EXTENDED TO MAY 15, 2019

Department of the Treasury

Internal Revenue Service

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

2018

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

Open to Public Inspection

OMB No. 1545-0047

and ending JUN 30, A For the 2017 calendar year, or tax year beginning JUL 1, 2017 D Employer identification number C Name of organization Check if Address change TREASURE COAST FOOD BANK, INC Name Ichange 65-0123281 Doing business as Initial return Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) 772-489-3034 Final return/ 401 ANGLE ROAD 22,266,018. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return FORT PIERCE, FL 34947-2528 H(a) Is this a group return for subordinates? Yes X No Applica-F Name and address of principal officer: JUDITH CRUZ pending H(b) Are all subordinates included? Yes SAME AS C ABOVE 527 If "No," attach a list. (see instructions) I Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or)◀ (insert no.) H(c) Group exemption number J Website: STOPHUNGER.ORG L Year of formation: 1989 M State of legal domicile: FL Association Other > K Form of organization: X Corporation Trust Part I Summary 1 Briefly describe the organization's mission or most significant activities: ALLEVIATE HUNGER BY COLLECTION & Activities & Governance DISTRIBUTION OF DONATED FOOD & OTHER ESSENTIALS IN INDIAN RIVER, Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 Number of voting members of the governing body (Part VI, line 1a) 11 Number of independent voting members of the governing body (Part VI, line 1b) 4 63 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 6396 Total number of volunteers (estimate if necessary) 0. 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 Prior Year **Current Year** 21,546,123. 19,659,080. Contributions and grants (Part VIII, line 1h) Revenue 215,296. 310,136. Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>463,217.</u> 558,417 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 22,224,636. 20,527,633. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 15,907,744 17,808,921. Grants and similar amounts paid (Part IX, column (A), lines 1-3) О. Benefits paid to or for members (Part IX, column (A), line 4) 1,697,787. ,662,709. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,761,659. 1,933,030. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 21,439,738. 19,332,112. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 784,898. 1,195,521. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year PSS 8,210,950. 7,237,785. 20 Total assets (Part X, line 16) 2,456,153. 2,267,886. 21 Total liabilities (Part X, line 26) 5,754,797. 4,969,899. Net assets or fund balances. Subtract line 21 from line 20 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 Signature of officer Sign JUDITH CRUZ, PRESIDENT/CEO Here Type or print name and title PTIN Check Preparer's signature Print/Type preparer's name 11/13/18 self-employed P00770426 J.W. GAINES Paid Firm's name BERGER, TOOMBS, ELAM, GAINES & FRANK 20-1277979 Firm's EIN Preparer Firm's address 500 CITRUS AVENUE, SUITE 200 Use Only Phone no. (772)461-6120 FT. PIERCE, FL 34950 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Part IV Checklist of Required Schedules

1 64	Oncomic of Hodging Consumo		·	NI.
			Yes	No
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		X
E	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	Schedule D, Part III	8		X
^	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
11	as applicable.		No. an	ing a single- the couples
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	X	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
G	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	<u> </u>		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		·	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the 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? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	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? If "Yes," complete Schedule F, Parts II and IV	15	ļ	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? If "Yes," complete Schedule F, Parts III and IV	16	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		X
	complete Schedule G, Part III	19	000	(0017)

Form 990 (2017)

Form 990 (2017) TREASURE COAST FOO Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	
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? If "Yes," complete			~-
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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? If "Yes," complete	OEL		x
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		x
	complete Schedule L, Part II			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	ŀ		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		X
	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28				
	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
а	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
00	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		}	
31	If "Yes " complete Schedule N. Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
U.	Schedule N. Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V. line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes." complete Schedule R. Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X	
	Note. All Form 990 filers are required to complete Schedule O			(2017)

732004 11-28-17

Form 990 (2017) TREASURE COAST FOOD BANK, INC
Part V Statements Regarding Other IRS Filings and Tax Compliance

First the number reported in Box 3 of Form 1096. Enter 0: If not applicable 1a 0 1b 0 1b 0 1c 1c		Check if Schedule O contains a response or note to any line in this Part V			
be Titler the number of Forms W-2G included in line 1a. Enter O H not applicable			<u></u>	Yes	No
Enter the number of Forms W2G included in line 1a. Enter o- if not applicable	1a	Little tille flutibet tepotted it box o or i otti 1000; Entor o it flot applicable	C2500 1000 1000 1000 1000 1000 1000 1000		
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) withorings to prize withorings? Inter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, flied for the calendary year ending with or within the year acrowed by this return. If all seat one is reported on ine 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-the (see instructions). 3a bid the organization have unrelated business grees some of \$1,000 or more during the year? 3b If Yes, "last filled from 990-T for this year? If Yes, 'to line 3b, provide an explanation in Schedule O. 3b If Yes, "last filled from 990-T for this year? If Yes, 'to line 3b, provide an explanation in Schedule O. 3b If Yes, "last filled from 990-T for this year? If Yes, 'to line 3b, provide an explanation in Schedule O. 3c If Yes, "last filled from 990-T for this year? If Yes, 'to line 5a or file, organization have an interest in, or a signature or other authority over, a financial account in a foreign country." See instructions for filing requirements for FinCRN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 3c Was the organization sparty to a prohibited tax helder transaction and any time during the tax year? 5c If Yes, to line 5a or fis, did the organization that it was or is a party to a prohibited tax shaller transaction? 5c If Yes, to line 5a or fis, did the organization file Form 8865-T? 5d Did any taxable party notify the organization file Form 8865-T? 5d Did any taxable party notify the organization file Form 8865-T? 5d Did the organization and provide with every solication an exposes statement that such contributions or gifts were not tax deductible? 5d Organization state may receive deductible contributions. 5d Did the organization state may receive deductible contributions and party for poods and services provided to the payor?					
Gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 3 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 b If the organization have unrelated business gross income of \$1,000 or more during the year? 3 b If "I"vse," an It file a Form 990-17 for this year "I" "hiv," for time 3b, provide an explanation in Schedule O. 3 b If "Yse," and the facility of the organization have an interest in, or a signature or other suthority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other suthority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5 b If "Yse," and the granization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 c If "Yse," and the organization the organization the Form 98861". 5 d If "Yse," did the organization in organization fer Form 98861". 5 d If "Yse," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a schariable contributions? 5 d If "Yse," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chariable contributions? 5 d If "Yse," indicate the number of Forms 2822 filed during the year. 6 d If "Yse," indicate the number of Forms 2822 filed during the year. 7 d If the organization receive a psyment in excess of \$75 made party so anotherity or produced to the forms 2822 filed during the year. 8 d If the organization r	C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
field for the cellendary year ending with or within the year covered by this return			1c		
field for the cellendary year ending with or within the year covered by this return	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (see has a bank account, securities account, or other financial accountly over, a financial account in a foreign country to a prohibited to the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ► 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a Was the organization and the organization that it was or is a party to a prohibited tax sheller transaction? 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Unit of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 6c Under the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 6c Under the organization have receive deductible contributions under section 170(c). 6d Under the organization self according to the value of the goods or services provided? 7b Organizations that may receive deductible contributions under section 170(c). 8c Unit may the organization self according to the value of the goods or services provided? 7c Did the organization self according to the value of the goods or services provided? 7c Did the organization self according to the value of the goods or services provided? 8c Did the organiza		filed for the calendar year ending with or within the year covered by this return		NAME OF THE PROPERTY OF THE PR	1 1941
38 bit the organization have unrelated business gross income of \$1,000 or more during the year? 58 bit 11 "Yes," has it filed a Form 990-T for this year? If "No," to fine 3b, provide an explanation in Schedule O 48 at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) 59 See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 50 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 50 Was the organization at party to a prohibited tax shelter transaction? 50 If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 50 If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 50 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 60 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 61 If "Yes," did the organization network payment in excess of \$75 made party as contribution and party for goods and services provided to the payor? 70 If Yes," indicate the number of Forms 8282 filed during the year 71 If the organization review payment in excess of \$75 made party as contribution and party for goods and services provided to file Form 8282? 71 If the organization review any funds, directly or indirectly, to pay premiums on a personal benefit contract? 72 If the organization review any funds, directly or indirectly, to pay premiums on a personal benefit contract? 73 If the organization review any funds, directly or indirectly, to pay premiums on a personal benefit contract? 74 If the organization r	b		2b	X	
b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial accountly over, a financial accountly in over a bar has been to explanate the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over the organization than the foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). 8c If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Under the organization notify the donor of the value of the goods or services provided? 7c Under the organization notify the donor of the value of the goods or services provided? 7d Under the organization notify the donor of the value of the goods or services provided? 7c If If "Yes," indicate the number of Forms 8282 filed during the year 7c If If the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7d If the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098-C7 8c Ponsoring organization have exc		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
48 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account()? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 58 Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 59 bit any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 C If "Yes," to line 5a or 5b, did the organization file Form 8885-T? 60 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions unlaw annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation and express statement that such contributions or gifts were not tax deductible? 70 Organization retart has the receive deductible contributions under section 170(c). 80 bit the organization receive apyment in excess of \$75 made party as a contribution and party for poods and services provided to the payor? 80 bit the organization receive apyment in excess of \$75 made party as a contribution and party for poods and services provided to the payor? 71 bit for "Yes," inclicate the number of Forms 8282 filed during the year 81 bit the organization received a contribution of undersective, on a personal benefit contract? 72 c X 73 bit the organization received a contribution of undersective, on a personal benefit contract? 74 file the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 85 ponsoring organizations maintaining donor advised funds. 96 bit the organization service access business ho					X
financial account in a foreign country (such as a bank account, securities account, or other financial account?? b if "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X T if "Yes," to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solibit any contributions that twen to tax deductible as charitable contributions? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization that may receive deductible contributions under section 170(c). 8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 9 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8893 as required? 10 Did the organization make any taxable distributions under section 49667 11 Did the organization make any taxable distributions under section 49667 12 Sponsoring organization make any taxable distributions under section 49667 13 Section 501(c)(2) organization make any taxable distributions under section 49667 14 Section 601(c)(2) organization make any taxable di			3b		
b if "Yes," enter the name of the foreign country: No. 2 see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF), 5 see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF), 5 see instructions of the party to a prohibited tax shelter transaction? 5 see in "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 see in "Yes," to line 5a or 5b, did the organization file Form 8886T? 5 see party to a prohibited tax shelter transaction? 5 see in "Yes," to lit the organization include with every solicitation and express statement that such contributions orights were not tax deductible? 6 see in the organization shat may receive deductible contributions under section 170(c). 8 lb if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 see in the organization shat may receive deductible contributions under section 170(c). 9 lb the organization receive apyment in excess of \$57 made party as contribution and party for goods and services provided to the payor? 7 see in "Yes," indicate the organization notify the donor of the value of the goods or services provided? 8 lb if "Yes," indicate the number of Forms 8282 filed during the year and party for services provided? 9 lb the organization during the year, pay premiums, directly, to pay premiums on a personal benefit contract? 7 lb lb the organization receive any funds, directly or indirectly, on a personal benefit contract? 7 lb lf the organization received a contribution of qualified intellectual property, did the organization file Form 8898 as required? 7 lf lf the organization received a contribution of cars, boats, silphanes, or other vehicles, did the organization have excess business holdings at any time during the year? 9 sonesoring organization make any taxable distribution to a donor, donor advised funds.	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			**
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IJ				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041?	12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X 14b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	h	If "Yes." enter the amount of tax-exempt interest received or accrued during the year			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13b 13c 13c 14a X 14a X 14b					5- T-1
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	. –	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
organization is licensed to issue qualified health plans	b				
c Enter the amount of reserves on hand					
b If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		Enter the amount of reserves on hand		4(%/54)	100000
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	Did the organization receive any payments for indoor tanning services during the tax year?		<u> </u>	A
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		aan	(2017)

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			\mathbf{x}
<u> </u>			<u> </u>	
Sec	tion A. Governing Body and Management	T	Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 11	4030	169	
1a	Little the number of voting members of the governing body at the one of the same for the same fo			
	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 0.			
b	Eitlei tile humber of voting members moldded in mie 14, doore, who are maspersers.			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			47
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
_	The governing body?	8a	X	
a	Each committee with authority to act on behalf of the governing body?	8b	X	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9	is there any officer, director, trustee, or key employee listed in Fait VIII, Section A, Wild Califor Be reached at the	9		X
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	· · · · · · · · · · · · · · · · · · ·	Yes	No
		40-	165	X
10a	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	1,473.14
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	7 1995		\$75 Y
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
a	Other officers or key employees of the organization	15b	X	
a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		488	
	IT "YES" TO line 108 of 100, describe the process in ochequie o (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		Х
	taxable entity during the year?	ioa	14.00	445,3,33
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	404		ies in ear
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
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) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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	finan	cial	
	statements available to the public during the tax year.			
00	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	JUDITH CRUZ - 772-489-3034			
	401 ANGLE RD, FORT PIERCE, FL 34947	Form	990	(2017)

732006 11-28-17

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.

