

Form **990**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)

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**Open to Public  
Inspection**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

TREASURE COAST FOOD BANK, INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

401 ANGLE ROAD

City or town, state or province, country, and ZIP or foreign postal code

FORT PIERCE, FL 34947-2528

**F** Name and address of principal officer: JUDITH CRUZ

SAME AS C ABOVE

**D** Employer identification number

\*\*-\*\*\*3281

**E** Telephone number

772-489-3034

**G** Gross receipts \$ 23,150,892.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: STOPHUNGER.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 1989**M** State of legal domicile: FL**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>ALLEVIATE HUNGER BY COLLECTION &amp; DISTRIBUTION OF DONATED FOOD &amp; OTHER ESSENTIALS IN INDIAN RIVER,</b>
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 10
	4	Number of independent voting members of the governing body (Part VI, line 1b) 10
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a) 65
	6	Total number of volunteers (estimate if necessary) 15412
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, line 38 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 21,546,123. 22,341,175.
	9	Program service revenue (Part VIII, line 2g) 215,296. 245,270.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 2,532.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 463,217. 509,414.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 22,224,636. 23,098,391.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 17,808,921. 18,175,697.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,697,787. 1,817,401.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 185,919.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,933,030. 2,253,886.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 21,439,738. 22,246,984.
19	Revenue less expenses. Subtract line 18 from line 12 784,898. 851,407.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 8,210,950. 9,251,298.
	21	Total liabilities (Part X, line 26) 2,456,153. 2,645,094.
	22	Net assets or fund balances. Subtract line 21 from line 20 5,754,797. 6,606,204.

**Part II Signature Block**

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

Sign Here	Signature of officer	Date
	JUDITH CRUZ, PRESIDENT/CEO	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	J.W. GAINES	
	Firm's name	Firm's EIN
	BERGER, TOOMBS, ELAM, GAINES & FRANK	** - ***7979
	Firm's address	Phone no. (772) 461-6120
	600 CITRUS AVENUE, SUITE 200	
	FT. PIERCE, FL 34950	

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

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission: **NONE****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 14,755,459. including grants of \$ 12,452,111. ) (Revenue \$ 265,574. )  
**GENERAL FOOD/PRODUCT DISTRIBUTION: DIRECT SERVICES TO HELP CHILDREN, SENIORS, VETERANS, PETS, AND FAMILIES IN NEED. COLLECTION, WAREHOUSING AND DISTRIBUTION OF PRODUCT FROM LOCAL AND NATIONAL FOOD INDUSTRY DONORS, COMMUNITY FOOD DRIVES AND PURCHASES TO NON-PROFIT AGENCIES WITH FEEDING AND/OR FOOD DISTRIBUTION PROGRAMS. ALL FOOD AND OTHER ESSENTIALS ARE PROVIDED TO PEOPLE AT NO COST.**

**4b** (Code: ) (Expenses \$ 6,197,458. including grants of \$ 5,723,586. ) (Revenue \$ )  
**BENEFITS OUTREACH AND CLIENT SERVICES/CASE MANAGEMENT PROGRAM: A CLIENT INTERVENTION PROGRAM THAT CONNECTS LOW-INCOME FAMILIES WITH VITAL SERVICES TO HELP INCREASE THEIR HOUSEHOLD RESOURCES AND STABILIZE FINANCIAL VOLATILITY. NUTRITION, HEALTH, AND WELLNESS EDUCATES FAMILIES ON LOW COST HEALTHY FOOD CHOICES, EDUCATIONAL SEMINARS AND SESSIONS EMPOWER PEOPLE TO IMPROVE OVERALL HEALTH, LIFESTYLE AND WELLBEING.**

**4c** (Code: ) (Expenses \$ 362,399. including grants of \$ ) (Revenue \$ )  
**FOOD PRODUCTION KITCHEN PROGRAM: THE PROGRAM PROVIDES A 12-WEEK FOOD SERVICE TRAINING PROGRAM FOCUSED ON TECHNICAL, LIFE, AND EMPLOYMENT SKILLS IN THE FOOD SERVICE INDUSTRY. THE PROGRAM ALSO PROVIDES HOT MEALS FOR CHILDREN IN AFTER SCHOOL PROGRAMS, READY TO EAT PREPARED MEALS, SUMMER MEAL PROGRAM PROVIDES BREAKFAST, LUNCH AND SNACKS TO CHILDREN.**

