

Federal Information Form 990

Public Inspection Copy

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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2014

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Palm Beach County Food Bank, Inc. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 525 Gator Drive City or town, state or province, country, and ZIP or foreign postal code Lantana, FL 33462 F Name and address of principal officer: Peretz I. Borman same as C above	D Employer identification number 90-0788707 E Telephone number 561-670-2518 G Gross receipts \$ 10,846,312. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ www.pbcfoodbank.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 2012 M State of legal domicile: FL		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: The Palm Beach County Food Bank is dedicated to fighting hunger and improving food security in Palm		
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	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	34
6	Total number of volunteers (estimate if necessary)	6	1503
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	10,094,272.	10,802,177.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-8,061.	459.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,741.	35,418.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,090,952.	10,838,054.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,023,607.	8,892,648.
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)	825,136.	1,018,830.
16 a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 235,082.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	618,056.	698,908.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,466,799.	10,610,386.
19	Revenue less expenses. Subtract line 18 from line 12	624,153.	227,668.
20	Total assets (Part X, line 16)	1,848,784.	2,111,539.
21	Total liabilities (Part X, line 26)	60,372.	95,459.
22	Net assets or fund balances. Subtract line 21 from line 20	1,788,412.	2,016,080.

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 11/18/15	
Paid Preparer Use Only	Print/Type preparer's name David J. Thomas Preparer's signature Date 11/12/2015 Check if self-employed <input type="checkbox"/> PTIN P00002419 Firm's name ▶ Holyfield & Thomas, LLC Firm's address ▶ 125 Butler Street West Palm Beach, FL 33407 Firm's EIN ▶ 65-1083521 Phone no. (561) 689-6000	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: The purpose of Palm Beach County Food Bank is to collect and distribute to agencies in Palm Beach County that take on the responsibility of feeding the hungry.

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

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

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

4a (Code:) (Expenses \$ 10,310,891. including grants of \$ 8,892,648.) (Revenue \$) During the 2014-2015 fiscal year, the Palm Beach County Food Bank distributed approximately 5 million pounds of food to 131 agencies on the front-line of hunger relief from Tequesta to Boca Raton and west to Belle Glade and Pahokee. In addition, the food bank operates a Weekend Nutrition Program to assist close to 2,300 children and families during the summer, helps more than 750 families per year receive federal food benefit assistance and provides a nutrition education program in partnership with Palm Beach Country Extension/University of Florida Institute for Food and Agriculture Sciences.

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

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

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

4e Total program service expenses 10,310,891.

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> ?	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 Revenue Procedure 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 temporarily restricted endowments, permanent endowments, or 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</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	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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>	X	
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>		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>		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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question number, description, sub-questions (1a-14b), and Yes/No columns. Contains various tax compliance questions and their corresponding responses.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		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?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **Marion Brito - 561-670-2518**
525 Gator Dr., Lantana, FL 33462

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Gary Woodfield Chairman	1.00	X		X				0.	0.	0.
(2) Brian McIver Vice Chairman	1.00	X		X				0.	0.	0.
(3) Marti LaTour Treasurer	1.00	X		X				0.	0.	0.
(4) Rev. Pam Cahoon Secretary	1.00	X		X				0.	0.	0.
(5) Tim Gannon Director	1.00	X						0.	0.	0.
(6) James Greco Director	1.00	X						0.	0.	0.
(7) Bill Kramer Director	1.00	X						0.	0.	0.
(8) Deborah Pucillo Director	1.00	X						0.	0.	0.
(9) Greg Howell Director	1.00	X						0.	0.	0.
(10) Peretz Borman Executive Director	40.00			X				133,350.	0.	0.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 297,792.						
	b Membership dues	1b						
	c Fundraising events	1c 68,944.						
	d Related organizations	1d						
	e Government grants (contributions)	1e 395,000.						
	f All other contributions, gifts, grants, and similar amounts not included above	1f 10,040,441.						
	g Noncash contributions included in lines 1a-1f: \$	8,638,588.						
	h Total. Add lines 1a-1f	▶ 10,802,177.						
	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)	▶ 459.				459.		
	4 Income from investment of tax-exempt bond proceeds	▶						
	5 Royalties	▶						
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)	▶					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)	▶					
	8 a Gross income from fundraising events (not including \$ 68,944. of contributions reported on line 1c). See Part IV, line 18	a 43,399.						
		b Less: direct expenses	b 8,258.					
		c Net income or (loss) from fundraising events	▶ 35,141.					
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities		▶						
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory	▶						
Miscellaneous Revenue		Business Code						
11 a Other Income	900099	277.				277.		
	b _____							
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d	▶ 277.						
12 Total revenue. See instructions.	▶	10,838,054.	0.	0.	35,877.			