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

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

(A) Name and Title	(B) Average hours per	box	not c	Posi heck ss pe	more rson	than	lh an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated Employee	Ė	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MIGUEL COTY PRESIDENT	5.00	X		x				0.	0.	0.
(2) DAVID JACKSON DIRECTOR	3.00	x						0.	0.	0.
(3) ERIN NEILL COX	3.00	x		x				0.	0.	0.
TREASURER (4) JOHN EKUFU	3.00	X		X				0.	0.	0.
VICE PRESIDENT/SECRETARY (5) DOUGLAS SHERMAN	3.00	X						0.	0.	0.
DIRECTOR (6) KIM JOHNSON	3.00	X						0.	0.	0.
DIRECTOR (7) PETER J TESCH	3.00	X						0.	0.	0.
DIRECTOR (8) MITCH HALL	3.00	X						0.	0.	0.
DIRECTOR (9) JAMIE LAVIOLETTE DIRECTOR	3.00	X						0.	0.	0.
(10) ED SKVARCH DIRECTOR	3.00	х						0.	0.	0.
(11) KARL ZIMMERMAN DIRECTOR	3.00	X						0.	0.	0.
(12) JUDITH CRUZ EXECUTIVE DIRECTOR	50.00			х				131,336.	0.	0.
(13) CYNTHIA COSTIGAN CHIEF FINANCIAL OFFICER	50.00			x				29,494.	0.	0.
CRIBE FINANCIAL OFFICER										
										- 000 (oo.r)

732007 11-28-17

Form **990** (2017)

	990 (2017) TREASURE								NC	65-01	<u>2328</u>	1 Page 6
Pan	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)		
	(A) Name and title	(B) Average hours per week	(do	not c	Pos heck ss pe	c) ition more erson		one th an	(D) Reportable	(E) Reportable compensation from related	1	(F) Estimated amount of other
		(list any hours for related organizations below	Individual trustee or director	institutional trustee	er	employee	Highest compensated employee	ner	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	organizations (W-2/1099-MISC)	
		line)	量	ast	Officer	Key	語	Form				
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			<u> </u>		<u> </u>						_	
			1									
	Sub-total	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	>	160,830.		0.	0.
C	Total from continuation sheets to Part V	II, Section A						>	0.		0.	0.
d	Total (add lines 1b and 1c)								160,830.		0.	0.
2	Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wh	no r	eceived more than \$100	,000 of reportable)	1
,	compensation from the organization								And the second s			Yes No
•	Did the organization list any former officer,	director or tr	ieto	e ke	av er	mnlc	wee	or	highest compensated e	mplovee on	31.5	
	line 1a? If "Yes," complete Schedule J for s										3	
	For any individual listed on line 1a, is the su										190	
	and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mpl	ete S	Sche	edule	e J i	for such individual		4	X
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1	from	any	unr/	elat	ted organization or indiv	idual for services		X
	rendered to the organization? If "Yes," com	plete Schedul	<u>e J 1</u>	or s	uch	pers	son .				5	
Sect	ion B. Independent Contractors Complete this table for your five highest co	mnenested in	dene	ande	ent c	onti	racto	ors t	that received more than	\$100.000 of com	ensatio	n from
1	the organization. Report compensation for	the calendar v	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.		
	(A)								(B)		0	(C)
	Name and business	address	N	INC	<u> </u>				Description of s	services	Com	pensation
	•											
		······································										. —
		<u> </u>									······································	
2	Total number of independent contractors (i	ncludina but n	ot li	mite	d to	tho	se lis	stec	d above) who received n	nore than		
	\$100,000 of compensation from the organi						0				KI MISS	
-											For	m 990 (2017)

Page 9 65-0123281 TREASURE COAST FOOD BANK, Form 990 (2017) Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII **(D)** Revenue excluded from tax under (C) Unrelated (B) Related or Total revenue business exempt function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b b Membership dues c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e 4,950,108 f All other contributions, gifts, grants, and similar amounts not included above 16,596,015 g Noncash contributions included in lines 1a-1f: \$ 19,157,952 Total. Add lines 1a-1f Business Code 210,673 210,673 624210 Program Service Revenue 2 a AGENCY HANDLING FEES 4,623 4,623 624210 POWER PURCAHSE PROG HANDLING FEES f All other program service revenue 215,296 Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal (i) Real 6 a Gross rents b Less: rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 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 Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18a b Less: direct expenses 41,382 458.082 458,082 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses _____ b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____ b Less: cost of goods sold Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 624210 5,135 11 a MISCELLANEOUS INCOME

458 082

5,135

All other revenue

Total revenue. See instructions.

Total, Add lines 11a-11d

Part IX Statement of Functional Expenses

3600	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon	nse or note to any line in	this Part IX		<u></u> L
Do 7b,	not include amounts reported on lines 6b, 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	10 640 100	12 (40 100		
	and domestic governments. See Part IV, line 21	13,648,198.	13,648,198.		
2	Grants and other assistance to domestic	4 160 700	4 1 (0 702		
	individuals. See Part IV, line 22	4,160,723.	4,160,723.		
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				
6	Compensation not included above, to disqualified		:		
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,564,912.	1,251,930.	203,438.	109,544.
8	Pension plan accruals and contributions (include				
Ü	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	19,705.	15,764.	2,562.	
10	Payroll taxes	113,170.	90,536.	14,712.	7,922.
11	Fees for services (non-employees):				
а					
b	Legal				
c	Accounting	•			
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				2 742
	column (A) amount, list line 11g expenses on Sch O.)	74,816.	59,856.		
12	Advertising and promotion	72,522.	58,021.		
13	Office expenses	22,062.	17,650.	3,309.	1,103.
14	Information technology				
15	Royalties		26.040	C 000	2,302.
16	Occupancy	46,052.	36,842.		3,046.
17	Travel	60,905.	48,723.	9,136.	3,040.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0 406	6,724.	1,261.	421.
19	Conferences, conventions, and meetings	8,406. 96,164.	76,927.	14,422.	4,815.
20	Interest	90,104.	10,321.	11,100.	1,020.
21	Payments to affiliates	436,156.	348,925.	74,147.	13,084.
22	Depreciation, depletion, and amortization	211,027.	168,822.	31,654.	10,551.
23	Other expenses. Itemize expenses not covered	<u> </u>	100,022.		
24	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 0.) FREIGHT CHARGES	178,186.	178,186.		
a	PROGRAM FOOD COSTS	171,551.	171,551.		
b	REPAIRS & MAINTENANCE	123,930.	123,930.		
c d		84,259.	67,407.	12,639.	4,213.
	All other expenses	346,994.	321,423.	18,136.	7,435.
25	Total functional expenses. Add lines 1 through 24e	21,439,738.	20,852,138.	414,420.	173,180.
<u>25</u> 26	Joint costs. Complete this line only if the organization				
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2017

Form 990 (2017)
Part X Balance Sheet

Pa	rt X	Balance Sheet	,.,				
		Check if Schedule O contains a response or note	to any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
•	1	Cash - non-interest-bearing			181,295.	1	92,075
	2	Savings and temporary cash investments			918,101.	2	864,720
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	358,301.	4	157,531		
	5	Loans and other receivables from current and for					
	3	trustees, key employees, and highest compensat				1,940,60	
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualifi					
	0	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of section					
**		employees' beneficiary organizations (see instr).		6			
Assets	_	Notes and loans receivable, net				7	
ASS	7			1	626,984.	8	1,989,473
•	8	Inventories for sale or use			37,581.	9	39,623
	9	Prepaid expenses and deferred charges				77.32.43	
	10a	Land, buildings, and equipment: cost or other	40-	7,134,149.			
		basis. Complete Part VI of Schedule D	10a	2,081,257.	5,106,138.	10c	5,052,892
	1	Less: accumulated depreciation			3,100,130.	11	3,002,002
	11	Investments - publicly traded securities			4,925.	12	10,176
	12	Investments - other securities. See Part IV, line 1			7,725.	13	10/1/0
	13	Investments - program-related. See Part IV, line 1		14			
	14	Intangible assets	4,460.		4,460		
	15	Other assets. See Part IV, line 11			7,237,785.	15 16	8,210,950
	16	Total assets. Add lines 1 through 15 (must equa					224,611
	17	Accounts payable and accrued expenses			203,870.	17	224,011
	18	Grants payable			Annual Company of the	18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete P			n Berthall person with front skief.	21	
es	22	Loans and other payables to current and former					
		key employees, highest compensated employees				-00	
Liabilities		Complete Part II of Schedule L			2 064 016	22	2,231,542
	23	Secured mortgages and notes payable to unrelate			2,064,016.	23	4,431,344
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines				0.5	
		Schedule D			2 267 006	25	2,456,153
	26	Total liabilities. Add lines 17 through 25			2,267,886.	26	2,430,133
		Organizations that follow SFAS 117 (ASC 958)	, check h	ere ▶ LXL and			는 그 교육을 받아 있는 이번 중요 선생님 - 이 그 1일 이
es	-	complete lines 27 through 29, and lines 33 and	134.		4 000 705		A 751 601
anc anc	27	Unrestricted net assets			4,023,785.	27	4,751,601
sale	28	Temporarily restricted net assets			931,114.	28	988,196
2	29				15,000.	29	15,000
rur		Organizations that do not follow SFAS 117 (AS	SC 958), c	heck here			
ò		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or equ				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	ome, or o	ther funds	4 060 000	32	E 754 707
Ž	33	Total net assets or fund balances			4,969,899.	33	5,754,797
	34	Total liabilities and net assets/fund balances			7,237,785.	34	8,210,950

Form	1990 (2017) TREASURE COAST FOOD BANK, INC	05.0	147401	Fay	10 16
	rt XI Reconciliation of Net Assets				,
	Check if Schedule O contains a response or note to any line in this Part XI			••••	
			00 00		~ ~
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	22,224		
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,439		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,969	8,8	<u>99.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	5,754	1,79	<u>97.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		······		<u>X</u>
			10000	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		\$79.Ld	- 25.65	
2a			2a	7472 J. J.	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	.,
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		77	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	WE 500
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	100 AC 1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			v	italian.
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		.	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	
			Form	99U (2017)

