

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BREAD OF THE MIGHTY FOOD BANK INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 325 NW 10 AVE City or town, state or province, country, and ZIP or foreign postal code GAINESVILLE, FL 32601	D Employer identification number 59-2805577 E Telephone number 352-336-0839
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 8,617,598.
J Website: ▶ WWW.BREADOFTHEMIGHTY.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1987 M State of legal domicile: FL

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: A NONPROFIT ORGANIZATION THAT COORDINATES THE ACQUISITION AND DISTRIBUTION OF FOOD AND BASIC		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	44
	6	Total number of volunteers (estimate if necessary)	6	3694
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 7,655,655.
9		Program service revenue (Part VIII, line 2g)	420,866.	438,243.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	316.	707.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,466.	-4,157.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,073,371.	8,613,441.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,574,821.
	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)	762,936.	825,561.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 74,515.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	586,233.	444,412.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,923,990.	8,446,362.
	19	Revenue less expenses. Subtract line 18 from line 12	149,381.	167,079.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,598,902.	End of Year 1,745,272.
	21	Total liabilities (Part X, line 26)	701,830.	681,121.
	22	Net assets or fund balances. Subtract line 21 from line 20	897,072.	1,064,151.

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 MARCIA CONWELL, PRESIDENT Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name LORIE KEEGAN CPA	Preparer's signature LORIE KEEGAN CPA	Date 08/12/20	Check if self-employed <input type="checkbox"/>	PTIN P01287643
	Firm's name ▶ CARR, RIGGS & INGRAM, LLC	Firm's EIN ▶ 72-1396621	Phone no. 352.372.6300		
	Firm's address ▶ 4010 N.W. 25 PLACE GAINESVILLE, FL 32606				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: A NONPROFIT ORGANIZATION THAT COORDINATES THE ACQUISITION AND DISTRIBUTION OF FOOD AND BASIC ESSENTIALS TO NONPROFIT PROGRAMS THAT PROVIDE FOR THE NEEDY SO THAT HUNGER AND FOOD INSECURITY WOULD BE ELIMINATED AMONG THE CITIZENS OF ALACHUA, DIXIE, GILCHRIST, LAFAYETTE

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

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

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

4a (Code:) (Expenses \$ 8,150,977. including grants of \$ 7,176,389.) (Revenue \$ 438,243.) THE FOOD BANK WAS ESTABLISHED IN GAINESVILLE IN 1987, AND HAS WORKED TIRELESSLY TO GET FOOD TO THE PLATES OF THE HUNGRY AND FOOD INSECURE. THE FOOD BANK DISTRIBUTED 8.5 MILLION POUNDS OF FOOD. WE SERVE THE NORTH CENTRAL FLORIDA AREA - INCLUDING ALACHUA, DIXIE, GILCHRIST, LAFAYETTE, AND LEVY COUNTIES. WE DO THIS PRIMARILY THROUGH OUR NETWORK OF 184 AGENCIES WHO SERVE ON THE FRONT LINES OF POVERTY IN SOUP KITCHENS, FOOD PANTRIES, FAITH-BASED AND COMMUNITY FEEDING AND FOOD PROGRAMS. BREAD OF THE MIGHTY IS THE AREA ADMINISTRATOR FOR THE US DEPARTMENT OF AGRICULTURE (USDA) THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP), COMMONLY KNOWN AS "COMMODITIES" USDA COMMODITIES ARE DISTRIBUTED THROUGH 13 AGENCIES

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

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

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

4e Total program service expenses 8,150,977.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and excess benefit transactions.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included in line 1a, above, who are independent (12); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (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 [X] Upon request [X] 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
TAMI GRAY - 352-336-0839
325 NW 10TH AVENUE, GAINESVILLE, FL 32601