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	8,892,648.	8,892,648.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	140,001.	116,860.	5,947.	17,194.
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	713,522.	595,586.	30,307.	87,629.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	102,696.	85,614.	4,389.	12,693.
10 Payroll taxes	62,611.	52,262.	2,660.	7,689.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	12,943.	9,895.	3,048.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	36,889.	30,984.	5,905.	
12 Advertising and promotion	88,363.	2,480.		85,883.
13 Office expenses	42,657.	28,526.	7,482.	6,649.
14 Information technology	5,288.	1,297.		3,991.
15 Royalties				
16 Occupancy	205,652.	197,744.	2,264.	5,644.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,089.	19,273.	980.	2,836.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	112,776.	111,532.	120.	1,124.
23 Insurance	39,448.	38,522.	265.	661.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Truck, Freight and Fuel	78,811.	78,811.		
b Warehouse Operating Exp	33,534.	33,534.		
c Telephone, Fax & Intern	15,251.	12,730.	648.	1,873.
d Dues & Subscriptions	3,884.	2,270.	398.	1,216.
e All other expenses	323.	323.		
25 Total functional expenses. Add lines 1 through 24e	10,610,386.	10,310,891.	64,413.	235,082.
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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	794,446.	1	
	2 Savings and temporary cash investments	126,024.	2	1,001,291.
	3 Pledges and grants receivable, net		3	36,317.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	536,248.	8	558,484.
	9 Prepaid expenses and deferred charges	8,125.	9	3,982.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 711,927.		
	b Less: accumulated depreciation	10b 233,264.	335,867.	10c 478,663.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	48,074.	15	32,802.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,848,784.	16	2,111,539.	
Liabilities	17 Accounts payable and accrued expenses	60,052.	17	44,781.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		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	320.	25	50,678.
	26 Total liabilities. Add lines 17 through 25	60,372.	26	95,459.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,430,222.	27	1,824,561.
	28 Temporarily restricted net assets	358,190.	28	191,519.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,788,412.	33	2,016,080.	
34 Total liabilities and net assets/fund balances	1,848,784.	34	2,111,539.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,838,054.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,610,386.
3	Revenue less expenses. Subtract line 2 from line 1	3	227,668.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,788,412.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,016,080.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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 in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2014

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1-9 above or IRC section (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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		185,000.	8769826.	10094272.	10802177.	29851275.
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		185,000.	8769826.	10094272.	10802177.	29851275.
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)						5014749.
6 Public support. Subtract line 5 from line 4.						24836526.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4		185,000.	8769826.	10094272.	10802177.	29851275.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				23.	459.	482.
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.)				4,741.	277.	5,018.
11 Total support. Add lines 7 through 10						29856775.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	83.19 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%

16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. 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 - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in 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 in line 9(a)) 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 in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) 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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

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

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).		

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
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.		

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. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

Palm Beach County Food Bank, Inc.

Employer identification number

90-0788707

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization Palm Beach County Food Bank, Inc.	Employer identification number 90-0788707
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>225,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>297,792.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>1,917,131.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>779,851.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>591,797.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>490,754.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Palm Beach County Food Bank, Inc.	Employer identification number 90-0788707
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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
7	<hr/> <hr/> <hr/>	\$ <u>440,047.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>356,601.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>320,954.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>282,820.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>228,466.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Palm Beach County Food Bank, Inc.	Employer identification number 90-0788707
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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
3	Produce - 1,114,611 lbs. @ \$1.69/lb.	\$ 1,917,131.	06/30/15
4	Nonper. & Per. food donations - 453,402 lbs. @ \$1.69/lb.	\$ 779,851.	06/30/15
5	Produce - 344,068 lbs. @ \$1.72/lb.	\$ 591,797.	06/30/15
6	Produce - 285,322 lbs. @ \$1.72/lb.	\$ 490,754.	06/30/15
7	Nonper. & Per. food donations - 255,851 lbs. @ \$1.72/lb.	\$ 440,047.	06/30/15
8	Produce - 207,326 lbs. @ \$1.72/lb.	\$ 356,601.	06/30/15