732012 11-28-17

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		TR E.A	STIRE COAST	FOOD BANK,	INC		1 6	5-0123281
Pa	rt I	Reason for Public				is part.) S		
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch						
2	一	A school described in sect						
3	一	A hospital or a cooperative					ii).	
4	一	A medical research organiz	ration operated in co	niunction with a hospital	described	in section	n 170(b)(1)(A)(iii), Enter	the hospital's name,
4		city, and state:	anon oporates in se	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				·
_		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a g	overnmental unit descrit	ped in
5		section 170(b)(1)(A)(iv). (C		nogo or annionally office		,		
	$\overline{}$	A federal, state, or local go		nontal unit described in	caction 17	70(h)(4)(A)	ίω	
6	\	An organization that norma						I nublic described in
7	لكما	=		ililai part of its support i	ioiii a gov	Citiilicilla	dilit of from the general	i public docorrood iii
		section 170(b)(1)(A)(vi). (C		(4)(4)(-1) (Onwellete Dem	+ II \			
8	님	A community trust describe				ad in aani	motion with a land-grant	college
9		An agricultural research org	ganization described	in section 1/U(b)(1)(A)(ix) operate	a in conju	inction with a land-grain	ro or
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state of the coneç	je oi
		university:					mambarahin fasa (and areas receipts from
10		An organization that norma	illy receives: (1) more	than 33 1/3% of its sup	port from	CONTRIBUTI	ons, membership lees, a	tio gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	in 33 1/3% of its suppor	t from gross investment
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	lired by the organization	arter June 30, 1975.
		See section 509(a)(2). (Cor						
11		An organization organized a	and operated exclus	ively to test for public sa	ifety. See :	section 50	09(a)(4).	
12		An organization organized	and operated exclus	ively for the benefit of, to	perform t	the function	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3).	Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete line	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), typically by	y giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organization(s), by ha	aving
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the su	pported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte						ted with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its supported organ	ization(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	tisfy a dist	ribution re	quirement and an atten	tiveness
		requirement (see instruct						
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or						
f	Ente	r the number of supported of						
a		ide the following information		d organization(s).				
) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
						į		
						1		
Tota	ıl							

65-0123281 Page 2

Schedule A (Form 990 or 990-EZ) 2017 TREASURE COAST FOOD BANK, INC 65-01232 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	16131911.	17115205.	19446876.	19659080.	21546123.	<u>93899195.</u>
2	Tax revenues levied for the organ-	,					
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	16131911.	17115205.	19446876.	19659080.	21546123.	93899195.
	The portion of total contributions						
٠	by each person (other than a						
	governmental unit or publicly					050000000000000000000000000000000000000	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						93899195.
	etion B. Total Support	L					
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	16131911.	17115205.	19446876.	19659080.	21546123.	93899195.
	Gross income from interest,	10101711					
0	dividends, payments received on						•
	securities loans, rents, royalties,						
	and income from similar sources	3,304.	1,663.	2,874.	2,883.	3,515.	14,239.
_	Net income from unrelated business	3/3040	27000.	= / 3 : = 3			
9	activities, whether or not the						
40	business is regularly carried on Other income. Do not include gain						
10			-		ļ		
	or loss from the sale of capital	528 967	506 659	391 393.	315,596.	216,916.	1959531.
	assets (Explain in Part VI.)	320,301.	300,033.	331,333.			95872965.
	Total support. Add lines 7 through 10 Gross receipts from related activities,	oto (coo instructio	one)	L (*** ********************************	I -		,430,208.
12	First five years. If the Form 990 is for	, etc. (see instruction)	firet eacand this				/
13	organization, check this box and stor	r trie organization s	s mst, second, tim	u, louidi, or mara	ax your do a bootio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Sar	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (column (fl)		14	97.94 %
	Public support percentage for 2017 (97.52 %
15	33 1/3% support test - 2017. If the c	proprietion did no	ot check the hov o	n line 13 and line	14 is 33 1/3% or r		
16a	stop here. The organization qualifies	as a publicly supp	orted organization	1			▶ X
	33 1/3% support test - 2016. If the control of the	as a publicly supp pragnization did no	t check a hov on	ine 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check th	
a	and stop here. The organization qual	lifica on a publicly s	supported organiz	ation		,	
	and stop here. The organization qual	illes as a publicly s	supported organiz	sheck a hov on line	- 13 16a or 16b	and line 14 is 10%	or more.
17a	10% -facts-and-circumstances tes and if the organization meets the "fac	t - 2017. If the org	anization did not	nie hav and etes l	nere Fynlain in Pa	rt VI how the organ	nization
	and if the organization meets the "fac	rs-and-circumstan	tion gualifia and	no bux and stop i	d organization	vi non alo olga	▶ □
	meets the "facts-and-circumstances"	test. The organiza	uon quaimes as a	publicly supported	u uiyanizaliun a 12 16a 16h ar	17a and line 15 ie	7 Land
b	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not (meck a DOX On IIII	e 10, 10a, 10b, 01	n in Part VI how the	1070 01
	more, and if the organization meets the	ne "tacts-and-circu	mstances" test, c	HECK THIS DOX AND	stop nere. Expiali	miration	• □
	organization meets the "facts-and-circ	cumstances" test.	ine organization	qualities as a publi	b shock this best	and see instruction	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 160, 17a, or 17	D, CHECK THIS DOX 8	and see instruction edule A (Form 990	or 990-F71 2017
					SUTE	Same with our age	, u, uuu-maaja U 11

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-	•					
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	And the second					
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf				,		
5	The value of services or facilities	<u></u>					
•	furnished by a governmental unit to						
	the organization without charge						
•	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
1 6	3 received from disqualified persons						
	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						
	Add lines 7a and 7b			N. KONG PENYAGAY			
	Public support. (Subtract line 7c from line 6.)	The second secon					
		(=) 2012	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2013	(B) 2014	(6) 2013	(4) 2010	(6) 231,	
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				ļ,	<u> </u>	
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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		1				
	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	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiza	ation,
	check this box and stop here						P
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2017 (line 8, column (f) d	livided by line 13, o	column (f))		15	<u>%</u>
16	Public support percentage from 2016	Schedule A, Part	: III, line 15			16	<u>%</u>
Sec	ction D. Computation of Inves	stment Incom	e Percentage			T	
17	Investment income percentage for 20)17 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	<u>%</u>
1Ω	Investment income percentage from the	2016 Schedule A.	Part III, line 17			18	<u>%</u>
19a	33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	P L
b	33 1/3% support tests - 2016. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	ınd
	line 18 is not more than 33 1/3%, che	eck this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization .	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	<u></u>
		**************************************			Sch	edule A (Form 990	or 990-EZ) 2017

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
		4. 4
1	3000 PM	
	4.39.3	
3a		
3b	9,023,016	
3c		Skare
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5b	1002.0010.000	S. 12.7
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9a	Popu	9.56
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9c		
		1
10a		
	9931-6	
10b		

ı a	Supporting Organizations (continued)		V-	N 1
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
	below, the governing body of a supported organization?	11b		
	A family member of a person described in (a) above?	11c		
	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.			L
360	Clott B. Type i cupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
٠	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			156
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			38.5
	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,		Taylor Tele	
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion 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			1.0
	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations			
		V-50 1-12 2-1	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		100	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Style of	V, 41 4 1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			10 (2 m) 24 (2 m)
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1.2
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	124	
	supported organizations played in this regard.			L
	tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction)	nel		
1		,.		
a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 bolow. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions	3).	
C			Yes	No
2	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	38-8-2		
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	and the state of t			
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
•	Parent of Supported Organizations. Answer (a) and (b) below.			
3	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	and activities of each			1
IJ	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ	2017	TREASURE	COAST	FOOD	BANK,	INC

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Org	anizations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. A						
	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year (B) Current Ye (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					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
•	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
	Average monthly cash balances	1b					
C	Fair market value of other non-exempt-use assets	1c					
	Total (add lines 1a, 1b, and 1c)	1d					
	Discount claimed for blockage or other						
	factors (explain in detail in Part VI):	J. Programme					
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					
	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
•	emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functional	lly integr	ated Type III supporting orga	anization (see			
-	instructions).						

Schedule A (Form 990 or 990-EZ) 2017

	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
	ion D - Distributions	1.11.		Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
ect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
<u>i</u>	Carryover from 2012 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			The state of the s
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			H-19-1-20-19-10-10-10-10-10-10-10-10-10-10-10-10-10-
	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8_	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
C	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2017

d Excess from 2016 e Excess from 2017

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

OMB No. 1545-0047

2017

Name of the organization

Employer identification number

TR	EASURE COAST FOOD BANK, INC	65-0123281					
Organization type (check one):							
Filers of:	Filers of: Section:						
Form 990 or 990-EZ	X 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						
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							
•	one contributor. Complete Parts I and II. See instructions for determining a contributor	s total contributions.					
Special Rules							
sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount line 1. Complete Parts I and II.	, or 16b, and that received from					
year, total contribu	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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2} 1							
aution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), ut 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 ertify that it doesn't 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) (2017)

Name of organization

Employer identification number

TREASURE COAST FOOD BANK, INC

65-0123281

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S.D.A. FLORIDA DEPT. OF AG & CONSUMER SERV 12 LAKELAND, FL 33805	\$ <u>4,668,405</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

TREASURE COAST FOOD BANK, INC

65-0123281

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1 FOOI	COMMODITIES		
		\$ <u>4,668,405.</u>	06/30/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
No.		(c) FMV (or estimate)	D

(b)

Description of noncash property given

(b)

Description of noncash property given

723453 11-01-17

(a)

No.

from

Part I

(a)

No.

from

Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

(d)

Date received

(d)

Date received

(c)

FMV (or estimate)

(See instructions.)

(c)

FMV (or estimate)

(See instructions.)

Employer identification number

TREASU Part III	TRE COAST FOOD BANK, INC Exclusively religious, charitable, etc., contri the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	butions to organizations described in plumns (a) through (e) and the follow charitable, etc., contributions of \$1,000 or 1	n section 501(c)(7), (8), or (10) that total more than \$1,000 for ring line entry. For organizations ess for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gift	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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

TREASURE COAST FOOD BANK.

