



LET'S THRIVE TOGETHER



TAX RETURN

We sincerely appreciate the opportunity to serve you. If you have any questions regarding the enclosed, please do not hesitate to call.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2025

PREPARED FOR:

FEEDING AMERICA TAMPA BAY, INC.
3624 CAUSEWAY BLVD
TAMPA, FL 33619

PREPARED BY:

WARREN AVERETT, LLC
2500 ACTON ROAD
BIRMINGHAM, AL 35243

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

RETURN MUST BE MAILED ON OR BEFORE:

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED FOR STATE FILING PURPOSES.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

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 FEEDING AMERICA TAMPA BAY, INC.		D Employer identification number 59-2116576
	Doing business as FEEDING TAMPA BAY		E Telephone number 813-254-1190
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 213,038,562.
	3624 CAUSEWAY BLVD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code TAMPA, FL 33619		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: THOMAS MANTZ SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.FTB.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1982	M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS A NON-PROFIT ORGANIZATION ESTABLISHED TO COLLECT, WAREHOUSE AND DISTRIBUTE
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 30
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 30
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 204
	6 Total number of volunteers (estimate if necessary) 6 58350
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 210,220,499. Prior Year 203,091,400. Current Year
	9 Program service revenue (Part VIII, line 2g) 1,824,972. 1,824,972. 8,409,070.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 438,015. 438,015. -63,179.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 389,696. 389,696. 449,796.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 212,873,182. 212,873,182. 211,887,087.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 179,514,196. 179,514,196. 180,029,610.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 11,656,633. 11,656,633. 12,055,688.
	16 a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 3,389,504.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 12,944,797. 12,944,797. 16,856,789.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 204,115,626. 204,115,626. 208,942,087.	
19 Revenue less expenses. Subtract line 18 from line 12 8,757,556. 8,757,556. 2,945,000.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 70,899,795. Beginning of Current Year 73,030,704. End of Year
	21 Total liabilities (Part X, line 26) 28,046,652. 28,046,652. 27,232,561.
	22 Net assets or fund balances. Subtract line 21 from line 20 42,853,143. 42,853,143. 45,798,143.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	THOMAS MANTZ, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MEGAN RANDOLPH		05/15/26	<input checked="" type="checkbox"/>	P00989558
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	WARREN AVERETT, LLC	45-4084437		205-979-4100	
Firm's address					
2500 ACTON ROAD BIRMINGHAM, AL 35243					

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: FEEDING TAMPA BAY ENVISIONS FLOURISHING COMMUNITIES TODAY AND FOR GENERATIONS TO COME WHICH WE WILL ACCOMPLISH BY BUILDING PEOPLE-FOCUSED SOLUTIONS. FOOD ALONE WILL NOT SOLVE HUNGER SO WE WILL DISRUPT SYSTEMS AND DISMANTLE BARRIERS TO IMPACT THE TRAJECTORY OF

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 203,338,140. including grants of \$ 180,029,610.) (Revenue \$ 9,015,740.) THE PRIMARY FOCUS OF FEEDING AMERICA TAMPA BAY, INC. (D/B/A FEEDING TAMPA BAY) IS TO COLLECT, WAREHOUSE, AND DISTRIBUTE SALVAGEABLE FOOD TO INDIVIDUALS AND FAMILIES WHO ARE FOOD INSECURE. WE DO SO BY DELIVERING OR SERVING FOOD DIRECTLY OR THROUGH COMMUNITY PARTNERS AT REGIONAL FOOD PANTRIES, LOCAL FOOD PANTRIES, SCHOOL PANTRIES, OUR TAMPA WAREHOUSE, AND THREE TRINITY CAFES. DURING THE FISCAL YEAR ENDING JUNE 30, 2025, WE DELIVERED OVER 103 MILLION POUNDS OF FOOD, GROCERIES, AND SNAP APPLICATION SUPPORT THAT TRANSLATED INTO OVER 91 MILLION MEALS. AND OUR TRINITY CAFES SERVED 135,000 MEALS, A 25% INCREASE YEAR OVER YEAR. OUR PROGRAM SERVICE ACCOMPLISHMENTS POSSIBLE IN LARGE PART DUE TO THE SUPPORT OF VOLUNTEERS INCLUDING INDIVIDUALS, BUSINESSES, COMMUNITY ORGANIZERS, AND SCHOOL GROUPS. THIS FISCAL YEAR OVER 58,000 VOLUNTEERS

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

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

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

4e Total program service expenses 203,338,140.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 30		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 30		
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, 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
b	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 on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	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 on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed FL
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
AMY KERN - 813-254-1190
3624 CAUSEWAY BLVD, TAMPA, FL 33619