**4d** Other program services (Describe in Schedule O.)(Expenses \$ 301,026. including grants of \$ ) (Revenue \$ )**4e** Total program service expenses **21,616,342.**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		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 Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

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

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

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ..... <b>2a</b> 65		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>2b</b> X	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? ..... <b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O ..... <b>3b</b>		
<b>4a</b> 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)? ..... <b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country:  ..... See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... <b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ..... <b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? ..... <b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ..... <b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ..... <b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? ..... <b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? ..... <b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ..... <b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ..... <b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..... <b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... <b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ..... <b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? ..... <b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ..... <b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders ..... <b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? ..... <b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? ..... <b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 ..... <b>13b</b>		
<b>c</b> Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? ..... <b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ..... <b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? ..... <b>15</b>		X
If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? ..... <b>16</b>		X
If "Yes," complete Form 4720, Schedule O.		

Form 990 (2018)

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

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

☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 10		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 10		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... <b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>		X
<b>7a</b> 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? ..... <b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ..... <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ..... <b>9</b>		X

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

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

**Section 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
**JUDITH CRUZ - 772-489-3034**  
**401 ANGLE RD, FORT PIERCE, FL 34947**

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

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

2018.04030 TREASURE COAST FOOD BANK, I 22609\_\_1





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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	7,388,935.		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	14,952,240.		
	g	Noncash contributions included in lines 1a-1f: \$		19,398,370.		
	h	Total. Add lines 1a-1f		22,341,175.		
	Program Service Revenue	2 a	AGENCY HANDLING FEES	Business Code 624210	222,245.	222,245.
b		POWER PURCHASE PROG HANDLING FEES	624210	23,025.	23,025.	
c						
d						
e						
f		All other program service revenue				
g		Total. Add lines 2a-2f		245,270.		
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		2,532.	2,532.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real (ii) Personal			
	b	Less: rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b	Less: cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)				
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	544,143.		
	b	Less: direct expenses	b	52,501.		
	c	Net income or (loss) from fundraising events		491,642.		491,642.
	9 a	Gross income from gaming activities. See Part IV, line 19	a			
	b	Less: direct expenses	b			
	c	Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns and allowances	a			
b	Less: cost of goods sold	b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code			
11 a	MISCELLANEOUS INCOME	624210	17,772.	17,772.		
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		17,772.			
12	Total revenue. See instructions		23,098,391.	265,574.	0.	491,642.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,323,061.	10,323,061.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,852,636.	7,852,636.		
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 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,672,475.	1,337,980.	217,421.	117,074.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	24,298.	19,438.	3,159.	1,701.
10 Payroll taxes	120,628.	96,502.	15,682.	8,444.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	160,808.	128,652.	24,117.	8,039.
12 Advertising and promotion	93,898.	75,122.	14,082.	4,694.
13 Office expenses	16,956.	13,565.	2,543.	848.
14 Information technology				
15 Royalties				
16 Occupancy	56,149.	44,919.	8,423.	2,807.
17 Travel	56,067.	44,853.	8,410.	2,804.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,172.	8,137.	1,526.	509.
20 Interest	99,607.	79,681.	14,938.	4,988.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	464,896.	371,917.	79,033.	13,946.
23 Insurance	248,286.	198,629.	37,243.	12,414.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM FOOD COSTS</b>	367,903.	367,903.		
b <b>FREIGHT CHARGES</b>	151,572.	151,572.		
c <b>REPAIRS &amp; MAINTENANCE</b>	107,976.	107,976.		
d <b>UTILITIES</b>	85,883.	68,707.	12,882.	4,294.
e All other expenses	333,713.	306,509.	19,201.	8,003.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	22,246,984.	21,597,759.	458,660.	190,565.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	92,075.	1	241,174.
	2 Savings and temporary cash investments .....	864,720.	2	530,717.
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	157,531.	4	597,272.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....	1,989,473.	8	3,204,243.
	9 Prepaid expenses and deferred charges .....	39,623.	9	31,602.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 7,172,993.		
	b Less: accumulated depreciation .....	10b 2,546,153.		
		5,052,892.	10c	4,626,840.
	11 Investments - publicly traded securities .....		11	
	12 Investments - other securities. See Part IV, line 11 .....	10,176.	12	14,866.
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
15 Other assets. See Part IV, line 11 .....	4,460.	15	4,584.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	8,210,950.	16	9,251,298.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	224,611.	17	267,048.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	195,219.
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....	2,231,542.	23	2,163,705.
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	25	19,122.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	2,456,153.	26	2,645,094.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets .....	4,751,601.	27	4,215,285.
	28 Temporarily restricted net assets .....	988,196.	28	2,375,919.
	29 Permanently restricted net assets .....	15,000.	29	15,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 <b>Total net assets or fund balances</b> .....	5,754,797.	33	6,606,204.
34 <b>Total liabilities and net assets/fund balances</b> .....	8,210,950.	34	9,251,298.	