Name of organization Palm Beach County Food Bank, Inc.	Employer identification number 90-0788707
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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
9	Produce - 186,601 lbs. @ \$1.72/lb. _____ _____	\$ 320,954.	06/30/15
10	Nonper. & Per. food donations - 164,430 lbs. @ \$1.72/lb. _____ _____	\$ 282,820.	06/30/15
11	Beverages - 132,829 lbs. @ \$1.72/lb. _____ _____	\$ 228,466.	06/30/15
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization Palm Beach County Food Bank, Inc.	Employer identification number 90-0788707
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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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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" to 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" to Form 990, Part IV, line 7.

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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" to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to 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		104,763.	18,971.	85,792.
d Equipment		607,164.	214,293.	392,871.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				478,663.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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) Other Current Liabilities	678.
(3) Refundable Advances	50,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	50,678.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	10,846,312.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	8,258.
e	Add lines 2a through 2d	2e	8,258.
3	Subtract line 2e from line 1	3	10,838,054.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,838,054.

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

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

1	Total expenses and losses per audited financial statements	1	10,618,644.
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	8,258.
e	Add lines 2a through 2d	2e	8,258.
3	Subtract line 2e from line 1	3	10,610,386.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,610,386.

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 define 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:

Special Events	8,258.
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Part XII, Line 2d - Other Adjustments:

Special Events	8,258.
----------------	--------

Part II Fundraising Events. Complete if the organization answered "Yes" to 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 (event type)	Canstruction (event type)	None (total number)	
Revenue	1 Gross receipts	67,314.	45,029.		112,343.
	2 Less: Contributions	27,800.	41,144.		68,944.
	3 Gross income (line 1 minus line 2)	39,514.	3,885.		43,399.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	6,646.	1,612.		8,258.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				8,258.
11 Net income summary. Subtract line 10 from line 3, column (d)				35,141.	

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

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alliance Primitive Ministries 2411 N. Federal Hwy. Delray Beach, FL 33483	20-4529084	501(C)(3)	0.	27,086.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Africa International Christian Mission - 135 NE 7th St. - Boynton Beach, FL 33435	65-1042584	501(C)(3)	0.	40,116.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Art and Compassion 5601 Waterview Cir. Palm Springs, FL 33461	06-1730441	501(C)(3)	0.	30,191.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Bethany Baptist Church of the Palm Beaches - 6353 Wallis Rd. - West Palm Beach, FL 33413	02-0553057	501(C)(3)	0.	53,615.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Bethel Church of God 4610 Luzon Ave. Lake Worth, FL 33461	01-0553917	501(C)(3)	0.	22,933.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Boca Helping Hands 1500 NW 1st Ct. Boca Raton, FL 33432	31-1713631	501(C)(3)	0.	155,965.	Number of Pounds of Food X \$1.72/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 ▶ _____

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

Schedule I (Form 990) (2014)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Be Encouraged in the World Ministries - 522 NE 4th St - Boynton Beach, FL 33436	57-1201241	501(C)(3)	0.	22,978.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Catholic Charities-Diocese of Palm Beach - 995 North Military Trail - Palm Beach Gardens, FL 33410	59-2470479	501(C)(3)	0.	18,181.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Community Care Giving Ministry, Inc. - 1128 Royal Palm Beach Blvd. - Royal Palm Beach, FL 33411	65-0564305	501(C)(3)	0.	22,203.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
C.R.O.S. Caring Kitchen 196 NW 8th Ave. Delray Beach, FL 33444	59-1802917	501(C)(3)	0.	9,727.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Dot & Ruby Helping Hand Program 824 W Canal St. S Belle Glade, FL 33430	80-0167886	501(C)(3)	0.	53,549.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Eglise Baptiste Sur Le Rocher 2140 Scott Ave. West Palm Beach, FL 33409	27-2372717	501(C)(3)	0.	27,200.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Eglise De La Pierre Angulaire 6246 S Congress Ave. H4 Lantana, FL 33462	54-2151053	501(C)(3)	0.	26,107.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Bethel Evangelical Church 5780 Atlantic Ave. Delray Beach, FL 33484	65-0239870	501(C)(3)	0.	41,826.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Emmaus Alliance Church 49 SW 7th Ave Delray Beach, FL 33444	26-3769089	501(C)(3)	0.	24,574.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support