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARCIA CONWELL PRESIDENT/ED	40.00	X		X				119,030.	0.	0.
(2) FRED HENDERSON BOARD MEMBER	1.00	X						0.	0.	0.
(3) SPARKS GIEBEIG BOARD MEMBER	1.00	X						0.	0.	0.
(4) WARREN GRAVES TREASURER	1.00	X		X				0.	0.	0.
(5) ANNA JAMES BOARD MEMBER	1.00	X						0.	0.	0.
(6) TONY JONES BOARD MEMBER	1.00	X						0.	0.	0.
(7) JOE MACKENZIE VICE PRESIDENT	1.00	X		X				0.	0.	0.
(8) MARY SABATELLA BOARD MEMBER	1.00	X						0.	0.	0.
(9) ROSA WILLIAMS BOARD MEMBER	1.00	X						0.	0.	0.
(10) TANYA COMEDY SECRETARY	1.00	X		X				0.	0.	0.
(11) GUY ROIG CHAIRMAN	1.00	X		X				0.	0.	0.
(12) STEVE BINEGAR BOARD MEMBER	1.00	X						0.	0.	0.
(13) JOHN COUNSINS ADVISOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							119,030.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							119,030.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 9,600.				
	b Membership dues	1b				
	c Fundraising events	1c 128,858.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 229,094.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 7,811,096.				
	g Noncash contributions included in lines 1a-1f: \$	7,149,117.				
	h Total. Add lines 1a-1f	▶ 8,178,648.				
	Program Service Revenue	2 a SHARED MAINTENANCE FEE	Business Code 624210	433,215.	433,215.	
b PALLET SALES		624210	3,300.	3,300.		
c MISCELLANEOUS		624210	1,728.	1,728.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 438,243.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 707.			707.	
	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 \$ 128,858. of contributions reported on line 1c). See Part IV, line 18	a 0.				
		b Less: direct expenses	b 4,157.			
c Net income or (loss) from fundraising events		▶ -4,157.			-4,157.	
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					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions	▶ 8,613,441.	438,243.	0.	-3,450.		

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 ...	7,176,389.	7,176,389.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	125,030.	85,021.	30,007.	10,002.
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	627,845.	426,934.	150,683.	50,228.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	10,320.	7,018.	2,477.	825.
10 Payroll taxes	62,366.	42,409.	14,968.	4,989.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	12,080.	8,215.	2,899.	966.
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.)	3,783.	2,572.	908.	303.
12 Advertising and promotion				
13 Office expenses	53,269.	39,962.	9,948.	3,359.
14 Information technology				
15 Royalties				
16 Occupancy	77,642.	75,313.	1,553.	776.
17 Travel	16,183.	11,004.	3,884.	1,295.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	38,594.	37,436.	772.	386.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	91,771.	89,018.	1,835.	918.
23 Insurance	32,413.	31,441.	648.	324.
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 <u>INSURANCE - FLEET</u>	37,615.	37,615.		
b <u>GAS AND OIL - FLEET</u>	35,813.	35,813.		
c <u>REPAIRS & MAINT - FLEET</u>	28,548.	28,548.		
d <u>ALL OTHER EXPENSES</u>	14,408.	13,976.	288.	144.
e All other expenses	2,293.	2,293.		
25 Total functional expenses. Add lines 1 through 24e	8,446,362.	8,150,977.	220,870.	74,515.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	78,505.	1	122,481.
	2 Savings and temporary cash investments	244,907.	2	295,862.
	3 Pledges and grants receivable, net	29,901.	3	28,893.
	4 Accounts receivable, net	9,940.	4	13,700.
	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	136,726.	8	200,207.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,881,749.		
	b Less: accumulated depreciation	10b 798,494.	1,098,126.	10c 1,083,255.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	797.	15	874.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,598,902.	16	1,745,272.	
Liabilities	17 Accounts payable and accrued expenses	116,169.	17	126,224.
	18 Grants payable		18	
	19 Deferred revenue	2,695.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	582,966.	23	554,897.
	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		25	
	26 Total liabilities. Add lines 17 through 25	701,830.	26	681,121.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	897,072.	27	1,027,651.
	28 Temporarily restricted net assets		28	36,500.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	897,072.	33	1,064,151.	
34 Total liabilities and net assets/fund balances	1,598,902.	34	1,745,272.	

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	8,613,441.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,446,362.
3	Revenue less expenses. Subtract line 2 from line 1	3	167,079.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	897,072.
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	1,064,151.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the 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.
- 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?
- 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

	Yes	No
2a		X
2b	X	
2c		X
3a		X
3b		

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **BREAD OF THE MIGHTY FOOD BANK INC** Employer identification number **59-2805577**

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.")	6672349.	7013663.	7332392.	7655655.	8178648.	36852707.
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	6672349.	7013663.	7332392.	7655655.	8178648.	36852707.
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)						13751919.
6 Public support. Subtract line 5 from line 4.						23100788.

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	6672349.	7013663.	7332392.	7655655.	8178648.	36852707.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25.	17.	86.	316.	770.	1,214.
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.)						
11 Total support. Add lines 7 through 10						36853921.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<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	62.68 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	63.15 %
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"/>

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

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described 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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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).		

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization BREAD OF THE MIGHTY FOOD BANK INC **Employer identification number** 59-2805577

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?

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)?