Employer identification number

65-0123281 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 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? _____ Yes 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under 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 on Form 990, Part VIII, line 1 ______ > \$ (ii) Assets included in Form 990, Part X ______ > \$ 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 on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X Schedule D (Form 990) 2017

732051 10-09-17

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

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value (b) Cost or other (c) Accumulated (a) Cost or other Description of property depreciation basis (other) basis (investment) 380,213 380,213. 1a Land ______ 551,850. 1,376,282. 1,928,132 **b** Buildings 1,833,039. 381,572. 2,214,611. c Leasehold improvements 1,463,358 2,611,193 1,147,835, d Equipment 5,052,892. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Schedule D (Form 990) 2017

Egg-				
Schedule D (Form 990) 2017 TREASURE CO.	AST FOOD BAN	NK, INC	65-	<u>-0123281 Page</u>
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, li	ne 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)			······································	
<u>(F)</u>				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.			Dart V line 12	
Complete if the organization answered "Yes"	on Form 990, Part IV, II (b) Book value	ne 11c. See Form 990	valuation: Cost or end	of-vear market value
(a) Description of investment	(b) Book value	(C) Welliod of	Valuation: Court of Grid	
(1)				
(2)				
(3)				
(4)				A
(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"	on Form 990, Part IV, li	ne 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	9 15)			
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990. Part IV. li	ne 11e or 11f. See For	m 990, Part X, line 25.	
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
ra				1. 1、12、10年中央の大学を対し、大学のできた。これでは、10年間であります。

1 (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		를 하게 살릴때는 그렇게 모르겠다.
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.	.) 🏲	

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2017

Sche	edule D (Form 990) 2017 TREASURE COAST FOOD BANK	, INC		0123281 Page 4
	rt XI Reconciliation of Revenue per Audited Financial State	ments With Re	venue per Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			
1	Total revenue, gains, and other support per audited financial statements		1	22,224,636.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		a sec	
a	N. I. I. A N Incomplete	2a		
b	m and the state of			
	Recoveries of prior year grants	i . I		
d				
-	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			22,224,636.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	***************************************		
•	OO Dat VIII See 75	4a		
a	m. (m. 1) (m. 1)(1)	3 1		
b	Add lines 4a and 4b		4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			22,224,636.
5 Da	rt XII Reconciliation of Expenses per Audited Financial State	ements With Ex		
Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		·locitore le constitue	
			1	21,439,738.
1	Total expenses and losses per audited financial statements		·····	21/100/1001
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مما	1.1.4	
а		1 1		
b	•	1 1		
С	***************************************	1 1		
d				0
е	Add lines 2a through 2d			21,439,738.
3	Subtract line 2e from line 1		3	41,439,730.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
	Investment expenses not included on Form 990, Part VIII, line 7b	1 1	E PARTE	
b	Other (Describe in Part XIII.)			0
	Add lines 4a and 4b		4c	21,439,738.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	21,439,/38.
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F			t X, line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional informatio	on.	
PAI	RT X, LINE 2:			
				DD OUT GTONG
ГHI	E ORGANIZATION IS EXEMPT FROM FEDERAL INC	COME TAXES	, UNDER THE	PROVISIONS
				DD 7773 MT
<u> P</u>	THE INTERNAL REVENUE CODE 501(C)(3) AND	IS NOT CO.	NSIDERED A	PRIVATE
FOT	UNDATION. THE TAX PERIODS OPEN TO EXAMIN	NATION IN	MHICH THE C	RGANIZATION
			0016 3	1TD 0017
IS_	SUBJECT INCLUDE THE FISCAL YEARS ENDED	JUNE 30, 2	015, 2016 A	ND 2017.
00	UNCERTAIN TAX POSITIONS WITHIN THE SCOPE	E OF ASC 7	40 ACCOUNTI	NG FOR
JNC	CERTAINTY IN INCOME TAXES, EXISTED AS OF	JUNE 30,	2018.	

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inspection

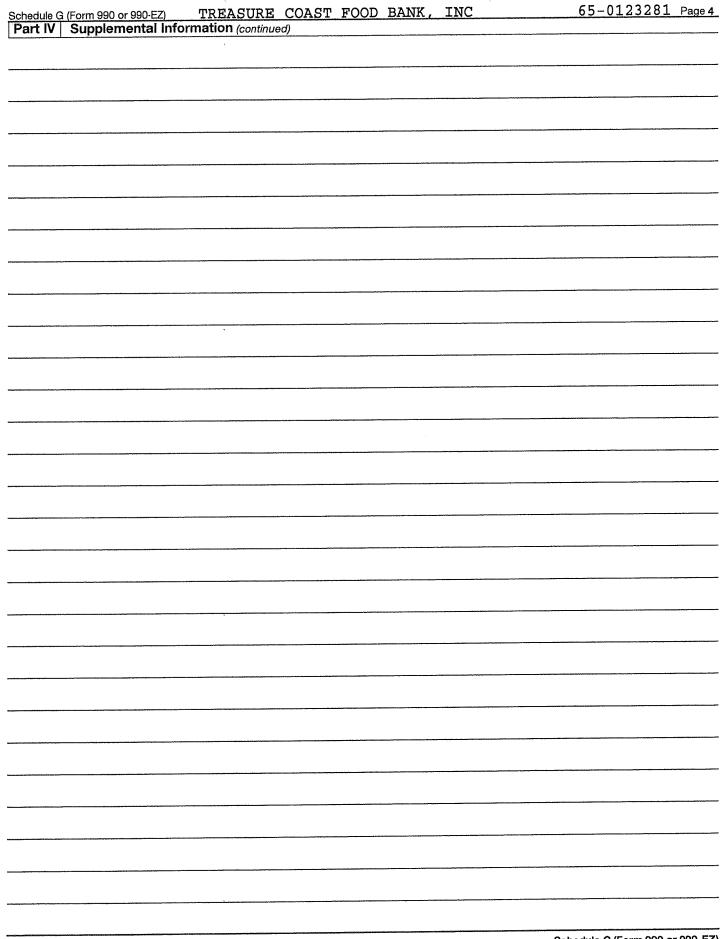
Internal Revenue Service Go to www.irs.gov/Form990 for the latest instructions. **Employer identification number** Name of the organization 65-0123281 TREASURE COAST FOOD BANK, INC Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e L Mail solicitations а Solicitation of government grants Internet and email solicitations b Special fundraising events Phone solicitations c In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) fundraiser have custody to (or retained by) (ii) Activity fundraiser from activity organization or entity (fundraiser) or control of contributions? listed in col. (i) No Yes 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2017

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

a Is the organization licensed to conduct gaming activities in each of b If "No," explain:	
10a Were any of the organization's gaming licenses revoked, suspende b If "Yes," explain:	rd, or terminated during the tax year? Yes No
732082 09-13-17	Schedule G (Form 990 or 990-EZ) 2017

Schedule G	(Form 990 or 990-EZ) 2017 TREASURE COAST FOOD BANK, INC 6	<u>5-0123281</u>	Page 3
11 Does th	ne organization conduct gaming activities with nonmembers?	Yes	No
	rganization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed inister charitable gaming?	Yes	☐ No
	e the percentage of gaming activity conducted in:		
a The org	anization's facility	13a	<u>%</u>
b An outs	side facility	13b	<u>%</u>
14 Enter ti	ne name and address of the person who prepares the organization's gaming/special events books and records:	:	
Name			
Addres	s >		
	e organization have a contract with a third party from whom the organization receives gaming revenue?		No
	enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t	
_	ng revenue retained by the third party 🕨 \$		
c If "Yes,	enter name and address of the third party:		
Addres	s >		
16 Gaming	manager information:		
Name			
Gaming	manager compensation > \$		
Descrip	tion of services provided		
	Director/officer Employee Independent contractor		
17 Manda	ory distributions:		
	rganization required under state law to make charitable distributions from the gaming proceeds to		
retain t	ne state gaming license?	Yes	Li No
b Enter th	e amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
	ation's own exempt activities during the tax year > \$. U O. Ob. 40	15 d C 5
Part IV	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	T III, lines 9, 9b, 10	
	•		



SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	
epartment of the Treasury	y Attach to Form 990.	Open to Public
iternal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.	Inspection
lame of the organization	ation	Employer identification number
:	TREASURE COAST FOOD BANK, INC	65-0123281
Part I General	Part I General Information on Grants and Assistance	
1 Does the orga	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	ection
criteria used t	criteria used to award the grants or assistance?	X Yes No
2 Describe in Pa	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 Organi		c Governments. Co	omplete if the orga	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	ss" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car	ι be duplicated if addit	ional space is need	ed.			
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, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
					FEEDING AMERICA		
GOOD SAMARATAN MINSITRIES					PRODUCT		
8280 BUSINESS PARK DR					VALUATION SURVEY		
PORT ST LUCIE, FL 34952		501(C)3	0	234,703.	234,703,METHODOLGY	FOOD COMMODITIES	
					FEEDING AMERICA		
OMEGA BAPTIST CHURCH					PRODUCT		
1665 SW BILTMORE STREET					VALUATION SURVEY		
PORT ST LUCIE, FL 34984		501(c)3	0.	892,027.	METHODOLGY	FOOD COMMODITIES	
					FEEDING AMERICA		
IN IMAGE OF CHRIST, INC					PRODUCT		
707 N 7TH STREET					VALUATION SURVEY		
FORT PIERCE, FL 34950		501(C)3	0	484,220.	METHODOLGY	FOOD COMMODITIES	FOOD COMMODITIES FOOD DISTRIBUTION TO THE
					FEEDING AMERICA		
CASTLE					PRODUCT		
3824 SE DIXIE HWY					VALUATION SURVEY		FOOD DISTRIBUTION TO THE
STUART, FL 34997		501(c)3	0	813.	METHODOLGY	FOOD COMMODITIES NEEDY	NEEDY
					FEEDING AMERICA		
THE FOOD PANTRY OF INDIAN RIVER					PRODUCT		
COUNTY - 2206 16TH AVENUE - VERO					VALUATION SURVEY		
BEACH, FL 32960		501(c)3	0.	209,644.	644.METHODOLGY	FOOD COMMODITIES	COMMODITIES FOOD DISTRIBUTION TO THE
					FEEDING AMERICA		
JENSEN BEACH CHRISTIAN CHURCH					PRODUCT		
1890 NE CHURCH STREET					VALUATION SURVEY		FOOD DISTRIBUTION TO THE
TENSEN REACH PT. 34957		501(C)3		272 054	272 054 METHODOLGY	FOOD COMMODITIES NEEDY	NEEDY

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2017)

Page 1

	f Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)
, INC	d Organiza
BANK,	nments an
FOOD]	e to Gover
COAST	Assistance
) TREASURE COAST FOOD BANK,]	ē
le I (Form 990)	Part II Continuation
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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.)	ssistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Pari	t 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	
HOUSE OF HOPE- STUART PANTRY							(
2464 SE BONITA STREET STUART, FL 34997		501(C)3	0.	204,292.	WALUATION SURVEY	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY	
RANNER CARR					FEEDING AMERICA			
12212 SE LANTANA AVE			······································		VALUATION SURVEY		FOOD DISTRIBUTION TO THE	
HOBE SOUND, FL 33475		501(c)3	0.	524.	METHODOLGY	FOOD COMMODITIES NEEDY	NEEDY	
MINISTERIO JESUS CRISTO ES EL					FEEDING AMERICA			
CAMINO - 6534 NW SELVITZ RD - PORT					VALUATION SURVEY		FOOD DISTRIBUTION TO THE	
ST LUCIE, FL 34986		501(C)3	0	402,222.	METHODOLGY	FOOD COMMODITIES NEEDY	NEEDY	
GRACE FAMILY CHURCH					FEEDING AMERICA		FOOD DISTRIBUTION TO THE	
6300 NW WEST TORINO PARKWAY					VALUATION SURVEY		NEEDY	
PORT ST LUCIE, FL 34986		501(C)3	0	520,258.	METHODOLGY	FOOD COMMODITIES		
					FEEDING AMERICA			
HOPE FOR FAMILIES CENTER					PRODUCT			
					VALUATION SURVEY		FOOD DISTRIBUTION TO THE	
VERO BEACH, FL 32962		501(c)3	0	8,513,	METHODOLGY	FOOD COMMODITIES NEEDY	NEEDY	
MACEDONIA SEVENTH DAY ADVENITIST					FEEDING AMERICA			
CHURCH - 1220 DELEWARE AVENUE -					VALUATION SURVEY		FOOD DISTRIBUTION TO THE	
FORT PIERCE, FL 34950		501(c)3	0	510,518,	METHODOLGY	FOOD COMMODITIES NEEDY	NEEDY	Programme.
					FEEDING AMERICA			
GERTRUDE WALDEN CHILD CARE CENTER					PRODUCT			
601 SE LAKE STREET					VALUATION SURVEY		FOOD DISTRIBUTION TO THE	
STUART, FL 34994	***************************************	501(c)3	0	13,946,	METHODOLGY	FOOD COMMODITIES NEEDY	NEEDY	
OPERATION HOPE					FEEDING AMERICA PRODUCT			
12285 COUNTY RD 512					VALUATION SURVEY		FOOD DISTRIBUTION TO THE	
FELLSMERE, FL 32948		501(C)3	0	329,908	METHODOLGY	FOOD COMMODITIES NEEDY	NEEDY	
					FEEDING AMERICA			
CHRIST FAMILY CHURCH					PRODUCT		FOOD DISTRIBUTION TO THE	
4300 OKEECHOBEE RD, STE B					VALUATION SURVEY	***********	NEEDY	
FORT PIERCE, FL 34947		501(c)3	0	12,734	METHODOLGY	FOOD COMMODITIES		
							Schedule I (Form 990)	