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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS MANTZ PRESIDENT AND CEO	60.00 0.50			X				369,492.	0.	16,587.
(2) AMY KERN CHIEF FINANCIAL OFFICER	40.00 0.50			X				184,046.	0.	10,599.
(3) RHONDA GINDLESBERGER CHIEF OPERATIONS OFFICER	40.00 0.00			X				184,577.	0.	4,898.
(4) JAYCI PETERS CHIEF CULTURE OFFICER	40.00 0.00					X		147,498.	0.	9,660.
(5) LORENA HARDWICK CHIEF EXTERNAL AFFAIRS OFFICER	40.00 0.00			X				143,485.	0.	0.
(6) KATHERINE WHETSELL CHIEF ADMINISTRATIVE OFFICER	40.00 0.00					X		124,723.	0.	7,273.
(7) ASHLEY WICKHAM DIRECTOR OF CAPITAL PROJECTS	40.00 0.00					X		110,786.	0.	16,151.
(8) JASON PRADO SR. DIRECTOR OF DEVELOPMENT	40.00 0.00					X		108,406.	0.	8,715.
(9) ROANNA NEIDIG SR. DIRECTOR OF EXPERIENCE	40.00 0.00					X		115,788.	0.	1,013.
(10) CHRIS CASCAES DIRECTOR	2.00 0.00	X						0.	0.	0.
(11) JEFFREY DARREY DIRECTOR	2.00 0.00	X						0.	0.	0.
(12) STEVE ELLIS DIRECTOR	2.00 0.00	X						0.	0.	0.
(13) DAVE FINKEL DIRECTOR	2.00 0.00	X						0.	0.	0.
(14) KATE FISHER DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) RALPH GARCIA DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) CHRIS HAGEMO DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) KERI HIGGINS-BIGELOW DIRECTOR	1.00 0.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID HIMMELGREEN DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) LAUREN KEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) DREW MARSHALL DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) JEANNE MILKEY DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) JENNIFER RANSFORD DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) TORI SIMMONS DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) MARC SPENCER DIRECTOR	1.00 0.50	X						0.	0.	0.
(25) KAREEM SPRATLING DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) ROBERTO TORRES DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								1,488,801.	0.	74,896.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,488,801.	0.	74,896.

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 10

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such individual	4	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? If "Yes," complete Schedule J for such person	5	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
RYAN COMPANIES US, INC. 201 N. FRANKLIN STREET, TAMPA, FL 33602	GENERAL CONTRACTOR/CONSTRUCT	1,576,113.
VALUE ADDED FOOD SALES 965 RENO DRIVE, WAYLAND, MI 49348	FOOD ACQUISITION	1,484,431.
METZ CULINARY MANAGEMENT TWO WOODLAND DRIVE, DALLAS, TX 18612	FOOD ACQUISITION	977,377.
CORPORATE INTERIORS OF TAMPA BAY, LLC., 12115 28TH STREET NORTH, ST. PETERSBURG,	SUBCONTRACTOR/CONSTR UCTION	710,092.
CHENEY BROTHERS 1 CHENEY WAY, LAKE LAND, FL 33982	FOOD SERVICE DISTRIBUTION	651,449.

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 44

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	28,690.				
	c Fundraising events	1c	540,129.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	6,298,390.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	196,224,191.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 178,498,021.				
	h Total. Add lines 1a-1f		203091400.				
Program Service Revenue	2 a OTHER PROGRAM REVENUE	Business Code					
		424000	8,409,070.	8,409,070.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		8,409,070.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other	12,000.			
	b Less: cost or other basis and sales expenses	7b	75,179.				
	c Gain or (loss)	7c	-63,179.				
	d Net gain or (loss)		-63,179.			-63,179.	
8 a Gross income from fundraising events (not including \$ 540,129. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
b Less: direct expenses	8b	156,874.					
c Net income or (loss) from fundraising events		-156,874.			-156,874.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		1,440,445.				
b Less: cost of goods sold	10b	919,422.					
c Net income or (loss) from sales of inventory		521,023.	521,023.				
Miscellaneous Revenue	11 a OTHER INCOME	Business Code					
		424000	85,647.	85,647.			
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d		85,647.					
12 Total revenue. See instructions		211887087.	9,015,740.	0.	-220,053.		