Schedule I (Form 990)

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

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Extended Arm, Inc. 177 Cordoba Cir. Royal Palm Beach, FL 33411	65-1012365	501(C)(3)	0.	72,750.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Extended Hands Community Outreach, Inc. - 528 Cheerful St. - West Palm Beach, FL 33407	03-0484951	501(C)(3)	0.	96,054.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Farmworkers Coordinating Council Lake Worth - 1313 Central Terr. - Lake Worth, FL 33460	59-1830267	501(C)(3)	0.	27,387.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Feed the Hungry/Village Baptist Church, Inc. - 3600 Village Blvd. - West Palm Beach, FL 33407	59-0766989	501(C)(3)	0.	247,509.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
First Baptist Church of Lake Worth 127 S M St. Lake Worth, FL 33460	59-0900460		0.	23,777.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
First Baptist Church of Lantana 1126 Lantana Rd. Lantana, FL 33462	59-1381873	501(C)(3)	0.	29,002.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Bethel SDA Church 2850 Ave. F Riviera Beach, FL 33404	52-0643036	501(C)(3)	0.	70,914.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Bright Star Church 465 Gun Club Road West Palm Beach, FL 33415	45-4747565	501(C)(3)	0.	25,390.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Good Samaritan Alliance Church of Boynton Beach - 1880 N Federal Hwy. - Boynton Beach, FL 33435	64-0962873	501(C)(3)	0.	73,000.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support

Schedule I (Form 990)

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

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Chabad House 844 Prosperity Farms Rd. North Palm Beach, FL 33408	65-0035540	501(C)(3)	0.	21,180.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
CROS Delray Beach Pantry 141 SW 12th Ave. Delray Beach, FL 33444	59-1802917	501(C)(3)	0.	7,490.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Grace Fellowship of the Acerage 8350 Okeechobee Blvd. West Palm Beach, FL 33411	59-1278108	501(C)(3)	0.	15,376.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Healthy Food/Healthy Living 1124 Broadway Suite R Riviera Beach, FL 33404	90-0773599	501(C)(3)	0.	42,186.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Helping Hands of Greenacres 2980 S Jog Rd. Greenacres, FL 33467	26-2931548	501(C)(3)	0.	24,782.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Holy Name of Jesus Food Pantry 345 Military Trail West Palm Beach, FL 33415	59-2438903	501(C)(3)	0.	64,932.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Iglesia Bautista Central De Greenacres - 200 Swain Blvd. - Greenacres, FL 33463	65-0784729	501(C)(3)	0.	14,746.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Jacobson Family Food Pantry 430 S. Congress Ave. Unit 1C Delray Beach, FL 33445	65-1115689	501(C)(3)	0.	14,922.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
J.A.Y. Outreach Ministries 2831 Ave. S Riviera Beach, FL 33403	65-0452075	501(C)(3)	0.	120,582.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support

Schedule I (Form 990)

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

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Jeff Industries 115 Eat Coast Ave. Hypoluxo, FL 33462	59-2516157	501(C)(3)	0.	20,952.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
CROS North County Food Pantry 106 Military Trail Jupiter, FL 33460	59-1802917	501(C)(3)	0.	6,583.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Merjollynn Foundation 160 Congress Park Dr. 116 Delray Beach, FL 33445	27-0861630	501(C)(3)	0.	32,747.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
CROS Pantries & Caring Kitchen 141 SW 12th Ave. Delray Beach, FL 33444	59-1802917	501(C)(3)	0.	47,483.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
More Than Conquerors 3560 Investment Lane West Palm Beach, FL 33404	58-2116261	501(C)(3)	0.	112,097.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Nelson Outreach Ministries 1125 Old Dixie Hwy. Suite 9 Lake Park, FL 33403	65-0787394	501(C)(3)	0.	21,506.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
New Beginnings Outreach Ministries 4100 Forest Hill Blvd. West Palm Beach, FL 33406	75-2139087	501(C)(3)	0.	37,121.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Oasis Compassion Agency 4888 10th Ave. North Greenacres, FL 33463	65-0946248	501(C)(3)	0.	60,096.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Omnipotent Outreach Ministries, Inc. - 2636 Westgate Ave. - West Palm Beach, FL 33409	33-1161623	501(C)(3)	0.	31,799.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support