Form 990 (2018)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,098,391.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,246,984.
3	Revenue less expenses. Subtract line 2 from line 1	3	851,407.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,754,797.
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	6,606,204.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2018)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17115205.	19446876.	19659080.	21546123.	22341175.	100108459
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	17115205.	19446876.	19659080.	21546123.	22341175.	100108459
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						100108459

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	17115205.	19446876.	19659080.	21546123.	22341175.	100108459
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,663.	2,874.	2,883.	3,515.	2,532.	13,467.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	506,659.	391,393.	315,596.	216,916.	263,042.	1693606.
11 Total support. Add lines 7 through 10						101815532
12 Gross receipts from related activities, etc. (see instructions)					12	2,638,402.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	98.32 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	97.94 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2018

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 Total. Add lines 1 through 5 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b .....						
8 Public support. (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
13 Total support. (Add lines 9, 10c, 11, and 12.) .....						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	15		%
16 Public support percentage from 2017 Schedule A, Part III, line 15 .....	16		%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	17		%
18 Investment income percentage from 2017 Schedule A, Part III, line 17 .....	18		%

19a **33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization .....

b **33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		



**Part IV** Supporting Organizations (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

**Part VI**

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

Supplemental information area with horizontal lines for text entry.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

Employer identification number

TREASURE COAST FOOD BANK, INC

\*\*-\*\*\*3281

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundation

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

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

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

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it 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) (2018)

Name of organization	Employer identification number
<b>TREASURE COAST FOOD BANK, INC</b>	<b>65-0123281</b>

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US DEPARTMENT OF AGRICULTURE/FLORIDA DEPT. OF AG  407 S CALHOUN STREET  TALLAHASSEE, FL 32399-0800	\$ 7,099,648.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

\*\*\*3281

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD COMMODITIES	\$ 7,099,648.	06/30/19
(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 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 Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

Employer identification number

TREASURE COAST FOOD BANK, INC

\*\*-\*\*\*3281

**Part III**

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

Use duplicate copies of Part III if additional space is needed.

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



# SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

## Supplemental Financial Statements

▶ Complete if the organization answered "Yes" 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization

TREASURE COAST FOOD BANK, INC

Employer identification number

\*\*-\*\*\*3281

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

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

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

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

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

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

Complete if the organization answered "Yes" 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 ▶ \$

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

Schedule D (Form 990) 2018

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

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

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

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

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

- |  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ☐ %
- b Permanent endowment ☐ %
- c Temporarily restricted endowment ☐ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		380,213.		380,213.
b Buildings		1,928,132.	599,856.	1,328,276.
c Leasehold improvements		2,223,941.	687,733.	1,536,208.
d Equipment		2,640,707.	1,258,564.	1,382,143.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,626,840.

Schedule D (Form 990) 2018

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (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, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE PAYABLE	19,122.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (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) 2018

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

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

1	Total revenue, gains, and other support per audited financial statements	1	23,098,391.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	23,098,391.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	23,098,391.

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

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

1	Total expenses and losses per audited financial statements	1	22,246,984.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	22,246,984.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	22,246,984.

**Part XIII** Supplemental Information.

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

**PART X, LINE 2:**

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES, UNDER THE PROVISIONS OF THE INTERNAL REVENUE CODE 501(C)(3) AND IS NOT CONSIDERED A PRIVATE FOUNDATION. THE TAX PERIODS OPEN TO EXAMINATION IN WHICH THE ORGANIZATION IS SUBJECT INCLUDE THE FISCAL YEARS ENDED JUNE 30, 2016, 2017 AND 2018. NO UNCERTAIN TAX POSITIONS WITHIN THE SCOPE OF ASC 740 ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, EXISTED AS OF JUNE 30, 2019.

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public  
Inspection

Name of the organization

TREASURE COAST FOOD BANK, INC

Employer identification number

\* \* \_ \* \* \* 3281

## Part I

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

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

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

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

☐ Yes☐ No

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

[illegible]

Total .....