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	180,029,610.	180,029,610.		
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	1,101,304.	819,468.	145,777.	136,059.
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	10,954,384.	8,151,034.	1,450,009.	1,353,341.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management	455,719.	40,184.	53,873.	361,662.
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	788,640.	33,215.	1,027.	754,398.
13 Office expenses	1,988,759.	1,614,618.	200,495.	173,646.
14 Information technology	789,435.	565,980.	115,573.	107,882.
15 Royalties				
16 Occupancy	940,313.	495,965.	62,167.	382,181.
17 Travel	145,547.	87,451.	29,151.	28,945.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,320,671.	1,252,626.	68,045.	
23 Insurance	558,113.	396,263.	83,718.	78,132.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER PROGRAM EXPENSE	5,764,083.	5,764,083.		
b TRANSPORTATION COSTS	2,048,549.	2,048,549.		
c USDA DISTRIBUTORS	2,020,828.	2,020,828.		
d MEMBER FEES	21,348.	15,156.	3,202.	2,990.
e All other expenses	14,784.	3,110.	1,406.	10,268.
25 Total functional expenses. Add lines 1 through 24e	208,942,087.	203,338,140.	2,214,443.	3,389,504.
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		1	110,086.
	2 Savings and temporary cash investments	4,197,766.	2	5,720,894.
	3 Pledges and grants receivable, net	2,641,525.	3	2,654,030.
	4 Accounts receivable, net	4,441.	4	91,758.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	7,624,827.	8	6,354,600.
	9 Prepaid expenses and deferred charges	410,669.	9	756,152.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,110,677.		
	b Less: accumulated depreciation	10b 6,006,675.		
		10,534,364.	10c	12,104,002.
	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	45,486,203.	15	45,239,182.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	70,899,795.	16	73,030,704.	
Liabilities	17 Accounts payable and accrued expenses	6,517,925.	17	2,226,654.
	18 Grants payable		18	
	19 Deferred revenue	1,095,930.	19	2,011,613.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	14,137,290.	23	7,021,929.
	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	6,295,507.	25	15,972,365.
	26 Total liabilities. Add lines 17 through 25	28,046,652.	26	27,232,561.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	49,124,907.	27	45,763,143.
	28 Net assets with donor restrictions	-6,271,764.	28	35,000.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	42,853,143.	32	45,798,143.
	33 Total liabilities and net assets/fund balances	70,899,795.	33	73,030,704.

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	211,887,087.
2	Total expenses (must equal Part IX, column (A), line 25)	2	208,942,087.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,945,000.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	42,853,143.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	45,798,143.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	193288459	185290747	186018737	210220499	203091400	977909842
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	193288459	185290747	186018737	210220499	203091400	977909842
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)						95880310.
6 Public support. Subtract line 5 from line 4.						882029532

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	193288459	185290747	186018737	210220499	203091400	977909842
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	69,343.		146,808.	479,180.	0.	695,331.
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.)			59,533.	39,618.	85,647.	184,798.
11 Total support. Add lines 7 through 10						978789971
12 Gross receipts from related activities, etc. (see instructions)					12	16,483,775.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	90.11	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	85.47	%
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," 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>		
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Part VI

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

Lined area for supplemental information.

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

FEEDING AMERICA TAMPA BAY, INC.

Employer identification number

59-2116576

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Name of organization FEEDING AMERICA TAMPA BAY, INC.	Employer identification number 59-2116576
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>511,549.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>1,006,088.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>424,356.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>1,170,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>767,545.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEEDING AMERICA TAMPA BAY, INC.	Employer identification number 59-2116576
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>1,305,762.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>933,341.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>807,683.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>564,947.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>560,568.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>1,469,007.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEEDING AMERICA TAMPA BAY, INC.	Employer identification number 59-2116576
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>449,553.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>599,561.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ <u>816,737.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ <u>1,931,442.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ <u>3,974,480.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEEDING AMERICA TAMPA BAY, INC.	Employer identification number 59-2116576
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ <u>4,082,675.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ <u>419,227.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ <u>789,317.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ <u>1,135,692.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ <u>1,471,044.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ <u>1,157,060.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEEDING AMERICA TAMPA BAY, INC.	Employer identification number 59-2116576
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 675,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 20,692,759.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 4,366,115.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FEEDING AMERICA TAMPA BAY, INC.	Employer identification number 59-2116576
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	FOOD DONATIONS RECEIVED THROUGHOUT THE YEAR _____ _____ _____	\$ <u>1,006,088.</u>	_____
4	FOOD DONATIONS RECEIVED THROUGHOUT THE YEAR _____ _____ _____	\$ <u>424,356.</u>	_____
6	FOOD DONATIONS RECEIVED THROUGHOUT THE YEAR _____ _____ _____	\$ <u>767,545.</u>	_____
7	FOOD DONATIONS RECEIVED THROUGHOUT THE YEAR _____ _____ _____	\$ <u>1,305,762.</u>	_____
8	FOOD DONATIONS RECEIVED THROUGHOUT THE YEAR _____ _____ _____	\$ <u>933,341.</u>	_____
10	FOOD DONATIONS RECEIVED THROUGHOUT THE YEAR _____ _____ _____	\$ <u>564,947.</u>	_____