Schedule I (Form 990)

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

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Our Support for Children 229 SE 2nd Ave. Delray Beach, FL 33483	75-3238083	501(C)(3)	0.	161,004.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Our World Learning Center, Inc. 1650 N Military Trail West Palm Beach, FL 33409	26-2841794	501(C)(3)	0.	13,488.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Pathways to Prosperity, Inc./St. Johns Missionary - 900 N Seacrest Blvd. - Boynton Beach, FL 33435	27-3550271	501(C)(3)	0.	63,829.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Church of the Harvest (Glades Pantry) - 183 S. Lake Ave. - Pahokee, FL 33476	65-1079385	501(C)(3)	0.	90,632.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
CROS Riviera Beach Food Pantry 1250 Southwinds Drive Lantana, FL 33462	65-0449910	501(C)(3)	0.	6,396.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Redemptive Life Fellowship, Inc./His Daily Bread - 2101 N Australian Ave. - West Palm Beach, FL 33407	65-0286937	501(C)(3)	0.	41,146.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Inc. Haitian 300 N. Jog Rd. West Palm Beach, FL 33413	65-0516893	501(C)(3)	0.	22,953.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
C.I.D.R.A. 865 S. Congress Ave. Palm Springs, FL 33406	26-4732554	501(C)(3)	0.	27,923.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Eglise De Dieu De Beree 3200 Roberts Lane Lake Worth, FL 33461	65-0165626	501(C)(3)	0.	15,919.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support

Schedule I (Form 990)

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

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Eglise De La Mission Semence Inc. 508 N. G St. Lake Worth, FL 33460	58-0660607	501(C)(3)	0.	13,620.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Shammah Baptist Worship Center 2677 W. Forest Hill Blvd. West Palm Beach, FL 33409	90-0410257	501(C)(3)	0.	31,216.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
St. Georges Center/St. George Episcopal Church - 21 W 22nd St. - Riviera Beach, FL 33404	59-1276272	501(C)(3)	0.	47,286.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
St. James Residence 400 S. Olive St. West Palm Beach, FL 33401	59-1847497	501(C)(3)	0.	5,361.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
St. Mary's Catholic Church 1200 E Main St. Pahokee, FL 33476	59-2438903	501(C)(3)	0.	99,981.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
St. Mary's Coptic Orthodox Church 15450 Lyons Rd. Delray Beach, FL 33446	59-2328970	501(C)(3)	0.	23,082.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
St. Rita's Catholic Church 13645 Paddack Dr. Wellington, FL 33414	59-2290631	501(C)(3)	0.	38,799.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Club of 100 Charities 425 Crescent Drive Lake Worth, FL 33403	20-3929694	501(C)(3)	0.	39,998.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Estellas Brilliant Bus. 6645 Traveler Road West Palm Beach, FL 33411	30-0493352	501(C)(3)	0.	21,919.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support

Schedule I (Form 990)

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

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Community Care Center of Greater Boynton Beach - 145 Ne 4th Ave - Boynton Beach, FL 33436	65-0447796	501(C)(3)	0.	23,511.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Feed the Hungry 1 8350 Okeechobee Blvd. West Palm Beach, FL 33411	59-1278108	501(C)(3)	0.	182,980.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
The Devine Church of God Prophecy 2845 N Military Trail Suite 17 West Palm Beach, FL 33409	27-0482257	501(C)(3)	0.	33,056.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
The Life Center 124 W 13th St. Riviera Beach, FL 33404	27-5483887	501(C)(3)	0.	38,919.	Number of Pounds of Food X \$1.72/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.	11,321.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
The Soup Kitchen 301 1st Ave S Lake Worth, FL 33460	59-2628415	501(C)(3)	0.	89,843.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
The Way Cafe 301 1st Ave S Lake Worth, FL 33460	59-0895901	501(C)(3)	0.	28,455.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
True Fast Ministries 638 6th St. West Palm Beach, FL 33401	30-0194610	501(C)(3)	0.	24,659.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
True Tabernacle 1489 N. Military Trail West Palm Beach, FL 33409	65-0851346	501(C)(3)	0.	25,125.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support