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	izations in the United States (Schedule I (Form 990), Part II.)
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BANK,	nments and
FOOD	to Gover
COAST	Assistance
TREASURE COAST FOOD BANK	f Grants and Other
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12 PRODUCT	(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	
Fig. 24972 Fig. 24972 Fig. 24973 Fig. 24974 Fig	EMBASSY MINISTRIES					FEEDING AMERICA			
Fig. 34972 S01(C)3 O	14450 HWY 98 N					VALUATION SURVEY			
PRODUCT PROD	FL		501(c)3	0.		METHODOLGY	FOOD COMMODITIES		
PRODUCT PROD						FEEDING AMERICA			
Page	OKEECHOBEE CHURCH OF GOD					PRODUCT			
FEREING AREATICA FOLICE)	301 NE 4TH AVE								W.
TRIAL - WOMEN & PEDING AMERICA PREDICTOR SUPPLY COOD DISTRICTORS PRODUCT COOR COOR COOR COOR COOR COOR COOR CO	. II		501(C)3	0		METHODOLGY	FOOD COMMODITIES	NEEDY	
PRODUCT PROD						FEEDING AMERICA			
STREETER - 8780 BUSINESS SOI(C)3 O						PRODUCT			
PORT ST LUCIE, FL 34952 501(C)3 0 2,604 METHODOLGY POOD COMMODITIES NEEDY PERDING AMERICA PED DISC NEEDY PREDING AMERICA PED DISC NEEDY PALOMICA NEEDY PALOMICA NEEDY PEDDING AMERICA PED DISC NEEDY PALOMICA NEEDY PA	SHELTER -								
CHUNCH OF PSI. PRODUCT PRO	- PORT ST LUCIE, FL		501(C)3	0		METHODOLGY	FOOD COMMODITIES	NEEDY	
CHURCH OF PSIL PRODUCT						FEEDING AMERICA			
PRIVEE PRIVE PALDALION SURVEY PRODUCT PREDIOCOMMODITIES PRODUCT PRODUCT	FIRST BAPTIST CHURCH OF PSL					PRODUCT		Ρ̈́	
FL 34983 501(C)3 0 150,528,METHODOLGY FOOD COMMODITIES	115 NE SOLIDA DRIVE					VALUATION SURVEY		NEEDY	
DEPTITE PRODUCT PROD			501(c)3	0	150,528.	METHODOLGY	FOOD COMMODITIES		
D MINISTRIES PRODUCT						FEEDING AMERICA			
134,457 MALUATION SURVEY FOOD DISTINGUISM FOOD COMMODITIES NEEDY FOOD COMMODITIES NEEDY FOOD DISTINGUISM FOOD DISTINGUISM FOOD COMMODITIES NEEDY FOOD	COMMON GROUND MINISTRIES					PRODUCT			
FED ING AMERICA FEED ING AMERICA FEED ING OMMODITIES NEED ING DESTRICTS FEED ING AMERICA FOOD COMMODITIES NEED ING DESTRICTS FEED ING AMERICA FOOD DISTRICTS NEED ING AMERICA FEED ING AMERICA FOOD DISTRICTS NEED ING AMERICA FEED ING AMERICA FOOD COMMODITIES NEEDY FEED ING AMERICA FOOD COMMODITIES NEEDY FEED ING AMERICA FOOD COMMODITIES NEEDY FOOD COMMO	915 AVENUE D					VALUATION SURVEY		FOOD DISTRIBUTION TO THE	
SOLICO S	FL		501(C)3	0.	134,457.	METHODOLGY	FOOD COMMODITIES	NEEDY	
STONARY SOLICE)						FEEDING AMERICA			
PLVD	BREAD LIFE FOOD PANTRY					PRODUCT			
FL 34953 501(C)3 0, 145,305, METHODOLGY FOOD COMMODITIES NEEDY FOOD COMMODITIES NEEDY	4311 SW DARWIN BLVD					VALUATION SURVEY			
REED PRODUCT PRODUCT	- 1		501(C)3	0.	145,305,	METHODOLGY	FOOD COMMODITIES	NEEDY	1
REET						FEEDING AMERICA			
34950 S01(C)3 O. 41,600,METHODOLGY FOOD COMMODITIES REDIVISION STREET FOOD COMMODITIES FOOD COMMODITIES FOOD COMMODITIES FOOD COMMODITIES FOOD DISTINGTION STREET FOOD COMMODITIES FOOD DISTINGTION STREET FOOD COMMODITIES FOOD COMMODITIES FOOD DISTINGTION STREET FOOD COMMODITIES FOOD C	GREATER NEW BETHEL MISSIONARY					PRODUCT			
National N						VALUATION SURVEY	·	NEEDY	
FEEDING AMERICA FREDING AMERICA FREDING AMERICA FRODUCT	1		501(C)3	0.	41,600,	METHODOLGY	FOOD COMMODITIES		
PRODUCT PROD						FEEDING AMERICA			
VALUATION SURVEY FOOD DISTRICTS FOOD COMMODITIES NEEDY	FAITH FARM		•			PRODUCT			
FL 34972 501(C)3 0, 98,744.METHODOLGY FOOD COMMODITIES NEEDY	7595 NE 128TH AVE					VALUATION SURVEY		DISTRIBUTION TO	
GOD BY FAITH PRODUCT	1		501(C)3	0		METHODOLGY	FOOD COMMODITIES	NEEDY	
GOD BY FAITH PRODUCT AVE VALUATION SURVEY FOOD DIST FL 32958 0. 147,837.METHODOLGY FOOD COMMODITIES NEEDY						FEEDING AMERICA			
AVE VALUATION SURVEY FOOD DIST. FL 32958 FOOD COMMODITIES NEEDY	CHURCH OF GOD BY FAITH					PRODUCT			
FL 32958 501(C)3 0, 147,837,METHODOLGY FOOD COMMODITIES NEEDY	8550 58TH AVE					VALUATION SURVEY			
	FL		501(C)3	0.	837	METHODOLGY	FOOD COMMODITIES	NEEDY	,

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dule I (For	ш 990)	TREASURE COAST FOOD BANK, INC	COAST	FOOD	BANK,	
Cont	inuation of	Grants and Other	Assistance	to Govern	ments and	Organizations in the United States (Schedule I (Form 990), Part II.)

State Stat	מושים משונים משו	מי שנו מי שנו מי		וויבמווסווט ווו מופ סו	med States (Schie	Organizations in the Office States (Scriedule 1 (Form 990), Farth,	(11.7)	
COURTY C	(a) name and address of organization or government	(a)	(c) INC section if applicable	(a) 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
COURTY C						FEEDING AMERICA		
PERDING AMERICA PORD PERDING AMERICA PRODUCT P	H		501(C)3	C		SURVEY	POOD COMMODITIES	DISTRIBUTION TO
1.050 DELAMARE AVE - PORT	J				•	ERICA		
Color Colo	FLORIDA COMMUNITY HEALTH CENTER,					PRODUCT		
FURBLING AMERICAN FOOD COMMODITIES FUEDY	- 1505 DELAWARE AVE -					VALUATION SURVEY		5 L
PEBDING AMERICA PRODUCT PRODUC	,		501(C)3	0			FOOD COMMODITIES	NEEDY
FIRST BETHEL RAPITST FOOD DIST	SARAH'S KITCHEN OF THE TREASURE					FEEDING AMERICA		
PALDATION SIRVEY PROD COMMODITIES PRODUCT PROD COMMODITIES PRODUCT PROD COMMODITIES PRODUCT PRODUCT PROD COMMODITIES PRODUCT PROD COMMODITIES PROD COMMODITIE	f					PRODUCT		
FEEDTING AMERICAN FOOD COMMODITIES FEEDTING AMERICAN FOOD COMMODITIES NEEDTING AMERICAN FOOD COMMODITIE	- 506 N 11TH STREET -							NEEDY
PEEDING AMERICA PEEDING AM	FL		501(c)3	0			FOOD COMMODITIES	
S						FEEDING AMERICA		
Performance	PURE MINISTRIES INTERNATIONAL					PRODUCT		
Statement Stat	OLEANDER AVE, STE					VALUATION SURVEY		
S KITCHEN - NOTRE DAME PRODUCT			501(C)3	0	т.	METHODOLGY	FOOD COMMODITIES	NEEDY
S KITCHEN - NOTED DAME SOLICIS SOLICIS PRODUCT						FEEDING AMERICA		
Table Tabl	24					PRODUCT		
Particle Fig. 1950 Freductor Fredu	- 217 N US HWY					VALUATION SURVEY		P.
PRODUCT PROD	- 1		501(C)3	0		METHODOLGY	FOOD COMMODITIES	NEEDY
PRODUCT PROD						FEEDING AMERICA		
BOX 2822 BOX 2822 POX 2022 NALUATION SURVEY NEEDY BEACH, FL 32960 \$01(c)3 0 \$69, METHODOLGY FCOD COMMODITIES S OF GOD OSLO PRODUCT PRODUCT NALUATION SURVEY PREDY NTH ST SW PRODUCT PRODUCT NALUATION SURVEY PRODUCT S US HWY 1 PIERCE, FL 34982 FEEDING AMERICA FCOD COMMODITIES S US HWY 1 PIERCE, FL 34982 FRODUCT PRODUCT S US HWY 1 PIERCE, FL 34982 FEEDING AMERICA FCOD COMMODITIES S US HWY 1 PIERCE, FL 34982 FEEDING AMERICA FCOD COMMODITIES NEEDY N 27TH STREET PRODUCT PRODUCT PRODUCT PRODUCT N 27TH STREET PRODUCT PRODUCT	i					PRODUCT		FOOD DISTRIBUTION TO THE
SEACH, FL 32960 501(C)3 0. 969, METHODOLGY FOOD COMMODITIES	P.O. BOX 2822							NEEDY
PERDING AMERICA PRODUCT PRODUC	BEACH, FL		501(C)3	0	969	METHODOLGY	FOOD COMMODITIES	
FRODUCT PRODUCT PROD						FEEDING AMERICA		
9TH ST SW VALUATION SURVEY VALUATION SURVEY NEEDY 1 BEACH, FL 32962 501(C)3 0. 247,676,METHODOLGY FOOD COMMODITIES 1 ARD SEED MINISTRIES PRODUCT PRODUCT NEEDY 1 S US HWY 1 PRODUCT NALUATION SURVEY NEEDY 1 S US HWY 1 PRODUCT NALUATION SURVEY PRODUCT 1 S US HWY 1 PRODUCT PRODUCT PRODUCT 1 N 27TH STREET NALUATION SURVEY PRODUCT PRODUCT 1 N 27TH STREET NALUATION SURVEY PROD COMMODITIES NEEDY 1 PIERCE, FL 34947 501(C)3 0. 113,140,METHODOLGY FOOD COMMODITIES NEEDY	HOUSE OF GOD OSLO							FOOD DISTRIBUTION TO THE
REACH, FL 32962 501(C)3 0. 247,676.METHODOLGY FOOD COMMODITIES	685 9TH ST SW							NEEDY
EEDING AMERICA	FL		501(C)3	0	7	METHODOLGY	FOOD COMMODITIES	
S US HWY 1		***************************************				FEEDING AMERICA		
S US HWY 1 PIERCE, FL 34982 S01(C)3 0, 172,297.METHODOLGY FOOD COMMODITIES	MUSTARD SEED MINISTRIES					PRODUCT		FOOD DISTRIBUTION TO THE
PIERCE, FL 34982 501(C)3 0, 172,297.METHODOLGY FOOD COMMODITIES								NEEDY
FEEDING AMERICA PRODUCT PRODUC	PIERCE, FL		501(C)3	0		METHODOLGY	FOOD COMMODITIES	
PRODUCT VALUATION SURVEY FOOD DISS 47 0. 113,140,METHODOLGY FOOD COMMODITIES NEEDY						FEEDING AMERICA		
VALUATION SURVEY FOOD DIST 947 501(C)3 0. 113,140.METHODOLGY FOOD COMMODITIES NEEDY	HOUSE OF GOD CHURCH					PRODUCT		
FL 34947 FOOD COMMODITIES NEEDY	1601 N 27TH STREET					VALUATION SURVEY		DISTRIBUTION TO
	FI		501(C)3	0		METHODOLGY	FOOD COMMODITIES	NEEDY