- 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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		<b>FUNDRAISING</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	1 Gross receipts .....	544,143.			544,143.
	2 Less: Contributions .....				
	3 Gross income (line 1 minus line 2) .....	544,143.			544,143.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses .....	52,501.			52,501.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				52,501.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				491,642.

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

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

Name ☐Address ☐

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

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

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

Name ☐Address ☐

16 Gaming manager information:

Name ☐Gaming manager compensation ☐ \$Description of services provided ☐☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ☐ \$

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

Supplemental information area with multiple horizontal lines for text entry.

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

**TREASURE COAST FOOD BANK, INC**

Employer identification number  
\* \* - \* \* \* 3281

**Part I** General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OMEGA BAPTIST CHURCH 1665 SW BILTMORE STREET PORT ST LUCIE, FL 34984		501(C)3	0.	969,852.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
IN IMAGE OF CHRIST, INC 707 N 7TH STREET FORT PIERCE, FL 34950		501(C)3	0.	482,818.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
THE FOOD PANTRY OF INDIAN RIVER COUNTY - 2206 16TH AVENUE - VERO BEACH, FL 32960		501(C)3	0.	176,967.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
JENSEN BEACH CHRISTIAN CHURCH 1890 NE CHURCH STREET JENSEN BEACH, FL 34957		501(C)3	0.	328,672.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
HOUSE OF HOPE- STUART PANTRY 2484 SE BONITA STREET STUART, FL 34997		501(C)3	0.	180,543.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
BANNER LAKE CAFE 12212 SE LANTANA AVE HOBE SOUND, FL 33475		501(C)3	0.	1,377.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY

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

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINISTERIO JESUS CRISTO ES EL CAMINO - 6534 NW SELVITZ RD - PORT ST LUCIE, FL 34986		501(C)3	0.	241,160.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
GRACE FAMILY CHURCH 6300 NW WEST TORINO PARKWAY PORT ST LUCIE, FL 34986		501(C)3	0.	496,259.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
HOPE FOR FAMILIES CENTER 720 4TH STREET VERO BEACH, FL 32962		501(C)3	0.	4,826.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
MACEDONIA SEVENTH DAY ADVENTIST CHURCH - 1220 DELEWARE AVENUE - FORT PIERCE, FL 34950		501(C)3	0.	599,304.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
OPERATION HOPE 12285 COUNTY RD 512 FELLSMERE, FL 32948		501(C)3	0.	450,449.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
EMBASSY MINISTRIES 14450 HWY 98 N OKEECHOBEE, FL 34972		501(C)3	0.	101,406.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
OKEECHOBEE CHURCH OF GOD 301 NE 4TH AVE OKEECHOBEE, FL 34974		501(C)3	0.	260,825.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
FIRST BAPTIST CHURCH OF PSL 115 NE SOLIDA DRIVE PORT ST LUCIE, FL 34983		501(C)3	0.	194,061.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
COMMON GROUND MINISTRIES 915 AVENUE D FORT PIERCE, FL 34950		501(C)3	0.	122,702.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY

Schedule I (Form 990)