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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		120,738.		120,738.
b Buildings		1,040,610.	314,273.	726,337.
c Leasehold improvements				
d Equipment		222,894.	143,419.	79,475.
e Other		497,507.	340,802.	156,705.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,083,255.

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes and other liabilities.

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 [X]

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	8,622,611.
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	9,170.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	9,170.
3	Subtract line 2e from line 1	3	8,613,441.
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	8,613,441.

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	8,455,532.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	9,170.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	9,170.
3	Subtract line 2e from line 1	3	8,446,362.
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	8,446,362.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE FOOD BANK IS EXEMPT FROM INCOME TAXES ACCORDING TO THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS NOT EARNED ANY UNRELATED TAXABLE INCOME. THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. IN ADDITION, THE FOOD BANK QUALIFIES FOR THE CHARITABLE CONTRIBUTIONS DEDUCTION AND HAS BEEN CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. THE FOOD BANK IS OPERATED EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES. THE FOOD BANK HOLDS NO UNCERTAIN TAX POSITIONS.

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
		EMPTY BOWLS (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	98,683.	30,175.	128,858.
	2	Less: Contributions	98,683.	30,175.	128,858.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	4,157.		4,157.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			4,157.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-4,157.

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

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **BREAD OF THE MIGHTY FOOD BANK INC** Employer identification number **59-2805577**

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 noncash assistance	(h) Purpose of grant or assistance
4 W'S NETWORK INC 530 W UNIVERSITY AVE GAINESVILLE, FL 32601	45-4758789	501(C)(3)	0.	7,389.	FMV	FOOD	FEED THE HUNGRY
A HELPING HAND 2514 NW COUNTY RD ALACHUA, FL 32615	68-0384774	501(C)(3)	0.	12,951.	FMV	FOOD	FEED THE HUNGRY
A NEW DAY 4507 SE HAWTHORNE GAINESVILLE, FL 32641	32-0397024	501(C)(3)	0.	8,465.	FMV	FOOD	FEED THE HUNGRY
ABUNDANT LIFE FAMILY MINISTRIES 1111 NE 17TH RD OCALA, FL 34470	27-2165026	501(C)(3)	0.	9,201.	FMV	FOOD	FEED THE HUNGRY
AGAPE FAITH CENTER MINISTRIES #489EC - 936 NW 31ST AVE - GAINESVILLE, FL 32609	59-1121978	501(C)(3)	0.	9,168.	FMV	FOOD	FEED THE HUNGRY
AL CNTY COALITION (HOMELESS&HUNGRY) 337E - 3055 NE 28TH DR - GAINESVILLE, FL 32609	81-2550751	501(C)(3)	0.	90,207.	FMV	FOOD	FEED THE HUNGRY

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **115.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2018)

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
AR CAMPS MINISTRIES # 485E 2611 NW 68TH AVE GAINESVILLE, FL 32607	45-2044627	501(C)(3)	0.	9,666.	FMV	FOOD	FEED THE HUNGRY
ARK OF HOPE FOR CHILDREN 209 EC 6501 NE 32ND PL HIGH SPRINGS, FL 32643	59-3585457	501(C)(3)	0.	7,219.	FMV	FOOD	FEED THE HUNGRY
BLESSED HOPE FOUNDATION 117E 26821 W NEWBERRY RD NEWBERRY, FL 32669	36-4519555	501(C)(3)	0.	13,038.	FMV	FOOD	FEED THE HUNGRY
BROADWAY COMMUNITY OUTREACH 2027 W SILVER APINGS BLVD OCALA, FL 34475	46-2092583	501(C)(3)	0.	18,464.	FMV	FOOD	FEED THE HUNGRY
BRONSON UNITED METHODIST CHURCH 313E - 235 N COURT ST - BRONSON, FL 32621	59-2349106	501(C)(3)	0.	5,611.	FMV	FOOD	FEED THE HUNGRY
C.H.A.M.P. 235E 2005 NW 36TH DR GAINESVILLE, FL 32605	94-3391656	501(C)(3)	0.	26,044.	FMV	FOOD	FEED THE HUNGRY
CAMP ANDERSON MINISTRIES #490C 536 NE 168TH AVE OLD TOWN, FL 32680	46-2499471	501(C)(3)	0.	82,865.	FMV	FOOD	FEED THE HUNGRY
CATHOLIC CHARITIES - GAINESVILLE 4E - 1701 NE 9TH ST - GAINESVILLE, FL 32609	59-1785681	501(C)(3)	0.	26,893.	FMV	FOOD	FEED THE HUNGRY
CEDAR KEY UMC 249E 6050 D ST CEDAR KEY, FL 32625	59-3743359	501(C)(3)	0.	28,257.	FMV	FOOD	FEED THE HUNGRY