Name of organization FEEDING AMERICA TAMPA BAY, INC.	Employer identification number 59-2116576
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	FOOD DONATIONS RECEIVED THROUGHOUT THE YEAR _____ _____ _____	\$ <u>560,568.</u>	_____
12	FOOD DONATIONS RECEIVED THROUGHOUT THE YEAR _____ _____ _____	\$ <u>1,469,007.</u>	_____
14	FOOD DONATIONS RECEIVED THROUGHOUT THE YEAR _____ _____ _____	\$ <u>449,553.</u>	_____
15	FOOD DONATIONS RECEIVED THROUGHOUT THE YEAR _____ _____ _____	\$ <u>599,561.</u>	_____
16	FOOD DONATIONS RECEIVED THROUGHOUT THE YEAR _____ _____ _____	\$ <u>816,737.</u>	_____
17	FOOD DONATIONS RECEIVED THROUGHOUT THE YEAR _____ _____ _____	\$ <u>1,931,442.</u>	_____

Name of organization FEEDING AMERICA TAMPA BAY, INC.	Employer identification number 59-2116576
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
18	FOOD DONATIONS RECEIVED THROUGHOUT THE YEAR _____ _____ _____	\$ <u>3,974,480.</u>	_____
19	FOOD DONATIONS RECEIVED THROUGHOUT THE YEAR _____ _____ _____	\$ <u>4,082,675.</u>	_____
21	FOOD DONATIONS RECEIVED THROUGHOUT THE YEAR _____ _____ _____	\$ <u>789,317.</u>	_____
22	FOOD DONATIONS RECEIVED THROUGHOUT THE YEAR _____ _____ _____	\$ <u>1,135,692.</u>	_____
23	FOOD DONATIONS RECEIVED THROUGHOUT THE YEAR _____ _____ _____	\$ <u>1,471,044.</u>	_____
26	FOOD DONATIONS RECEIVED THROUGHOUT THE YEAR _____ _____ _____	\$ <u>20,692,759.</u>	_____

Name of organization FEEDING AMERICA TAMPA BAY, INC.	Employer identification number 59-2116576
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
28	FOOD DONATIONS RECEIVED THROUGHOUT THE YEAR _____ _____ _____	\$ <u>4,366,115.</u>	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization FEEDING AMERICA TAMPA BAY, INC.	Employer identification number 59-2116576
--	---

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

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

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

FEEDING AMERICA TAMPA BAY, INC.

Employer identification number

59-2116576

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 (for example, 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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - 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 in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	35,000.	35,000.	35,000.	35,000.	35,000.
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	35,000.	35,000.	35,000.	35,000.	35,000.

- 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 100 %
 - c** Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|----------|----------|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | | |
- 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		7,226,070.		7,226,070.
b Buildings		2,220,873.	325,253.	1,895,620.
c Leasehold improvements		793,821.	396,051.	397,770.
d Equipment		7,257,356.	5,285,371.	1,971,985.
e Other		612,557.		612,557.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				12,104,002.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1) DEPOSITS	60,634.
(2) GIFT CARDS	5,095.
(3) NMTC RECEIVABLE	44,151,500.
(4) RIGHT OF USE ASSETS	1,021,953.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	45,239,182.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO TAMPA BAY HUNGER RELIEF CENTER, INC.	14,601,351.
(3) RIGHT OF USE LIABILITIES	1,043,691.
(4) OTHER LONG TERM LIABILITIES	327,323.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	15,972,365.

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

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

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

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 V, LINE 4:

THE ENDOWMENT FUNDS ARE TO BE USED ONLY FOR DIRECT SERVICE DELIVERY ACTIVITIES, SUCH AS DIRECT DISTRIBUTION OF FOOD TO AGENCIES OR TO NEEDY INDIVIDUALS.

PART X, LINE 2:

THE FOLLOWING DISCLOSURE APPEARS IN THE INCOME TAXES FOOTNOTE TO OUR FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2025. (NOTE THAT OUR AUDITED FINANCIAL STATEMENTS SOMETIMES REFER TO US AS THE FOOD BANK):

THE FOOD BANK QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, THEREFORE, HAS NO PROVISION FOR FEDERAL OR STATE INCOME TAXES RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS. THERE WERE NO SIGNIFICANT NON-EXEMPT BUSINESS ACTIVITIES DURING THE YEARS ENDED JUNE 30, 2025 AND 2024.