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Schedule I (Form 990) TREASURE COAST FOOD BANK, INC	COAST FOOD	D BANK, INC	I ode ci occitorio	ydog) actor	Ool (Corm DO)	refunde	65-0123281 Page 1
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARTMAN ROAD CHURCH OF CHRIST					FEEDING AMERICA		
1010 HARTMAN RD					VALUATION SURVEY		FOOD DISTRIBUTION TO THE
FORT PIERCE, FL 34947		501(C)3	0	100,854.	METHODOLGY	FOOD COMMODITIES NEEDY	NEEDY
		***************************************			FEEDING AMERICA		
VFERENCE							
VINCENT DE PAUL - 5480 85TH STREET - VERO BEACH, FL 32967		501(C)3	0	144 023.	VALUATION SURVEY METHODOLGY	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE
					FEEDING AMERICA		
FIRST BETHEL MISSIONARY BAPTIST					PRODUCT		FOOD DISTRIBUTION TO THE
CHURCH - 506 N 11TH STREET - FORT					VALUATION SURVEY		NEEDY
PIERCE, FL 34950		501(C)3	0	55,618.	METHODOLGY	FOOD COMMODITIES	
					FEEDING AMERICA		
LIGHTHOUSE BAPTIST CHURCH					PRODUCT		
S US HWY 1					VALUATION SURVEY		FOOD DISTRIBUTION TO THE
PORT ST LUCIE, FL 34952		501(c)3	0	150,588.	METHODOLGY	FOOD COMMODITIES	NEEDY
PORT PIERCE SEVENTH DAY ADVENTIST					FEEDING AMERICA		
CHIRCH - 2601 VIRGINIA AVENIE -					VALITATION CITEVEY		THE OF NOTHIRITANSIA GOOD
		501(C)3	0	90 023		FOOD COMMODITIES	NEEDY
1 14					FEEDING AMERICA		
CONGREGATIONAL CHURCH - 2401 SE					PRODUCT		
SIDONIA STREET - PORT ST LUCIE, FL					VALUATION SURVEY		FOOD DISTRIBUTION TO THE
34952		501(C)3	0	39,255.	METHODOLGY	FOOD COMMODITIES	NEEDY
					FEEDING AMERICA		
SARAH'S KITCHEN - ST PAUL'S AME					PRODUCT		
1405 N 27TH STREET					VALUATION SURVEY		FOOD DISTRIBUTION TO THE
FORT PIERCE, FL 34952		501(C)3	0	43,803,	METHODOLGY	FOOD COMMODITIES	NEEDY
					FEEDING AMERICA		
THE SOURCE I AM MINISTRIES - FOOD					PRODUCT		FOOD DISTRIBUTION TO THE
ы					VALUATION SURVEY		NEEDY
BEACH, FL 32960		501(C)3	0	42,175.	METHODOLGY	FOOD COMMODITIES	
					FEEDING AMERICA		
CHURCH OF GOD OF PROPHECY					PRODUCT		FOOD DISTRIBUTION TO THE
_		~~~~		-	VALUATION SURVEY		NEEDY
OKEECHOBEE, FL 34972		501(c)3	0	68,260	68,260.METHODOLGY	FOOD COMMODITIES	

Schedule I (Form 990)

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

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	ssistance to Go	vernments and Organ	Izations in the Ul	nited States (Sche	edule I (⊦orm 99U), Pan	t 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
CHU ROAL			,		ERICA		FOOD DISTRIBUTION TO THE
FORT ST LUCIE, FL 34952		501(C)3	0	45,360.	Т	FOOD COMMODITIES NEEDY	NEEDY
PROJECT 15:11, INC					FEEDING AMERICA		FOOD DISTRIBUTION TO THE
425 SW 28TH STREET OKERCHOBER FT 34974		501(C)3	C	7 809	VALUATION SURVEY	ROOD COMMODITHIES	NEEDY
1					ERICA		
HOUSE OF GOD INDIANTOWN					PRODUCT		
69TH					VALUATION SURVEY		FOOD DISTRIBUTION TO THE
INDIANTOWN, FL 34956		501(c)3	0.	40,772.	METHODOLGY	FOOD COMMODITIES	NEEDY
					FEEDING AMERICA		Î
SONKISE TABERNACLE CHORCH					PRODUCT		FOOD DISTRIBUTION TO THE
ם מ		501(€)3	c	99 700	SURVEI	ROOM COMMOD GOOR	T P P P P P P P P P P P P P P P P P P P
		2/2/422	•	4	ERICA		
HANDS CLINIC					PRODUCT		
3855 S US HWY 1					VALUATION SURVEY		FOOD DISTRIBUTION TO THE
FORT PIERCE, FL 34947		501(c)3	0	5,408,	METHODOLGY	FOOD COMMODITIES NEEDY	NEEDY
					FEEDING AMERICA		
CHURCH OF GOD PRINCE OF PEACE					PRODUCT		
er a					VALUATION SURVEY		FOOD DISTRIBUTION TO THE
FORT PIERCE, FL 34982		501(C)3	0	107,255.	METHODOLGY	FOOD COMMODITIES	NEEDY
GRACE WAY VILLAGE - MATTHEW'S CAFE					FEEDING AMERICA PRODUCT		DOCUMENTS
1780 HARTMAN ROAD					VALUATION SURVEY		FOOD DISTRIBUTION TO THE
FORT PIERCE, FL 34947		501(C)3	0	61,779.	METHODOLGY	FOOD COMMODITIES	NEEDY
WORSHIP CENTER INTERNATIONAL			-		FEEDING AMERICA PRODUCT		
6501 NW ST. JAMES DRIVE					VALUATION SURVEY		FOOD DISTRIBUTION TO THE
PORT ST LUCIE, FL 34983		501(C)3	0.	57,491.	METHODOLGY	FOOD COMMODITIES	NEEDY
					FEEDING AMERICA		-
ANGELS OF HOPE OUTREACH					PRODUCT		
1400 TROW BRIDGE RD					VALUATION SURVEY		FOOD DISTRIBUTION TO THE
FORT PIERCE, FL 34945		501(c)3	0	41,605,	METHODOLGY	FOOD COMMODITIES NEEDY	NEEDY

Schedule I (Form 990)

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Continuation	of Grants and Other	Assistance	to Gover	nments an	d Organizations i	n the United States (Schedule I (Form 990), Part II.)

l him l	(c) IRC section if applicable 501 (c) 3	(d) Amount of cash grant 0.	(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
SOARING FAITH MINISTRIES 2110 NE ARCH STREET JENSEN BEACH, FL 34957 FAITH TEMPLE COMMUNITY DEVELOPMENT CENTER - 2805 AVE T - FORT PIERCE, FL 34947 HOLY CROSS SERVICE CENTER 15265 SW ADAMS AVE INDIANTOWN, FL 34956	501(C)3 501(C)3 501(C)3	0 0		FEEDING AMERICA		
SOARING FAITH MINISTRIES 2110 NE ARCH STREET JENSEN BEACH, FL 34957 FAITH TEMPLE COMMUNITY DEVELOPMENT CENTER - 2805 AVE T - FORT PIERCE, FL 34947 HOLY CROSS SERVICE CENTER 15265 SW ADAMS AVE INDIANTOWN, FL 34956	501(C)3 501(C)3 501(C)3 501(C)3	0 0				
JIIO NE ARCH STREET JENSEN BEACH, FL 34957 FAITH TEMPLE COMMUNITY DEVELOPMENT CENTER - 2805 AVE T - FORT PIERCE, FL 34947 HOLY CROSS SERVICE CENTER 15265 SW ADAMS AVE INDIANTOWN, FL 34956	501(C)3 501(C)3 501(C)3	0 0		PRODUCT		
JENSEN BEACH, FL 34957 FAITH TEMPLE COMMUNITY DEVELOPMENT CENTER - 2805 AVE T - FORT PIERCE, FL 34947 HOLY CROSS SERVICE CENTER 15265 SW ADAMS AVE INDIANTOWN, FL 34956	501(C)3 501(C)3 501(C)3	0		VALUATION SURVEY		FOOD DISTRIBUTION TO THE
FAITH TEMPLE COMMUNITY DEVELOPMENT CENTER - 2805 AVE T - FORT PIERCE, FL 34947 HOLY CROSS SERVICE CENTER 15265 SW ADAMS AVE INDIANTOWN, FL 34956	501(C)3 501(C)3 501(C)3	0	87,343.	METHODOLGY	FOOD COMMODITIES	NEEDY
FAITH TEMPLE COMMUNITY DEVELOPMENT CENTER - 2805 AVE T - FORT PIERCE, FL 34947 HOLY CROSS SERVICE CENTER 15265 SW ADAMS AVE INDIANTOWN, FL 34956	501(c)3 501(c)3 501(c)3	0		FEEDING AMERICA		
34947 34947 X CROSS SERVICE CEN S65 SW ADAMS AVE DIANTOWN, FL 34956	501(c)3 501(c)3 501(c)3	0		PRODUCT		
34947 Y CROSS SERVICE CENTER 165 SW ADAMS AVE DIANTOWN, FL 34956	501(c)3 501(c)3	0		VALUATION SURVEY		FOOD DISTRIBUTION TO THE
CENTER	501(c)3 501(c)3		74,542.	METHODOLGY	FOOD COMMODITIES	NEEDY
CENTER	501(C)3 501(C)3			FEEDING AMERICA		
AMS AVE FL 34956	501(c)3 501(c)3			PRODUCT		
FL 34956	501(C)3 501(C)3			VALUATION SURVEY		FOOD DISTRIBUTION TO THE
	501(C)3	0	33,197.	METHODOLGY	FOOD COMMODITIES	NEEDY
	501(C)3			FEEDING AMERICA		
GRACE UNITED METHODIST CHURCH -	501(C)3			PRODUCT		FOOD DISTRIBUTION TO THE
HAITIAN MISSION - 8805 50TH AVE -	501(c)3			VALUATION SURVEY		NEEDY
SEBASTIAN, FL 32958		0	52,532,	METHODOLGY	FOOD COMMODITIES	
				FEEDING AMERICA		
FIRST UNITED METHODIST CHURCH				PRODUCT		
260 SW PRIMA VISTA BLVD				VALUATION SURVEY		FOOD DISTRIBUTION TO THE
PORT ST LUCIE, FL 34983	501(c)3	0	45,634.	METHODOLGY	FOOD COMMODITIES NEEDY	NEEDY
SARAH'S KITCHEN - 1ST UNITED				FEEDING AMERICA		
METHODIST CHURCH - 260 SW PRIMA				PRODUCT		
VISTA BLVD - PORT ST LUCIE, FL				VALUATION SURVEY		FOOD DISTRIBUTION TO THE
34983	501(C)3	0.	33,543,	METHODOLGY	FOOD COMMODITIES NEEDY	NEEDY
				FEEDING AMERICA		
WOMENS REFUGE				PRODUCT		
P.O. BOX 1484				VALUATION SURVEY		FOOD DISTRIBUTION TO THE
VERO BEACH, FL 32960	501(c)3	0	1,065,	метнороцся	FOOD COMMODITIES NEEDY	SNEEDY
	_			FEEDING AMERICA		
HANDS OF HOPE COMMUNITY				PRODUCT		
DEVELOPMENT - 828 SE NASSAU AVE -				VALUATION SURVEY		FOOD DISTRIBUTION TO THE
STUART, FL 34994	501(C)3	0	67,506,	METHODOLGY	FOOD COMMODITIES NEEDY	S NEEDY
				FEEDING AMERICA		
PLANT A SEED MINISTRIES, INC				PRODUCT		FOOD DISTRIBUTION TO THE
2021 AVE D				VALUATION SURVEY		NEEDY
FORT PIERCE, FL 34950	501(C)3	0.	7,841	METHODOLGY.	FOOD COMMODITIES	ro.