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United Haitian Baptist Food Ministry - 2015 Parker Ave. - West Palm Beach, FL 33401	65-0287465	501(C)(3)	0.	286,751.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Valley of Love Ministries 1901 Broadway Blvd. Riviera Beach, FL 33404	41-2273650	501(C)(3)	0.	26,565.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Village of Hope 3551 Burma Cir. Lake Park, FL 33403	20-4591024	501(C)(3)	0.	29,535.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Wayne Barton Study Center 269 NE 14th St. Boca Raton, FL 33432	65-0315990	501(C)(3)	0.	345,496.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Feed the Hungry 2 17 North Eric Circle Lake Worth, FL 33463	59-1278108	501(C)(3)	0.	8,727.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
El Sol Jupiter's Neighborhood Resource - 106 Military Trail - Jupiter, FL 33458	01-0870672	501(C)(3)	0.	15,960.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Farmworkers Coordinating Council of Bella Glade - 233 W. Ave. Suite D - Belle Glade, FL 33430	59-1830267	501(C)(3)	0.	22,963.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Haitian Bethel Baptist Church 7501 Highridge Rd. Boynton Beach, FL 33426	65-0349677	501(C)(3)	0.	5,300.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Hosana Evangelical Alliance Church 515 NE 3rd St. Boynton Beach, FL 33435	20-4305655	501(C)(3)	0.	17,891.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support

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

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Impacting Worldwide Evangelistic Ministry - 5202 Bayside Dr. - Greenacres, FL 33463	32-0272691	501(C)(3)	0.	39,456.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
First Baptist Church Community Development - 135 W 12th St - Riviera Beach, FL 33404	65-1023792	501(C)(3)	0.	22,282.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Jesus is Life 3437 Ave. O Riviera Beach, FL 33407	26-0104008	501(C)(3)	0.	21,538.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
John 3:16 Evangelical Baptist Church - 620 Blue Bird Dr. - Delray Beach, FL 33444	65-0575865	501(C)(3)	0.	29,097.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Lakeside United Methodist Church 1801 12th Ave. South Lake Worth, FL 33461	59-1109353	501(C)(3)	0.	17,519.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
First Christian Church of Galillea 403 NE 6th Ave. Boynton Beach, FL 33435	26-2899437	501(C)(3)	0.	23,689.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Mad Dads of Greater Boynton Beach 203 SW 14th Ave. Delray Beach, FL 33444	27-0064773	501(C)(3)	0.	18,811.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
McCurdy Senior Housing/Quiet Waters - 306 SW 10th St. - Belle Glade, FL 33430	56-2423539	501(C)(3)	0.	14,854.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
New Birth Deliverence 1650 S. Main St. Belle Glade, FL 33430	65-0269611	501(C)(3)	0.	22,731.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support

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

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First Seventh Day Adventist Church of W.P.B. - 6300 Summit Blvd. - West Palm Beach, FL 33415	65-0018152	501(C)(3)	0.	30,360.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Peniel Conservatrice 3405 Forest Hill Blvd. West Palm Beach, FL 33406	14-1980530	501(C)(3)	0.	73,406.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Revival Community Outreach 1144 6th St. Riviera Beach, FL 33404	30-0686477	501(C)(3)	0.	50,599.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Royal Palm Covenant Church 660 Royal Palm Beach Blvd. Royal Palm Beach, FL 33411	59-1563158	501(C)(3)	0.	34,226.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
St. Andrews Residence 280 Fern St. West Palm Beach, FL 33401	32-0255132	501(C)(3)	0.	5,361.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
St. Paul of the Cross Catholic Church and SVDP - 10970 Jack Nicklaus Dr. - North Palm Beach, FL 33408	53-0196617		0.	10,813.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
The Arc of the Glades 4250 NW 16th St. Belle Glade, FL 33480	59-1760340	501(C)(3)	0.	21,072.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
The Center for Family Services/Pat Reeves Village - 4101 Parker Ave. - West Palm Beach, FL 33405	59-1084179	501(C)(3)	0.	16,058.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
The Rock Ministries 101 Dorothy Wilford Cir. Belle Glade, FL 33430	03-0413083	501(C)(3)	0.	20,021.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support