U.S. GAAP REQUIRES MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOOD BANK. THE FOOD BANK HAS ADOPTED THE AUTHORITATIVE GUIDANCE RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES INCLUDED IN FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, INCOME TAXES. THESE PROVISIONS PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MANAGEMENT HAS CONCLUDED THAT THERE WAS NO UNCERTAINTY IN INCOME TAXES THAT WOULD REQUIRE RECOGNITION IN THE

Part XIII Supplemental Information (continued)

CONSOLIDATED FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS, AND NO PROVISION FOR INCOME TAXES IS REQUIRED FOR THE YEARS ENDED JUNE 30, 2025 OR 2024.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD
FUNDRAISING EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD
FUNDRAISING EXPENSES

Multiple horizontal lines for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		EPIC CHEF (event type)	FORK FIGHT (event type)	NONE (total number)	
Revenue	1	Gross receipts	80,649.	459,480.	540,129.
	2	Less: Contributions	80,649.	459,480.	540,129.
	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	40,552.	116,322.	156,874.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			156,874.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-156,874.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
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)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

FEEDING AMERICA TAMPA BAY, INC.

Employer identification number

59-2116576

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ST. JEROME LIFELINE MINISTRY 10895 HAMLIN BLVD LARGO, FL 33774	04-3744664	501(C)(3)	0.	48,213.	OTHER	FOOD	SEE PART IV
FIRST PRESBYTERIAN CHURCH OF ZEPHYRHILLS - 5510 19TH STREET - ZEPHYRHILLS, FL 33542	59-1745325	501(C)(3)	0.	208,238.	OTHER	FOOD	SEE PART IV
THE THREE B'S MINISTRY 306 LITHIA PINECREST BRANDON, FL 33511	87-4177392	501(C)(3)	0.	249,878.	OTHER	FOOD	SEE PART IV
HILLSBOROUGH COUNTY SOCIAL SERVICES - 3402 N. 22ND ST - TAMPA, FL 33605	59-3000661	501(C)(3)	0.	11,831.	OTHER	FOOD	SEE PART IV
HEP-HOMELESS EMPOWERMENT PROGRAM 1260 ENGMAN ST. CLEARWATER, FL 33755	59-2729694	501(C)(3)	0.	30,571.	OTHER	FOOD	SEE PART IV
DREAM CENTER OF LAKE LAND 635 WEST 5TH STREET LAKE LAND, FL 33805	01-0686634	501(C)(3)	0.	511,607.	OTHER	FOOD	SEE PART IV