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
CHUCK WAGON OUTREACH 2470 NW 57TH TRL BELL, FL 32619	47-3303942	501(C)(3)	0.	42,957.	FMV	FOOD	FEED THE HUNGRY
CHURCH OF GOD OF PROPHECY 360EC 4700 SE HAWTHORNE RD GAINESVILLE, FL 32641	59-3115511	CHURCH	0.	13,502.	FMV	FOOD	FEED THE HUNGRY
CHURCH ON THE MOVE #520E 15241 NW HWY 19 CROSS CITY, FL 32628	82-0697001	CHURCH	0.	27,990.	FMV	FOOD	FEED THE HUNGRY
CITIZENS FOR SOCIAL JUSTICE - HOMEVAN - 307 SE 6TH ST - GAINESVILLE, FL 32601	26-2281356	501(C)(3)	0.	16,457.	FMV	FOOD	FEED THE HUNGRY
CLEATHER HATHCOCK COMM CNTR 357E PO BOX 9 ALACHUA, FL 32615	59-6000262	501(C)(3)	0.	54,097.	FMV	FOOD	FEED THE HUNGRY
COMMUNITY PRAISE CENTER 303 NE 39TH AVE GAINESVILLE, FL 32609	81-1591182	CHURCH	0.	6,011.	FMV	FOOD	FEED THE HUNGRY
CROSS CITY CHURCH OF CHRIST 380E 52 NE 147TH ST CROSS CITY, FL 32628		CHURCH	0.	238,937.	FMV	FOOD	FEED THE HUNGRY
DAYSRING MISSIONARY BC #403EC 1945 NE8TH AVE GAINESVILLE, FL 32641	59-2440190	CHURCH	0.	19,065.	FMV	FOOD	FEED THE HUNGRY
DREAMERS FOUNDATION, INC 423E 3412 NW 13TH AVE GAINESVILLE, FL 32605	45-3159522	501(C)(3)	0.	5,598.	FMV	FOOD	FEED THE HUNGRY

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
FAIRBANKS CHURCH OF GOD BY FAITH 514EC - 6901 NE 57T ST - GAINESVILLE, FL 32609	59-3016630	CHURCH	0.	9,034.	FMV	FOOD	FEED THE HUNGRY
FAITH IN THE WORD ASSEMBLY 428E 8299 SW 65TH AVE TRENTON, FL 32693	83-0375681	501(C)(3)	0.	31,728.	FMV	FOOD	FEED THE HUNGRY
FAMILIES IN NEED PO BOX 662 DUNNELLON, FL 34430	80-0668872	501(C)(3)	0.	5,011.	FMV	FOOD	FEED THE HUNGRY
FEED MY SHEEP 400E 6602 NW 30TH TER GAINESVILLE, FL 32653	59-2525611	501(C)(3)	0.	67,708.	FMV	FOOD	FEED THE HUNGRY
FEEDING KIDS		501(C)(3)	0.	98,110.	FMV	FOOD	FEED THE HUNGRY
FEEDING THE GULF COAST 5709 INDUSTRIAL BLVD MILTON, FL 32583	63-0821997	501(C)(3)	0.	41,014.	FMV	FOOD	FEED THE HUNGRY
FELLOWSHIP BC 16916 NW US HWY 441 HIGH SPRINGS, FL 32643	59-2876106	501(C)(3)	0.	5,904.	FMV	FOOD	FEED THE HUNGRY
FIRST BAPTIST CHURCH OF HAWTHORNE #515E - 22027 SE 65TH AVE - HAWTHORNE, FL 32640	59-1570536	CHURCH	0.	15,526.	FMV	FOOD	FEED THE HUNGRY
FIRST MISSIONARY B/C 80 EC 1515 SE 15TH ST GAINESVILLE, FL 32641	59-1960964	501(C)(3)	0.	40,669.	FMV	FOOD	FEED THE HUNGRY