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COAST	d Other Assistance to
TREASURE COAST FOOD BANK,	ontinuation of Grants and Other
l (Form 990)	Continuation of
Schedule	Part II Conti

(a) Nums and address of the control of the control of cach grant (b) Nums and address of the cach grant (c) Nums and address of the cach grant (c) Nums and address of the cach grant (c) Number of	Part II Continuation of Grants and Other Assistance to Governments and	Assistance to Go	vernments and Organ	nizations in the Ur	ited States (Sch	Organizations in the United States (Schedule I (Form 990), Part II.)	[11.)	
SE LANTAMA ANTE SOLICIS SOLICI	(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
SOUND, FL 31455 SOUND SO	BANNER LAKE 12212 SE LANTANA AVE					FEEDING AMERICA PRODUCT VALUATION SURVEY		FOOD DISTRIBUTION TO THE NEEDY
REEDING AMERICA PRODUCT PRODUC	SOUND, FL		501(c)3	0.		METHODOLGY	FOOD COMMODITIES	
REDUND RENDUCY RENDU						FEEDING AMERICA		
13455 1319 13417 13418	HOUSE OF HOPE -HOBE SOUND					PRODUCT		
13455 501(C)3 0 53 119 BEEDING AREICA FOOD COMMODITIES FEBDING AREICA FOOD COMMODITIES FEBDING AREICA FEB	8937 SE BRIDGE RD							FOOD DISTRIBUTION TO THE
FEEDING AMERICA FREDUCK TABLE FREDING AMERICA FREDUCK TABLE FREDUCK				0.		METHODOLGY	COMMODITIES	NEEDY
SOLICIO SOLI						FEEDING AMERICA		
FEED STATE FORTON SURVEY	OUR FATHERS TABLE							i
ALCOHOLOUS ALC	<u> </u>		7	c	t	VALUATION SURVEY		DISTRIBUTION
State Stat	FL 32967		201(C)3	0	7/6	мелиопоред	FOOD COMMODITIES	NEEDY
Table Product Produc	THE EPISCOPAL CHURCH OF THE					FEEDING AMERICA		
I. RIO BLVD - PORT ST SQ1(C)3 O						PRODUCT		
1.72 1.72	- PORT							FOOD DISTRIBUTION TO THE
PEEDING AMERICA PRODUCT PRODUC	LUCIE, FL 34953		501(C)3	0	4	METHODOLGY	COMMODITIES	NEEDY
PRODUCT PROD						FEEDING AMERICA		
TOWN	THE LORD'S TABLE					PRODUCT		
FL 32948	10074 ESPERANZA CIRCLE							FOOD DISTRIBUTION TO THE
PRODUCT PROD	FL		501(C)3	0	•	METHODOLGY	COMMODITIES	NEEDY
PRODUCT PROD			***			FEEDING AMERICA		
RELIGIO BLVD					334364	PRODUCT		
FL 34956 501(C)3 0. 43,582,METHODOLGY FOOD COMMODITIES	15549 SW WARFIELD BLVD					VALUATION SURVEY		FOOD DISTRIBUTION TO THE
DE PAUL PRODUCT PROD	- 1		501(C)3	0		METHODOLGY		NEEDY
DE PAUL DE P						FEEDING AMERICA		
PALUATION SURVEY PALUATION S	ST VINCENT DE PAUL					PRODUCT	27,00	
FL 33455 501(C)3 0, 22,947.METHODOLGY FOOD COMMODITIES	DERAL HIGHWAY STE					VALUATION SURVEY		FOOD DISTRIBUTION TO THE
PACE - MARTIN COUNTY PRODUCT PRODUCT	FL		501(c)3	0		METHODOLGY		NEEDY
PRODUCT						FEEDING AMERICA		
DOX 1495 PALUATION SURVEY PARANCE - 1505 N 43RD STREET - PALUATION SURVEY PALUATI		- income				PRODUCT		FOOD DISTRIBUTION TO THE
T. FL 34995 S01(C)3 O 35,898, WETHODOLGY POOD COMMODITIES	P.O. BOX 1495							NEEDY
TEEDING AMERICA PRODUCT PRODUCT PRODUCT PRAID STREET - S01(C)3 0, 5,448,METHODOLGY POOD COMMODITIES	E		501(C)3	0,		-		
TERANCE - 1505 N 43RD STREET - ERANCE - 1505 N 448, METHODOLGY FOOD COMMODITIES						FEEDING AMERICA		
FERANCE - 1505 N 43RD STREET - VALUATION SURVEY PIERCE, FL 34947 5,448, METHODOLGY FOOD COMMODITIES	APOSTLE FAITH CHURCH OF					PRODUCT		FOOD DISTRIBUTION TO THE
PIERCE, FL 34947 5.448, METHODOLGY FOOD	- 1505 N 43RD STREET							NEEDY
	E		501(C)3	0	•	METHODOLGY		

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	izations in the United States (Schedule I (Form 990), Part II.)
INC	d Organ
BANK,	nments and
FOOD	to Gover
COAST FOOD BANK, INC	Assistance
TREASURE	of Grants and Other
le I (Form 990)	Continuation of
Schedu	Part II

(a) Name and address of (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section organization or government (b) EIN (d) Amount of (e) Amount of (f) Method of (f) organization organiz	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GERTRUDE WALDEN CENTER					FEEDING AMERICA PRODUCT		FOOD DISTRIBUTION TO THE
		501(C)3	0	24.276		FOOD COMMODITIES	TOTAL
Ţ					ERICA		and the state of t
HOUSE OF HOPE - JENSEN BEACH					PRODUCT		
ā		-			SURVEY		FOOD DISTRIBUTION TO THE
JENSEN BEACH, FL 34957		501(C)3	0	43,030.		FOOD COMMODITIES NEEDY	NEEDY
•					FEEDING AMERICA		
REAL LIFE CHILDREN'S RANCH					PRODUCT		aum om Motmitalamaid doom
HOBER FL 34		501(C)3	0	25 134		FOOD COMMODITIES NEEDY	
					ERICA		
ST PAUL AME CHURCH					PRODUCT		
900 SE EAST AVE					VALUATION SURVEY		FOOD DISTRIBUTION TO THE
STUART, FL 34994		501(C)3	0.	23,007.	METHODOLGY	FOOD COMMODITIES	NEEDY
					FEEDING AMERICA		
GRACE'S LANDING APARTMENTS							
ZS I.					VALUATION SURVEY		FOOD DISTRIBUTION TO THE
SEBASTIAN, FL 32958		501(c)3	0	4,061,	METHODOLGY	FOOD COMMODITIES NEEDY	NEEDY
					FEEDING AMERICA		-
MUSTARD SEED MINISTRIES - PORT ST.					PRODUCT		
LUCIE - 8311 S US HWY 1 - PORT ST			•		VALUATION SURVEY		FOOD DISTRIBUTION TO THE
LUCIE, FL 34952		501(C)3	0.	91,368,	METHODOLGY	FOOD COMMODITIES NEEDY	NEEDY
					FEEDING AMERICA		
OUR HOUSE NETWORK					PRODUCT		
2183 PONCE DE LEON CIRCLE					VALUATION SURVEY		
VERO BEACH, FL 32960		501(C)3	0	23,178	METHODOLGY	FOOD COMMODITIES	NEEDY
		·····			FEEDING AMERICA		
C R O S MINISTRIES, INC.					FRODUCT		FOOD DISTRIBUTION TO THE
LAHA		****			VALUATION SURVEY		NEEDY
INDIANTOWN, FL 34956		501(c)3	0	52,907	METHODOLGY	FOOD COMMODITIES	
DOCTOR WATER TAXABLE					FEEDING AMERICA		
NEW ECONI SION CHONCH					į		ann on Noimhalamala acca
7		E01(0)3		366 601	WEFFICHOLEY	VON COMPANY SATURATION COOR	DISTRIBUTION 10
HOBE SOUND, FL 33433		C/2\T0C		*	THE TWO CHEST	TOOL COMMENTS	Schedule I (Form 990)
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Schedule I (Form 990) TREASURE COAST FOOD BANK, Part II Continuation of Grants and Other Assistance to Governments and	COAST FOC		nizations in the Ur	nited States (Sche	INC Organizations in the United States (Schedule I (Form 990), Part II.)		65-0123281 Page 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
FIRST UNITED METHODIST CHURCH - MANNA KITCHEN - 1500 S KANNER HWY - STHIART FT. 34994		501(0)3	c	7 3 44	FEEDING AMERICA PRODUCT VALUATION SURVEY METHODOLGY	ватитисом сост	FOOD DISTRIBUTION TO THE
TED NIST		501(0)3		7	ERICA	FOOD COMMODITITIES	
NT HELEN CATHO 5 20TH AVE 0 BEACH, FL 35		501(c)3	0		ERICA	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
SALVATION ARMY - ST LUCIE COUNTY 3629 S US HWY 1 FORT PIERCE, FL 34982		501(c)3	o	60,457.	ERICA	FOOD COMMODITIES NEEDY	FOOD DISTRIBUTION TO THE NEEDY
TION ARMY -SW ZND AVE HOBEE, FL 3		501(c)3	0		ERICA	FOOD COMMODITIES NEEDY	FOOD DISTRIBUTION TO THE NEEDY
		501(c)3	0	6,147.	FEEDING AMERICA PRODUCT VALUATION SURVEY METHODOLGY	FOOD COMMODITIES NEEDY	FOOD DISTRIBUTION TO THE NEEDY
OR P		501(c)3	0	3,824.	FEEDING AMERICA PRODUCT VALUATION SURVEY METHODOLGY	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
SALVATION ARMY - MARTIN COUNTY 821 MARTIN LUTHER KING JR, BLVD STUART, FL 34997		501(C)3	0.0	59,108,	FEEDING AMERICA PRODUCT VALUATION SURVEY METHODOLGY	ROOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
CHURCH AT THE CROSS 50 S WIMBROW DRIVE SEBASTIAN, FL 32958		501(C)3	0	25,542.	FEEDING AMERICA PRODUCT VALUATION SURVEY METHODOLGY	FOOD FOOD COMMODITIES NEEDY	FOOD DISTRIBUTION TO THE NEEDY
							Schedule I (Form 990)