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 306.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (Rev. 12-2024)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSIONS FOR CHRIST MINISTRIES 9280 BAY PLAZA BLVD SUITE 724 TAMPA, FL 33619	01-0692646	501(C)(3)	0.	90,041.	OTHER	FOOD	SEE PART IV
HELP MINISTRIES 1381 OAK VILLAGE DRIVE SEMINOLE, FL 33778	01-0868717	501(C)(3)	0.	239,993.	OTHER	FOOD	SEE PART IV
TAMPA DELIVERANCE MINISTRY 2102 E COLUMBUS DR TAMPA, FL 33605	01-0938717	501(C)(3)	0.	165,061.	OTHER	FOOD	SEE PART IV
GREATER MT. CARMEL AME 4209 N 34TH ST TAMPA, FL 33610	02-0531034	501(C)(3)	0.	53,881.	OTHER	FOOD	SEE PART IV
LIBERTY MANOR FOR VETERANS, INC. 10015 N 9TH ST TAMPA, FL 33612	02-0775720	501(C)(3)	0.	540,984.	OTHER	FOOD	SEE PART IV
NEW BETHEL PROGRESSIVE MISSION 3007 E NORTH BAY ST TAMPA, FL 33610	03-0402870	501(C)(3)	0.	340,730.	OTHER	FOOD	SEE PART IV
MT. OLIVE AME 1745 W LASALLE ST TAMPA, FL 33607	03-0581649	501(C)(3)	0.	106,934.	OTHER	FOOD	SEE PART IV
BAYSIDE COMMUNITY CHURCH 5051 26TH ST W BRADENTON, FL 34207	04-3648411	501(C)(3)	0.	135,298.	OTHER	FOOD	SEE PART IV
ICNA RELIEF PROGRAMS, TAMPA 5628 56TH COMMERCE PARK BLVD TAMPA, FL 33610	04-3810161	501(C)(3)	0.	621,571.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE HILL MENNONITE 3506 MACHADO ST TAMPA, FL 33605	05-0030122	501(C)(3)	0.	1,004,299.	OTHER	FOOD	SEE PART IV
CROSSOVER COMMUNITY 1235 E FOWLER AVE TAMPA, FL 33612	05-0535890	501(C)(3)	0.	111,103.	OTHER	FOOD	SEE PART IV
(INACTIVE)GRACE TABERNACLE 7279 WARM SPRINGS AVENUE WILDWOOD, FL 34785	06-1683033	501(C)(3)	0.	31,696.	OTHER	FOOD	SEE PART IV
FIRST PRESBYTERIAN AUBURNDALE 410 PILAKLAKAHA AVE AUBURNDALE, FL 33823	13-3462549	501(C)(3)	0.	1,215,468.	OTHER	FOOD	SEE PART IV
FIRST PRESBYTERIAN BRADENTON 1402 MANATEE AVE W BRADENTON, FL 34205	13-3462549	501(C)(3)	0.	189,481.	OTHER	FOOD	SEE PART IV
SVDP, SPRING HILL 1291 KASS CIR SPRING HILL, FL 34606	13-5562362	501(C)(3)	0.	1,002,607.	OTHER	FOOD	SEE PART IV
ST. JAMES THE APOSTLE 8400 MONARCH DR NEW PORT RICHEY, FL 34668	13-5562362	501(C)(3)	0.	117,036.	OTHER	FOOD	SEE PART IV
KEYSTONE CC SECOND SERVING 21010 SR. 54 LUTZ, FL 33558	20-2247373	501(C)(3)	0.	61,242.	OTHER	FOOD	SEE PART IV
THE ENCOUNTER 7425 ORCHID LAKE RD. NEW PORT RICHEY, FL 34668	20-2753614	501(C)(3)	0.	14,184.	OTHER	FOOD	SEE PART IV