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
FIRST UMC OF WILLISTON 213 W NOBLE AVE WILLISTON, FL 32696	59-6198245	CHURCH	0.	8,813.	FMV	FOOD	FEED THE HUNGRY
FOOD FOR CHRIST 420E 4909 SE 165TH AVE MICANOPY, FL 32667	90-0629428	501(C)(3)	0.	24,464.	FMV	FOOD	FEED THE HUNGRY
FRANCIS BAPTIST CHURCH 419C 155 COUNTY RD 309C PALATKA, FL 32177	59-2436471	CHURCH	0.	5,874.	FMV	FOOD	FEED THE HUNGRY
FRAZIER OUTREACH FOUNDATION INC 1104 NE 4TH AVE WILLISTON, FL 32696	47-2226477	501(C)(3)	0.	6,080.	FMV	FOOD	FEED THE HUNGRY
GAINESVILLE COMMUNITY MINISTRY 238 SW 4TH AVE GAINESVILLE, FL 32601	59-1724202	501(C)(3)	0.	20,496.	FMV	FOOD	FEED THE HUNGRY
GAINESVILLE OPPORTUNITY CNTR INC. 329EANR - 102 NE 10TH AVE STE 2 - GAINESVILLE, FL 32601	20-8823721	501(C)(3)	0.	10,107.	FMV	FOOD	FEED THE HUNGRY
GAINESVILLE SEVENTH-DAY ADVENTIST #291E - 2115 NW 39TH AVE - GAINESVILLE, FL 32605	59-6137501	CHURCH	0.	23,121.	FMV	FOOD	FEED THE HUNGRY
GILCHRIST COUNTY FOOD PANTRY 410E PO BOX 736 TRENTON, FL 32693	46-1284758	501(C)(3)	0.	44,304.	FMV	FOOD	FEED THE HUNGRY
GRACE MINISTRY OF FL, INC 405ER 4129 NW 16TH TRL BELL, FL 32619	27-2233138	501(C)(3)	0.	18,934.	FMV	FOOD	FEED THE HUNGRY

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
GREATER BETHEL AME CHURCH 333E 701 SE 43RD ST GAINESVILLE, FL 32641	59-2342883	CHURCH	0.	12,983.	FMV	FOOD	FEED THE HUNGRY
HAWTHORNE AREA RESOURCE CENTER #510E - PO BOX 655 - HAWTHORNE, FL 32640	83-1336269	501(C)(3)	0.	22,114.	FMV	FOOD	FEED THE HUNGRY
HEART OF A SERVANT OUTREACH 11076 NE HWY 349 OLD TOWN, FL 32680	82-2310268	501(C)(3)	0.	169,784.	FMV	FOOD	FEED THE HUNGRY
HOLY CROSS MISSION SOCTYST VINCNT 363E - PO BOX 1315 - CROSS CITY, FL 32628	27-0564877	501(C)(3)	0.	26,580.	FMV	FOOD	FEED THE HUNGRY
HOUSE OF HOPE ALACHUA COUNTY 29 SE 21ST ST GAINESVILLE, FL 32641	59-3336745	501(C)(3)	0.	5,758.	FMV	FOOD	FEED THE HUNGRY
I AM BORN AGAIN MINISTRIES 236E 18858 NW 246 ST HIGH SPRINGS, FL 32643	60-0002763	501(C)(3)	0.	13,683.	FMV	FOOD	FEED THE HUNGRY
IGLESIA EVANGELICA BAUTISTA INC 322E - 12100 NW 39TH AVE - GAINESVILLE, FL 32606	23-7044150	501(C)(3)	0.	5,998.	FMV	FOOD	FEED THE HUNGRY
INTERLACHEN SOUP KITCHEN 397E 179 MILLER SQ INTERLACHEN, FL 32148	83-0634775	501(C)(3)	0.	77,478.	FMV	FOOD	FEED THE HUNGRY
ISKCON OF ALACHUA-FARM 23C 17306 NW 112TH BLVD ALACHUA, FL 32615	59-3238808	501(C)(3)	0.	7,163.	FMV	FOOD	FEED THE HUNGRY

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
ISKCON OF GNV- 534 CR 214 NW 14TH ST GAINESVILLE, FL 32603	59-3080780	501(C)(3)	0.	36,002.	FMV	FOOD	FEED THE HUNGRY
JENA PENTECOSTAL HOLINESS CHURCH 371 EC - 5335 SW HWY 358 - STEINHATCHEE, FL 32359	26-2186180	CHURCH	0.	16,591.	FMV	FOOD	FEED THE HUNGRY
JOPPA BC 7530 NW 165TH ST TRENTON, FL 32693		CHURCH	0.	5,246.	FMV	FOOD	FEED THE HUNGRY
LANDMARK HOLY TEMPLE OF GOD 320EC 1220 NE 23RD AVE GAINESVILLE, FL 32609	59-2786486	CHURCH	0.	291,010.	FMV	FOOD	FEED THE HUNGRY
LATTER RAIN OUTREACH #526E 1705 NW 27TH AVE CHIEFLAND, FL 32626	45-4589041	501(C)(3)	0.	13,240.	FMV	FOOD	FEED THE HUNGRY
LIVING FAITH FELLOWSHIP 353 EAN 5510 NW 39TH AVE GAINESVILLE, FL 32606	59-1834974	501(C)(3)	0.	10,642.	FMV	FOOD	FEED THE HUNGRY
LIVING PRAISE CHURCH OF GOD 370 E 1058 N MAIN ST TRENTON, FL 32693	45-5215216	CHURCH	0.	6,858.	FMV	FOOD	FEED THE HUNGRY
LIVING WATER LIFE CENTER 408EC 6491 SE 123RD TER MORRISTON, FL 32668	20-0063346	501(C)(3)	0.	153,382.	FMV	FOOD	FEED THE HUNGRY
LOVE LEVY COMMUNITY HELP CENTER # 472E - 26291 SE 33RD ST - MORRISTON, FL 32668	59-2704734	501(C)(3)	0.	50,998.	FMV	FOOD	FEED THE HUNGRY