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAD LIFE FOOD PANTRY 4311 SW DARWIN BLVD PORT ST LUCIE, FL 34953		501(C)3	0.	173,515	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
GREATER NEW BETHEL MISSIONARY BAPTIST CHURCH - 305 N 8TH STREET - FORT PIERCE, FL 34950		501(C)3	0.	48,778	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
FAITH FARM 7595 NE 128TH AVE OKEECHOBEE, FL 34972		501(C)3	0.	95,606	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
CHURCH OF GOD BY FAITH 8550 58TH AVE SEBASTIAN, FL 32958		501(C)3	0.	157,550	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
ROSELAND ECUMENICAL FOOD PANTRY 8205 129TH COURT SEBASTIAN, FL 32957		501(C)3	0.	98,538	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
SARAH'S KITCHEN OF THE TREASURE COAST - FIRST BETHEL BAPTIST CHURCH - 506 N 11TH STREET - FORT PIERCE, FL 34950		501(C)3	0.	237,058	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
SARAH'S KITCHEN - NOTRE DAME CATHOLIC MISSION - 217 N US HWY 1 - FORT PIERCE, FL 34950		501(C)3	0.	145,400	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
MUSTARD SEED MINISTRIES 3130 S US HWY 1 FORT PIERCE, FL 34982		501(C)3	0.	174,928	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
HOUSE OF GOD CHURCH 1601 N 27TH STREET FORT PIERCE, FL 34947		501(C)3	0.	155,405	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARTMAN ROAD CHURCH OF CHRIST 1010 HARTMAN RD FORT PIERCE, FL 34947		501(C)3	0.	84,893	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
ST SEBASTIAN CONFERENCE OF ST VINCENT DE PAUL - 5480 85TH STREET - VERO BEACH, FL 32967		501(C)3	0.	143,407	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
FIRST BETHEL MISSIONARY BAPTIST CHURCH - 506 N 11TH STREET - FORT PIERCE, FL 34950		501(C)3	0.	20,517	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
LIGHTHOUSE BAPTIST CHURCH 6731 S US HWY 1 PORT ST LUCIE, FL 34952		501(C)3	0.	114,296	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
FORT PIERCE SEVENTH DAY ADVENTIST CHURCH - 2601 VIRGINIA AVENUE - FORT PIERCE, FL 34954		501(C)3	0.	71,460	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
SARAH'S KITCHEN - FIRST CONGREGATIONAL CHURCH - 2401 SE SIDONIA STREET - PORT ST LUCIE, FL 34952		501(C)3	0.	38,248	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
SARAH'S KITCHEN - ST PAUL'S AME 1405 N 27TH STREET FORT PIERCE, FL 34952		501(C)3	0.	44,369	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
THE SOURCE I AM MINISTRIES - FOOD PANTRY - 1015 COMMERCE AVE - VERO BEACH, FL 32960		501(C)3	0.	82,223	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
CHURCH OF GOD OF PROPHECY 102 NW 10TH STREET OKEECHOBEE, FL 34972		501(C)3	0.	57,785	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE EMMANUEL CHURCH 707 KITTERMAN ROAD PORT ST LUCIE, FL 34952		501(C)3	0.	49,233.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
SUNRISE TABERNACLE CHURCH 3280 S 25TH STREET FORT PIERCE, FL 34981		501(C)3	0.	83,760.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
CHURCH OF GOD PRINCE OF PEACE 5905 OLEANDER AVE FORT PIERCE, FL 34982		501(C)3	0.	87,580.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
GRACE WAY VILLAGE - MATTHEW'S CAFE 1780 HARTMAN ROAD FORT PIERCE, FL 34947		501(C)3	0.	61,664.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
WORSHIP CENTER INTERNATIONAL 6501 NW ST. JAMES DRIVE PORT ST LUCIE, FL 34983		501(C)3	0.	103,422.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
ANGELS OF HOPE OUTREACH 1400 TROW BRIDGE RD FORT PIERCE, FL 34945		501(C)3	0.	37,735.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
SOARING FAITH MINISTRIES 2110 NE ARCH STREET JENSEN BEACH, FL 34957		501(C)3	0.	60,607.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
FAITH TEMPLE COMMUNITY DEVELOPMENT CENTER - 2805 AVE T - FORT PIERCE, FL 34947		501(C)3	0.	84,580.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