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELL OF HOPE 16605 SUNRISE LAKES BLVD CLERMONT, FL 33830	20-4593991	501(C)(3)	0.	467,030.	OTHER	FOOD	SEE PART IV
AMAZING LOVE MINISTRIES 3304 E COLUMBUS DR TAMPA, FL 33605	20-4782995	501(C)(3)	0.	366,690.	OTHER	FOOD	SEE PART IV
NEW BETHEL LAKELAND SOCIAL SERVICES - 2122 DR MLK JR AVE - LAKELAND, FL 33805	20-5576358	501(C)(3)	0.	58,009.	OTHER	FOOD	SEE PART IV
HEARTLAND FOOD RESERVOIR 928 STATE ROUTE 17N SEBRING, FL 33871	20-8234466	501(C)(3)	0.	714,834.	OTHER	FOOD	SEE PART IV
VILLAGE PRESBYTERIAN (COMMUNITY FOOD PANTRY) - 13115 S VILLAGE DR - TAMPA, FL 33618	23-6393377	501(C)(3)	0.	1,718,070.	OTHER	FOOD	SEE PART IV
BETH-EL FARM WORKERS MINISTRIES, INC. - 18240 HWY 301 S - WIMAUMA, FL 33598	23-6393377	501(C)(3)	0.	1,314,760.	OTHER	FOOD	SEE PART IV
FIRST LOVE COGIC 4140 CHURCH ST. BARTOW, FL 33805	23-7002419	501(C)(3)	0.	167,413.	OTHER	FOOD	SEE PART IV
ST. PAUL COGIC 7009 COLUMBIA DR BRADLEY, FL 33835	23-7002419	501(C)(3)	0.	170,012.	OTHER	FOOD	SEE PART IV
CITY OF REFUGE 1102 N RUTH AVE LAKELAND, FL 33805	23-7002419	501(C)(3)	0.	461,798.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODLAND COMMUNITY 9607 EAST STATE RD 70 BRADENTON, FL 34202	23-7044150	501(C)(3)	0.	582,570.	OTHER	FOOD	SEE PART IV
MANATEE BAPTIST 1501 7TH AVE E BRADENTON, FL 34208	23-7044150	501(C)(3)	0.	856,853.	OTHER	FOOD	SEE PART IV
COMOR, CHRISTIAN OUTREACH 2016 N 60TH ST TAMPA, FL 33619	23-7044150	501(C)(3)	0.	285,784.	OTHER	FOOD	SEE PART IV
PLACID LAKES BAPTIST 116 CLEVELAND AVE NE LAKE PLACID, FL 33852	23-7044150	501(C)(3)	0.	17,588.	OTHER	FOOD	SEE PART IV
MT. OLIVE BAPTIST 604 W BALL ST PLANT CITY, FL 33563	23-7044150	501(C)(3)	0.	361,588.	OTHER	FOOD	SEE PART IV
REAL HOPE MINISTRIES 1916 BELL SHOALS RD BRANDON, FL 33511	23-7044150	501(C)(3)	0.	488,815.	OTHER	FOOD	SEE PART IV
FBC HUDSON 7009 HUDSON AVE HUDSON, FL 34674	23-7044150	501(C)(3)	0.	1,164,535.	OTHER	FOOD	SEE PART IV
METROPOLITAN COMMUNITY CHURCH 408 E CAYUGA ST TAMPA, FL 33603	23-7094543	501(C)(3)	0.	163,408.	OTHER	FOOD	SEE PART IV
ST. PETERSBURG FREE CLINIC 3115 44TH AVE N ST. PETERSBURG, FL 33714	23-7208280	501(C)(3)	0.	12,167,212.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANGELS UNAWARE 4918 W. LINEBAUGH AVE TAMPA, FL 33624	23-7346870	501(C)(3)	0.	183,987.	OTHER	FOOD	SEE PART IV
HOLY TRINITY PRESBYTERIAN 350 S HYDE PARK AVE TAMPA, FL 33606	23-7366967	501(C)(3)	0.	9,802.	OTHER	FOOD	SEE PART IV
HARVEST INTERNATIONAL 3850 CHART PRINE RD LAKELAND, FL 33810	26-0106169	501(C)(3)	0.	102,761.	OTHER	FOOD	SEE PART IV
A KID'S PLACE 1715 LITHIA PINECREST RD BRANDON, FL 33511	26-2757636	501(C)(3)	0.	117,509.	OTHER	FOOD	SEE PART IV
LIFE CHANGERS INTERNATIONAL 406 10TH AVE W PALMETTO, FL 34221	26-2923694	501(C)(3)	0.	45,094.	OTHER	FOOD	SEE PART IV
HOUSEHOLD OF FAITH 5804 E BROADWAY AVE TAMPA, FL 33605	26-3236751	501(C)(3)	0.	342,222.	OTHER	FOOD	SEE PART IV
STARTING RIGHT NOW 207 W BEACH PL TAMPA, FL 33606	26-3725699	501(C)(3)	0.	131,472.	OTHER	FOOD	SEE PART IV
MEN OF VISION 8715 N 22ND ST TAMPA, FL 33604	26-4643096	501(C)(3)	0.	162,289.	OTHER	FOOD	SEE PART IV
KINGDOM KIDS OF TAMPA BAY 1412 EAST N. STREET TAMPA, FL 33604	27-0106350	501(C)(3)	0.	411,570.	OTHER	FOOD	SEE PART IV

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE HELPING PEOPLE 1396 KASS CIRCLE SPRING HILL, FL 34606	27-0357086	501(C)(3)	0.	190,477.	OTHER	FOOD	SEE PART IV
NEW JERUSALEM MBC 1125 N NEW YORK AVE LAKELAND, FL 33805	27-0404550	501(C)(3)	0.	175,793.	OTHER	FOOD	SEE PART IV
OLDSMAR CARES 149 SR 580 OLDSMAR, FL 34677	27-0569833	501(C)(3)	0.	668,002.	OTHER	FOOD	SEE PART IV
ACE OPPORTUNITIES, INC. 5720 BERLIN DRIVE NEW PORT RICHEY, FL 34668	27-1007031	501(C)(3)	0.	41,585.	OTHER	FOOD	SEE PART IV
UNIQUE LADIES 6912 HARNEY RD TAMPA, FL 33617	27-1732931	501(C)(3)	0.	789,887.	OTHER	FOOD	SEE PART IV
SOUTHSIDE COMMUNITY RESOURCE CENTER - 1013 S DELANEY AVE - AVON PARK, FL 33852	27-1934575	501(C)(3)	0.	283,521.	OTHER	FOOD	SEE PART IV
BEACON STREET MINISTRIES 3470 ADRIAN AVE LARGO, FL 33774	27-2937099	501(C)(3)	0.	589,163.	OTHER	FOOD	SEE PART IV
BEAMING HOPE 11000 110TH AVE NORTH LARGO, FL 33778	27-3658882	501(C)(3)	0.	68,337.	OTHER	FOOD	SEE PART IV
ST. VERENA COPTIC 6140 PERRINE RANCH RD NEW PORT RICHEY, FL 34655	27-4026090	501(C)(3)	0.	54,232.	OTHER	FOOD	SEE PART IV