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MICANOPY BAPTIST CHURCH 425 E 709 NE CHOLOKKA BLVD MICANOPY, FL 32667	26-4168544	CHURCH	0.	12,772.	FMV	FOOD	FEED THE HUNGRY
MIRACLE WORD OF FAITH MINISTRY, INC.305E - 3809 A E UNIVERSITY AVE - GAINESVILLE, FL 32614	48-1295756	CHURCH	0.	12,643.	FMV	FOOD	FEED THE HUNGRY
MLK JR COMMISSION OF FLORIDA 1712 NE WALDO ROAD GAINESVILLE, FL 32609	59-1932327	501(C)(3)	0.	35,014.	FMV	FOOD	FEED THE HUNGRY
MORE THAN CONQUERORS F & OUTREACH CNT 431 - 4600 NW 143RD ST - GAINESVILLE, FL 32606	20-2655968	501(C)(3)	0.	124,827.	FMV	FOOD	FEED THE HUNGRY
MT ERIE BC 1216 NW 11TH AVE CHIEFLAND, FL 32626	59-3368207	501(C)(3)	0.	6,380.	FMV	FOOD	FEED THE HUNGRY
MT. OLIVE AME 293E 721 SE 8TH ST GAINESVILLE, FL 32601	59-1800753	CHURCH	0.	22,188.	FMV	FOOD	FEED THE HUNGRY
MT. PLEASANT UMC 145 EC 630 NW 2ND ST GAINESVILLE, FL 32601	36-2167731	501(C)(3)	0.	107,764.	FMV	FOOD	FEED THE HUNGRY
NEW COVENANT BELIEVERS HOUSEOF PRAYER401E - 40701 NW 10TH LN - GAINESVILLE, FL 32653	90-0538272	501(C)(3)	0.	8,815.	FMV	FOOD	FEED THE HUNGRY
NEW COVENANT HAITIAN CHURCH #444E 261 MARION OAKS BLVD OCALA, FL 34473	46-1756139	501(C)(3)	0.	13,570.	FMV	FOOD	FEED THE HUNGRY

Schedule I (Form 990)

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

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NEW HOPE MISS BAPT CHURCH 295E 21251 40TH PL WILLISTON, FL 32696	31-1712947	CHURCH	0.	47,834.	FMV	FOOD	FEED THE HUNGRY
NEWBERRY CHRISTIAN COMMUNITY SCHOOL 522S - 3536 NW 8TH AVE - GAINESVILLE, FL 32605	49-2964564	501(C)(3)	0.	16,944.	FMV	FOOD	FEED THE HUNGRY
NORTH GAINESVILLE BC 6203 NW 39TH AVE GAINESVILLE, FL 32606	59-3061533	CHURCH	0.	7,128.	FMV	FOOD	FEED THE HUNGRY
NORTH PLEASANT GROVE B/C 25330 NW CR 239 ALACHUA, FL 32615	59-3425683	CHURCH	0.	5,758.	FMV	FOOD	FEED THE HUNGRY
OAK PARK BAPT 134 E. 4610 SW ARCHER RD GAINESVILLE, FL 32608	59-1554589	CHURCH	0.	17,870.	FMV	FOOD	FEED THE HUNGRY
O'BRIEN BAPTIST CHURCH 427E 9544 E COUNTY RD 349 O'BRIEN, FL 32071	59-2356452	CHURCH	0.	10,613.	FMV	FOOD	FEED THE HUNGRY
OUR LORD AND SAVIOR COMMUNITY INC 6169 SE 91ST TRL TRENTON, FL 32693	51-0145238	501(C)(3)	0.	6,234.	FMV	FOOD	FEED THE HUNGRY
PARKVIEW BAPTIST CHURCH #440EC 3403 NW 13TH ST GAINESVILLE, FL 32609	59-0838096	CHURCH	0.	29,235.	FMV	FOOD	FEED THE HUNGRY
PASSAGE MINISTRIES, INC. 343E 5000 E UNIVERSITY AVE GAINESVILLE, FL 32641	36-4491241	501(C)(3)	0.	16,163.	FMV	FOOD	FEED THE HUNGRY