Schedule I (Form 990)

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God's Army Raising Youth 6295 Lake Worth Road #26 Lake Park, FL 33463	80-0139607	501(C)(3)	0.	15,222.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Gospel Prayer Band Church 420 Martin Luther King Blvd. South Bay, FL 33493	65-0571285	501(C)(3)	0.	15,752.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Helping Hands Outreach 2300 Palm BEach Lakes Blvd. West Palm Beach, FL 33409	45-5356622	501(C)(3)	0.	35,156.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Homeless Coalition 1000 45th St West Palm Beach, FL 33407	65-0125852	501(C)(3)	0.	17,891.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
House of Hope 2484 SE Bonita Street Stuart, FL 34997	59-2424998	501(C)(3)	0.	8,387.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Joy of Living 455 North Haverhill West Palm Beach, FL 33415	65-0791750	501(C)(3)	0.	5,287.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Liberty Movement Ministry 2501 Bristol Road #A8 West Palm Beach, FL 33409	27-0849384	501(C)(3)	0.	54,578.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Lion Country Safari 2003 Lion Country Safari Rd. Loxahatchee, FL 33470	59-1168011	501(C)(3)	0.	24,678.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Metropolitan Community Church of the Palm Beaches - 4857 Northlake Blvd. - Palm Beach Gardens, FL 33418	41-2025538	501(C)(3)	0.	37,360.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
National Church of God 1129 West Silver Beach Rd. Riviera Beach, FL 33404	59-2201186	501(C)(3)	0.	5,511.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Shiloh SDA Church 4968 Cyprus Lane West Palm Beach, FL 33417	52-0643036	501(C)(3)	0.	68,015.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Siloe Baptist Church 2695 N Military Tr. #110 West Palm Beach, FL 33409	52-0852817	501(C)(3)	0.	27,054.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
St. Ann Church 310 N Olive Ave West Palm Beach, FL 33401	59-6001732	501(C)(3)	0.	12,367.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
St. Francis Catholic Charities 100 W. 20th St. Riviera Beach, FL 33404	59-2470479	501(C)(3)	0.	10,378.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Jupiter 1701 Indian Creek Pky Jupiter, FL 33458	59-2438903	501(C)(3)	0.	13,369.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Temple Beth AM 2250 Central Blvd. Jupiter, FL 33458	59-2248680	501(C)(3)	0.	18,321.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
The Lord's Place Mens Campus 1750 NE 4th St. Boynton Beach, FL 33435	59-2240502	501(C)(3)	0.	10,894.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support
Treasure Coast Food Bank 401 Angle Road Ft. Pierce, FL 33497	65-0123281	501(C)(3)	0.	45,951.	Number of Pounds of Food X \$1.72/lb.	Food Supplies	Unrestricted Support

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to 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 non-cash assistance

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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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				
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	328	8,638,588.	Average-\$1.72/lb.
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2014)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

Palm Beach County Food Bank, Inc.

Employer identification number

90-0788707

Form 990, Part I, Line 1, Description of Organization Mission:

Beach County. Through food recovery and distribution, the Food Bank distributes useable surplus food to soup kitchens, homeless shelters and food pantries. In addition the Food Bank operates a Weekend Nutrition Program, Benefits Outreach and Nutrition Education programs.

Form 990, Part III, Line 2, New Program Services:

The Food Bank is committed to fighting hunger and improving food security in Palm Beach County by working in partnership with local organizations. The Food Bank collects, recovers and distributes food to food pantries, soup kitchens and homeless shelters in Palm Beach County at no cost. During the 2014-2015 fiscal year, it distributed approximately 5 million pounds of food to 105 agencies on the front-line of hunger relief from Tequesta to Boca Raton and west to Belle Glade and Pahokee. In addition, the Food Bank operates a Weekend Nutrition Program to assist close to 2,300 children and families during the summer, helps more than 750 families per year receive federal food benefit assistance and provides nutrition education program in partnership with the Palm Beach County Extension/University of Florida Institute for Food and Agriculture Sciences.

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

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:

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

Name of the organization Palm Beach County Food Bank, Inc.	Employer identification number 90-0788707
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The organization monitors its "conflict of interest policy" on an annual basis.

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

The organization's compensation determination method is based on a review of published salary surveys. All salaries are 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 and on its website.

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.