HOLY CROSS SERVICE CENTER 15265 SW ADAMS AVE INDIANTOWN, FL 34956		501(C)3	0.	31,618.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE UNITED METHODIST CHURCH - HAITIAN MISSION - 8805 50TH AVE - SEBASTIAN, FL 32958		501(C)3	0.	54,563.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
FIRST UNITED METHODIST CHURCH 260 SW PRIMA VISTA BLVD PORT ST LUCIE, FL 34983		501(C)3	0.	42,821.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
SARAH'S KITCHEN - 1ST UNITED METHODIST CHURCH - 260 SW PRIMA VISTA BLVD - PORT ST LUCIE, FL 34983		501(C)3	0.	29,137.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
GIFFORD BEYOND SPECIAL K PROGRAM 4875 43RD AVE VERO BEACH, FL 32967		501(C)3	0.	210,796.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
HANDS OF HOPE COMMUNITY DEVELOPMENT - 828 SE NASSAU AVE - STUART, FL 34994		501(C)3	0.	92,366.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
INDIAN RIVER SENIOR HOUSING 1028 20TH PLACE, SUITE C VERO BEACH, FL 32960		501(C)3	0.	462,548.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
BANNER LAKE 12212 SE LANTANA AVE HOBE SOUND, FL 33455		501(C)3	0.	416,844.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
HOUSE OF HOPE -HOBE SOUND 8937 SE BRIDGE RD HOBE SOUND, FL 33455		501(C)3	0.	22,560.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
THE EPISCOPAL CHURCH OF THE NATIVITY - NATIVITY'S CUPBOARD - 1151 SW DEL RIO BLVD - PORT ST LUCIE, FL 34953		501(C)3	0.	36,970.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LORD'S TABLE 10074 ESPERANZA CIRCLE FELLSMERE, FL 32948		501(C)3	0.	31,679.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
HOUSE OF HOPE - INDIANTOWN 15549 SW WARFIELD BLVD. INDIANTOWN, FL 34956		501(C)3	0.	15,375.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
ST VINCENT DE PAUL 12001 SE FEDERAL HIGHWAY STE D HOBE SOUND, FL 33455		501(C)3	0.	28,016.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
THE BRIDGE CHRISTIAN OUTREACH, INC. - 20 NE DIXIE HIGHWAY - STUART, FL 34994		501(C)3	0.	281,174.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
HOUSE OF HOPE - JENSEN BEACH 1090 NE JENSEN BEACH BLVD JENSEN BEACH, FL 34957		501(C)3	0.	18,275.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
ST PAUL AME CHURCH 900 SE EAST AVE STUART, FL 34994		501(C)3	0.	22,003.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
MUSTARD SEED MINISTRIES - PORT ST. LUCIE - 8311 S US HWY 1 - PORT ST LUCIE, FL 34952		501(C)3	0.	147,371.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
OUR HOUSE NETWORK 2183 PONCE DE LEON CIRCLE VERO BEACH, FL 32960		501(C)3	0.	23,819.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
C R O S MINISTRIES, INC. 15451 SW 150TH STREET INDIANTOWN, FL 34956		501(C)3	0.	27,971.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW MOUNT ZION CHURCH 8224 SE PETTWAY STREET HOBE SOUND, FL 33455		501(C)3	0.	451,776.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
FIRST UNITED METHODIST CHURCH - CARING MINISTRIES - 1500 S KANNER HWY - STUART, FL 34994		501(C)3	0.	4,960.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
SAINT HELEN CATHOLIC CHURCH 1031 18TH STREET, SUITE F & G VERO BEACH, FL 32960		501(C)3	0.	218,029.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
SALVATION ARMY - ST LUCIE COUNTY 3629 S US HWY 1 FORT PIERCE, FL 34982		501(C)3	0.	113,789.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
WELCOME HOUSE 242 HWY 441 SE OKEECHOBEE, FL 34974		501(C)3	0.	10,744.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
SALVATION ARMY - MARTIN COUNTY 821 MARTIN LUTHER KING JR, ELVD STUART, FL 34997		501(C)3	0.	101,158.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
CHURCH AT THE CROSS 50 S WIMBROW DRIVE SEBASTIAN, FL 32958		501(C)3	0.	25,032.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
SCOTT CHEERFUL RESIDENT CORP 6781 NW ABIGAIL AVE PORT ST LUCIE, FL 34983		501(C)3	0.	41,770.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
REDEEMER LUTHERAN 2450 SE OCEAN BLVD STUART, FL 34996		501(C)3	0.	1,589.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE. NEEDY