Schedule I (Form 990)

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

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PLEDGE 5 FOUNDATION, INC #503E 1516 N MAIN ST GAINESVILLE, FL 32601	27-1208090	501(C)(3)	0.	34,065.	FMV	FOOD	FEED THE HUNGRY
POWER HOUSE FAMILY WORSHIP CNTR #511EC - 7600 SW 24TH AVE - GAINESVILLE, FL 32607	80-0524889	501(C)(3)	0.	9,550.	FMV	FOOD	FEED THE HUNGRY
PRAXEIS MINISTRIES, INC 449 EC 7686 OAK DR KEYSTONE, FL 32656	46-1782369	501(C)(3)	0.	12,913.	FMV	FOOD	FEED THE HUNGRY
PRAYER AND DELIVERANCE MINISTRY #498E - 5002 SW 63 BLVD - GAINESVILLE, FL 32608	27-0130079	501(C)(3)	0.	59,828.	FMV	FOOD	FEED THE HUNGRY
RALEIGH CGBF 7891 NE HWY 41 WILLISTON, FL 32696	59-1631564	501(C)(3)	0.	8,182.	FMV	FOOD	FEED THE HUNGRY
REICHERT HOUSE 82C 0704 SE 2ND AVE GAINESVILLE, FL 32641	20-5621656	501(C)(3)	0.	34,847.	FMV	FOOD	FEED THE HUNGRY
RIGHT WORD CHURCH INC PO BOX 5692 GAINESVILLE, FL 32627	45-4951527	CHURCH	0.	17,842.	FMV	FOOD	FEED THE HUNGRY
RMW UNLIMITED, INC # 463 8602 SW 145TH PL ARCHER, FL 32618	45-5076648	501(C)(3)	0.	22,758.	FMV	FOOD	FEED THE HUNGRY
RONALD MCDONALD HOUSE 1600 SW 14TH ST GAINESVILLE, FL 32608	59-1887896	501(C)(3)	0.	5,337.	FMV	FOOD	FEED THE HUNGRY

Schedule I (Form 990)

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

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SALVATION ARMY 14EC PO BOX 14403 GAINESVILLE, FL 32604	59-0631403	501(C)(3)	0.	8,510.	FMV	FOOD	FEED THE HUNGRY
SECOND HARVEST FOOD BANK OF CENTRAL FL - 411 MERCY DR - ORLANDO, FL 32805	59-2142315	501(C)(3)	0.	19,958.	FMV	FOOD	FEED THE HUNGRY
SEVEN GABLES FOOD MINISTRY 393 EC 857 E MAIN ST MAYO, FL 32066	59-2347952	501(C)(3)	0.	97,141.	FMV	FOOD	FEED THE HUNGRY
SIMMON GROVE BETHELITC B/C 430E 17800 NE 77TH LN ORANGE HEIGHTS, FL 32640	20-6208778	501(C)(3)	0.	6,195.	FMV	FOOD	FEED THE HUNGRY
SOCIETY OF ST. VIN. DEPAUL - INTERLA 152E - 18278 SE HWY 19 - CROSS CITY, FL 32628	59-2591070	501(C)(3)	0.	22,302.	FMV	FOOD	FEED THE HUNGRY
SPRING RIDGE 1ST CHURCH OF GOD 325E - 5529 NE 52ND PL - HIGH SPRINGS, FL 32643	59-1874803	CHURCH	0.	43,494.	FMV	FOOD	FEED THE HUNGRY
ST JOHN THE EVAN-ST VINCENT DE PAUL 351E - 18278 SE HWY 19 - CROSS CITY, FL 32628	27-0219652	501(C)(3)	0.	5,487.	FMV	FOOD	FEED THE HUNGRY
STARLIGHT TEMPLE HOUSE OF REFUGE 184E - 411 SW 4TH AVE - GAINESVILLE, FL 32601	26-3837280	501(C)(3)	0.	16,965.	FMV	FOOD	FEED THE HUNGRY
SUWANNEE FOREST PARK HILL CNTR #500E - 275 SW STEPHEN FOSTER DR - WHITE SPRINGS, FL 32096	47-5556805	501(C)(3)	0.	14,123.	FMV	FOOD	FEED THE HUNGRY