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Schedule | (Form 990) TREASURE COAST FOOD BANK, INC

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	ssistance to Go	vernments and Organ	nizations in the Ur	nited States (Sch	edule I (Form 990), Par	(-11.)	
(a) Name and address of organization or government	(a) 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
SCOTT CHEERFUL RESIDENT CORP					FEEDING AMERICA PRODUCT		
6781 NW ABIGAIL AVE					VALUATION SURVEY		FOOD DISTRIBUTION TO THE
PORT ST LUCIE, FL 34983		501(C)3	0.	29,921.	METHODOLGY	FOOD COMMODITIES NEEDY	NEEDY
REDEEMER LUTHERAN					FEEDING AMERICA PRODUCT		É
i H		501(c)3	. 0	1,011.	VALUATION SURVEI METHODOLGY	FOOD COMMODITIES NEEDY	FOOD DISTRIBUTION TO THE NEEDY
Universely Without and Without Condition					FEEDING AMERICA		
					PRODUCT VALUATION SURVEY		FOOD DISTRIBUTION TO THE
FL 3495		501(C)3	0	4,717.	54	FOOD COMMODITIES	NEEDY
	-				FEEDING AMERICA		
GOOD SHEPHERD MINISTRIES					PRODUCT		
5428 SE RAILWAY AVE					VALUATION SURVEY		FOOD DISTRIBUTION TO THE
STUART, FL 34997		501(c)3	0	33,039,	METHODOLGY	FOOD COMMODITIES NEEDY	NEEDY
					FEEDING AMERICA		
COMPASSION HOUSE					PRODUCT		
821 SE MARTIN LUTHER KING BLVD		, , , , , , , , , , , , , , , , , , ,			VALUATION SURVEY		FOOD DISTRIBUTION TO THE
STUART, FL 34997		201(C) 3	•	4 344	METHODOLGY	FOOD COMMODITIES NEEDY	NEEDY
CHILDRENS HOME SOCIETY - YOUTH					FEEDING AMERICA PRODUCT		
					VALUATION SURVEY		FOOD DISTRIBUTION TO THE
STREET - VERO BEACH, FL 32960		501(C)3	0	418	METHODOLGY	FOOD COMMODITIES NEEDY	NEEDY
BOOTH'S CAFE					FEEDING AMERICA PRODUCT		
821 SE MARTIN LUTHER KING BLVD					VALUATION SURVEY		FOOD DISTRIBUTION TO THE
STUART, FL 34997		501(c)3	0	11,894	метнорогся	FOOD COMMODITIES NEEDY	NEEDY
					FEEDING AMERICA		
THE REFUGE RANCH, INC					PRODUCT.		ROOM OTSTRIBITATION TO THE
OKEECHOBEE FL 34974		501(C)3	0	732	METHODOLGY	FOOD COMMODITIES NEEDY	
					FEEDING AMERICA		
FORT PIERCE POLICE ATHLETIC LEAGUE				and Carrier and Ca	PRODUCT		
ROAI		,			VALUATION SURVEY		FOOD DISTRIBUTION TO THE
FORT PIERCE, FL 34950		501(C)3	0	190'11	мктнологах	FOOD COMMODITIES NEEDY	Schodule I (Form 990)

INC TREASURE COAST FOOD BANK, Schedule I (Form 990) (2017)

Page 2

65 - 0123281

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DIRECT SERVICE PROGRAMS FOR MOBILE PANTRY, SACKPACK PROGRAM, SCHOOL PANTRY, DIAPER PANTRY, PET PANTRY, AND SENIOR PROGRAM	91480	e o	4 384 210	FEEDING AMERICA PRODUCT VALUATION SURVEY	FOOD COMMODITIES DISTRIBUTED
•					
Part IV Supplemental Information. Provide the information required in	quired in Part I, lir	te 2; Part III, columr	ı (b); and any other a	Part I, line 2; Part III, column (b); and any other additional information.	
PART II, LINE 1, COLUMN (H):					

NAME OF ORGANIZATION OR GOVERNMENT: OMEGA BAPTIST CHURCH

FOOD DISTRIBUTION TO THE NEEDY

INC CHRIST OF IMAGE ZI GOVERNMENT: OR. ORGANIZATION NAME OF

FOOD DISTRIBUTION TO THE NEEDY

NAME OF ORGANIZATION OR GOVERNMENT:

THE FOOD PANTRY OF INDIAN RIVER COUNTY

732102 11-01-17

Schedul	e I (Form 9	90)	ŢŢ	REASU	JRE	COAST	FOOD	BANK,	INC			05-UI.	<u> 43481 Pa</u>	ige 2
Part I	V Supp	⁹⁰⁾ plemental In	form	ation										
FOOD	DIST	RIBUTION	TO	THE	NEI	EDY								
														
			-			<u></u>								-
							· · · · · · · · · · · · · · · · · · ·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

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

TREASURE COAST FOOD BANK, INC

Employer identification number 65-0123281

Pai	rt I Type	s 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	Method of o			S
1	Art - Works of	art							
2		I treasures							
3		interests							
4		blications							
5		household goods							
6	-	er vehicles							
7		ines							
8		operty							
9		ublicly traded							
10		osely held stock							
11		artnership, LLC, or							
12		iscellaneous							
13		servation contribution -							
	Historic struct	tures					·····		
14		servation contribution - Other			·				
15	Real estate - F	Residential							
16	Real estate - 0	Commercial							
17	Real estate - 0	Other							
18									
19	Food inventor	у	X	11222728	19,157,952	.FMV - FEED	ING A	AME:	RIC
20		dical supplies							
21	-								
22	Historical artif	acts							
23		cimens							
24	Archeological	artifacts							
25	Other >	()							
26	Other 🕨	()							
27	Other 🕨	()							
28	Other >	(<u> </u>			
29	Number of Fo	rms 8283 received by the organi	ization durin	g the tax year for o	ontributions				
	for which the	organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29				
								Yes	No
30a	During the year	ar, did the organization receive b	y contribution	on any property rep	oorted in Part I, lines 1 thro	ugh 28, that it			
		at least three years from the dat					A Section		
	exempt purpo	ses for the entire holding period	!?				. 30a		<u> </u>
b	If "Yes," desc	ribe the arrangement in Part II.				_			
31	Does the orga	nization have a gift acceptance	policy that re	equires the review	of any nonstandard contrib	utions?	. 31		<u> </u>
32a		nization hire or use third parties						}	
	contributions	? ,,					. 32a		X
b	If "Yes," descri	ribe in Part II.							
33	If the organiza	ition didn't report an amount in c	column (c) fo	r a type of propert	y for which column (a) is ch	ecked,	The state of		
	describe in Pa	ırt II.						6 1	1 1 1 6 W

Schedule M (Form 990) 2017

Schedule M	(Form 990) 2017	TREASURE	COAST	FOOD	BANK,	INC		65-01434	
Part II	Supplemental is reporting in Part this part for any ad	Information. I, column (b), the ditional information	Provide the number of con.	informatior ontribution	required by s, the numb	y Part I, lines 30 per of items rec	0b, 32b, and 33, eived, or a comb	and whether the o ination of both. Als	rganization so complete
necessary of the second of the									
						<u> </u>			
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	and the second s								
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SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number

65-0123281 TREASURE COAST FOOD BANK, INC FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MARTIN, OKEECHOBEE & ST. LUCIE COUNTIES. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: WHOLE CHILD CONNECTION PROGRAM: THROUGH EMPOWERMENT, ADVOCACY AND CASE MANAGEMENT PROVIDE THE COMMUNITY ACCESS TO RESOURCES THAT SUPPORT AND STRENGTHEN FAMILIES LIVING IN MARTIN COUNTY. FUNDED BY CSC OF MARTIN COUNTY. CSC OF SLC HEALTHY KIDS/BENEFITS OUTREACH PROGRAM: ENABLES TWO BILINGUAL BENEFITS OUTREACH SPECIALISTS TO AMPLIFY THE HUNGER-RELIEF ORGANIZATION'S ONGOING EFFORTS TO ASSIST RESIDENTS WITH ENROLLMENT IN THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), KIDCARE, MEDICAID, TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), AND HEALTHCARE MARKETPLACE INSURANCE THROUGH THE AFFORDABLE CARE ACT. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. EXPENSES \$ 281,703. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 PROVIDED TO ALL BOARD MEMBERS PRIOR TO COMPLETION AND SUBMISSION OF RETURN. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS AND BOARD MEMBERS ARE REQUIRED TO ANNUALLY REVIEW POLICIES AND SIGN STATEMENT THAT THEY HAVE READ AND HAVE NO CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15: LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization TREASURE COAST FOOD BANK, INC	Employer identification number 65-0123281
COMPENSATION IS REVIEWED BY THE BOARD ANNUALLY. COMPENSAT	ION IS TRADITIONAL
BASED UPON COMPARABLE SALARIES FOR APPROPRIATE POSITIONS	AND
RESPONSIBILITY.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE INFORMATION IS AVAILABLE UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS POLICIES AVAILABLE TO THE PUBL	IC UPON REQUEST.
FORM 990, PART XII, LINE 2C:	
NO CHANGES FROM THE PRIOR YEAR	
·	

Form **8868** (Rev. January 2017)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

Department of the Treasury Internal Revenue Service

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or print 65-0123281 TREASURE COAST FOOD BANK, INC File by the Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 401 ANGLE ROAD return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions FORT PIERCE, FL 34947-2528 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Return **Application** Application Code Code is For Is For 07 Form 990-T (corporation) Form 990 or Form 990-EZ 01 08 Form 1041-A 02 Form 990-BL Form 4720 (other than individual) 09 Form 4720 (individual) 03 10 Form 5227 04 Form 990-PF Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 12 06 Form 8870 Form 990-T (trust other than above) JUDITH CRUZ Telephone No. ▶ 772-489-3034 Fax No. _. If this is for the whole group, check this If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) box 🕨 📗 . If it is for part of the group, check this box 🕨 🔝 and attach a list with the names and EINs of all members the extension is for. MAY 15, 2019 , to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: __ calendar year _ , and ending <u>JUN</u> 30 , 2018 ► X tax year beginning JUL 1, 2017 If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. За nonrefundable credits. See instructions. If this application is for Forms 990 PF, 990 T, 4720, or 6069, enter any refundable credits and 3b estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

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

Form 8868 (Rev. 1-2017)

instructions.