Schedule I (Form 990)



Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARBOR NETWORK - MARTIN COUNTY 618 SE CENTRAL PARKWAY STUART, FL 34994		501(C)3	0.	2,440.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
GOOD SHEPHERD MINISTRIES 5428 SE RAILWAY AVE STUART, FL 34997		501(C)3	0.	12,796.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
COMPASSION HOUSE 821 SE MARTIN LUTHER KING BLVD STUART, FL 34997		501(C)3	0.	10,054.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
CHILDRENS HOME SOCIETY - YOUTH TRANSITION CENTER - 620 10TH STREET - VERO BEACH, FL 32960		501(C)3	0.	1,481.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
CITY CHURCH OF THE TREASURE COAST 1001 S US HIGHWAY 1 PORT ST LUCIE, FL 34952		501(C)3	0.	6,613.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
CARE NET PREGNANCY CENTER 1503 24TH STREET VERO BEACH, FL 32960		501(C)3	0.	5,074.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
CASTLE - OKEECHOBEE 208 NORTH PARROT AVENUE OKEECHOBEE, FL 34972		501(C)3	0.	1,097.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
GERTRUDE WALDEN CENTER 601 SW LAKE STREET STUART, FL 34994		501(C)3	0.	73,891.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
HANDS CLINIC 3855 US HIGHWAY 1 PORT PIERCE, FL 34947		501(C)3	0.	1,380.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHY FAMILIES - INDIAN RIVER COUNTY - 1555 INDIAN RIVER BLVD., B241 - VERO BEACH, FL 32960		501(C)3	0.	4,802.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
HEALTHY START COALITION - FORT PIERCE - 2310 NEBRASKA AVENUE - FORT PIERCE, FL 34950		501(C)3	0.	7,489.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
FLORIDA COMMUNITY HEALTH CENTER 1505 DELAWARE AVENUE FORT PIERCE, FL 34950		501(C)3	0.	20,064.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
REAL LIFE CHILDREN'S RANCH 17777 HIGHWAY 441 SE OKEECHOBEE, FL 34974		501(C)3	0.	13,023.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
SAFESPACE - MARTIN COUNTY 1055 SE 10TH STREET STUART, FL 34990		501(C)3	0.	31,734.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
BOOTH'S CAFE 821 MARTIN LUTHER KING JR, BLVD STUART, FL 34994		501(C)3	0.	17,791.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
ST. MARKS EDUCATIONAL CENTER 921 ORANGE AVENUE FORT PIERCE, FL 34950		501(C)3	0.	15,908.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
ST. LUCIE SHERIFF'S POLICE ATHLETIC LEAGUE - 2709 PETERS ROAD, UNIT 48 - FORT PIERCE, FL 34950		501(C)3	0.	7,922.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY
WOMEN'S REFUGE 1850 LEMON AVENUE VERO BEACH, FL 32960		501(C)3	0.	969.	FEEDING AMERICA PRODUCT VALUATION	FOOD COMMODITIES	FOOD DISTRIBUTION TO THE NEEDY

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DIRECT SERVICE PROGRAMS FOR MOBILE PANTRY, BACKPACK PROGRAM, SCHOOL PANTRY, DIAPER PANTRY, PET PANTRY, AND SENIOR PROGRAM	129470	0.	7,852,636	FEEDING AMERICA PRODUCT VALUATION SURVEY METHODOLOGY	FOOD COMMODITIES DISTRIBUTED TO THOSE IN NEED

**Part IV** Supplemental Information. Provide the information required in 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

NAME OF ORGANIZATION OR GOVERNMENT: IN IMAGE OF CHRIST, INC

FOOD DISTRIBUTION TO THE NEEDY

NAME OF ORGANIZATION OR GOVERNMENT:

THE FOOD PANTRY OF INDIAN RIVER COUNTY

Part IV

Supplemental Information

FOOD DISTRIBUTION TO THE NEEDY

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**TREASURE COAST FOOD BANK, INC**

Employer identification number

**\*\*-\*\*\*3281**

**Part I** Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....	X	11802279	19,398,370.	FMV - FEEDING AMERIC
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( .....				
26 Other ▶ ( .....				
27 Other ▶ ( .....				
28 Other ▶ ( .....				

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

29

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

	Yes	No
30a		X
31		X
32a		X

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

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

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

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) 2018

Part II

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

Lined area for supplemental information.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

TREASURE COAST FOOD BANK, INC

Employer identification number  
\*\*-\*\*\*3281

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.  
EXPENSES \$ 301,026. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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) (2018)

Name of the organization

TREASURE COAST FOOD BANK, INC

Employer identification number

\*\*-\*\*\*3281

COMPENSATION IS REVIEWED BY THE BOARD ANNUALLY. COMPENSATION 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 PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

NO CHANGES FROM THE PRIOR YEAR



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

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service▶ File a separate application for each return.  
▶ Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/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.

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
File by the due date for filing your return. See instructions.	TREASURE COAST FOOD BANK, INC	Employer identification number (EIN) or ***-***3281
	Number, street, and room or suite no. If a P.O. box, see instructions. 401 ANGLE ROAD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see 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) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JUDITH CRUZ

- The books are in the care of ▶ 401 ANGLE RD - FORT PIERCE, FL 34947

Telephone No. ▶ 772-489-3034

Fax No. ▶

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

- 1 I request an automatic 6-month extension of time until MAY 15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year \_\_\_\_\_ or▶ ☒ tax year beginning JUL 1, 2018, and ending JUN 30, 2019

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

☐ Change in accounting period

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

**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 instructions.

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

Form 8868 (Rev. 1-2019)