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 ARC OF BRADFORD 246R 5144 SW 155TH ST STARKE, FL 32091	59-1696581	501(C)(3)	0.	11,919.	FMV	FOOD	FEED THE HUNGRY
THE LONG FOUNDATION INC 1712 NE WALDO RD GAINESVILLE, FL 32609	90-0802724	501(C)(3)	0.	10,884.	FMV	FOOD	FEED THE HUNGRY
THE NEW BEGINNING CHRISTIAN WC 402 NW 6TH ST MICANOPY, FL 32667	38-3901674	501(C)(3)	0.	23,075.	FMV	FOOD	FEED THE HUNGRY
THE WORD CHURCH GLOBAL, INC. 1239 NW 10TH AVE GAINESVILLE, FL 32601	80-0410205	CHURCH	0.	25,300.	FMV	FOOD	FEED THE HUNGRY
UNITED CHRISTIAN SERVICES 38E 264 NE 210TH AVE CROSS CITY, FL 32628	59-2495091	501(C)(3)	0.	37,932.	FMV	FOOD	FEED THE HUNGRY
VINEYARD CHRISTIAN 61E PO BOX 358117 GAINESVILLE, FL 32635	76-0683925	CHURCH	0.	7,801.	FMV	FOOD	FEED THE HUNGRY
VOICE OF FAITH 92E 2029 SE 2ND PL GAINESVILLE, FL 32641	37-1698146	501(C)(3)	0.	5,256.	FMV	FOOD	FEED THE HUNGRY
WHITE SPRINGS CONG HOLINESS CHURCH PO BOX 561 WHITE SPRINGS, FL 32096	59-3243094	CHURCH	0.	163,681.	FMV	FOOD	FEED THE HUNGRY
WINDSOR BAPT 130 E. 918 COUNTY RD 234 SE GAINESVILLE, FL 32641	59-2888666	CHURCH	0.	64,992.	FMV	FOOD	FEED THE HUNGRY

Schedule I (Form 990)

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **BREAD OF THE MIGHTY FOOD BANK INC** Employer identification number **59-2805577**

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		7,144,317.	SEE PART II
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? **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? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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.

SCHEDULE M, LINE 30B:

CONTRIBUTIONS IN POUNDS: DONATED FOOD VALUED AT \$.80 PER POUND

Multiple horizontal lines 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 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

BREAD OF THE MIGHTY FOOD BANK INC

Employer identification number

59-2805577

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ESSENTIALS TO NONPROFIT PROGRAMS THAT PROVIDE FOR THE NEEDY SO THAT
HUNGER AND FOOD INSECURITY WOULD BE ELIMINATED AMONG THE CITIZENS OF
ALACHUA, DIXIE, GILCHRIST, LAFAYETTE AND LEVY COUNTIES, WHICH ARE
SERVED BY THE ORGANIZATION. THE ORGANIZATION TRIES TO ENSURE THAT
NUTRITIOUS FOOD, IN ADEQUATE AMOUNTS, IS AVAILABLE TO MEMBER AGENCIES,
AND HENCE, AVAILABLE AT THE RIGHT TIME AND IN THE RIGHT PLACE TO THOSE
IN NEED.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND LEVY COUNTIES, WHICH ARE SERVED BY THE ORGANIZATION. THE
ORGANIZATION TRIED TO ENSURE THAT NUTRITIOUS FOOD, IN ADEQUATE AMOUNTS,
IS AVAILABLE TO MEMBER AGENCIES, AND HENCE, AVAILABLE AT THE RIGHT TIME
AND IN THE RIGHT PLACE TO THOSE IN NEED

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM IS REVIEWED BY SENIOR STAFF AND DELIVERED TO THE BOARD PRIOR TO
FILING

FORM 990, PART VI, SECTION B, LINE 15A:

THE PROCESS FOR DETERMINING COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DONE
BY GATHERING INFORMATION OF COMPARABLE POSITIONS FROM THE FEEDING AMERICA
WEBSITE DOCUMENTATION AND RECORD KEEPING WITH RESPECT TO DELIBERATIONS AND
DECISIONS ON COMPENSATION AMOUNT IS DOCUMENTED IN THE BOARD MINUTES, AND
REVIEWD AND APPROVED BY THE GOVERNING BOARD

Name of the organization

BREAD OF THE MIGHTY FOOD BANK INC

Employer identification number

59-2805577

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST A LINK TO THE FOOD BANK'S FORM 990 ON THE GUIDESTAR WEBSITE IS PROVIDED ON THE BOOD BANK'S WEBSITE