Rev. 1-2024)