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST EPISCOPAL 4030 MANATEE AVE W BRADENTON, FL 34205	31-1629166	501(C)(3)	0.	170,441.	OTHER	FOOD	SEE PART IV
ST. CHAD'S EPISCOPAL 5609 N ALBANY AVE TAMPA, FL 33603	31-1629166	501(C)(3)	0.	107,471.	OTHER	FOOD	SEE PART IV
CALVARY EPISCOPAL (BEACH FOOD PANTRY) - 1615 1ST ST - INDIAN ROCKS, FL 33785	31-1629166	501(C)(3)	0.	68,662.	OTHER	FOOD	SEE PART IV
ST. GILES EPISCOPAL CHURCH 8271 52 STREET N PINELLAS PARK, FL 33781	31-1629166	501(C)(3)	0.	6,724.	OTHER	FOOD	SEE PART IV
ST. ALBAN'S FOOD PANTRY 202 PONTOTOC ST AUBURNDALE, FL 33823	31-1629166	501(C)(3)	0.	308,118.	OTHER	FOOD	SEE PART IV
ST. GEORGE'S EPISCOPAL 912 63RD AVE W BRADENTON, FL 34207	31-1629166	501(C)(3)	0.	356,166.	OTHER	FOOD	SEE PART IV
BETHESDA MINISTRIES PANTRY 3301 EAST 22ND AVENUE TAMPA, FL 33605	31-1777684	501(C)(3)	0.	251,965.	OTHER	FOOD	SEE PART IV
RIVERVIEW UMC 8002 US HWY 301 SOUTH RIVERVIEW, FL 33578	31-1813333	501(C)(3)	0.	462,747.	OTHER	FOOD	SEE PART IV
ABE BROWN MINISTRIES 2918 NORTH 29TH STREET TAMPA, FL 33605	31-1813333	501(C)(3)	0.	153,063.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST SEBRING 126 SOUTH PINE STREET SEBRING, FL 33870	31-1813333	501(C)(3)	0.	406,498.	OTHER	FOOD	SEE PART IV
FIRST MC WAUCHULA, FEED MY SHEEP 204 W PALMETTO STREET WAUCHULA, FL 33873	31-1813333	501(C)(3)	0.	208,433.	OTHER	FOOD	SEE PART IV
LAKE PANASOFFKEE UMC 589 N COUNTY RD 470 PANASOFFKEE, FL 33538	31-1813333	501(C)(3)	0.	481,416.	OTHER	FOOD	SEE PART IV
FIRST UMC SEFFNER 1310 KINGSWAY RD SEFFNER, FL 33584	31-1813333	501(C)(3)	0.	25,359.	OTHER	FOOD	SEE PART IV
SVDP, CORPUS CHRISTI 9807 N 56TH ST TEMPLE TERRACE, FL 33617	32-0290088	501(C)(3)	0.	592,061.	OTHER	FOOD	SEE PART IV
SVDP, HOLIDAY CONFERENCE 4843 MILE STRETCH DR HOLIDAY, FL 34690	32-0291965	501(C)(3)	0.	170,799.	OTHER	FOOD	SEE PART IV
SEEDS OF HOPE 710 E BLOOMINGDALE AVE BRANDON, FL 33511	32-0391529	501(C)(3)	0.	927,446.	OTHER	FOOD	SEE PART IV
AM/FM 119 17TH STREET W PALMETTO, FL 34221	33-1118294	501(C)(3)	0.	137,371.	OTHER	FOOD	SEE PART IV
HERITAGE CHRISTIAN COMMUNITY BAPTIST - 14801 N 15TH ST - LUTZ, FL 33549	33-1160777	501(C)(3)	0.	53,614.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAK RIDGE WESLEYAN 11000 110TH AVE N LARGO, FL 33778	35-1148762	501(C)(3)	0.	8,687.	OTHER	FOOD	SEE PART IV
COMMUNITY SERVICE CENTER INC. 7001 S 12TH AVE TAMPA, FL 33619	35-2422924	501(C)(3)	0.	230,778.	OTHER	FOOD	SEE PART IV
ST. PAUL UMC (OPEN ARMS) 2039 DRUID AVE CLEARWATER, FL 33764	36-2167731	501(C)(3)	0.	2,032,596.	OTHER	FOOD	SEE PART IV
WILDWOOD UMC 300 MASON ST WILDWOOD, FL 34785	36-2167731	501(C)(3)	0.	646,443.	OTHER	FOOD	SEE PART IV
KAYE PROX FOOD BANK 8401 W HILLSBOROUGH AVE TAMPA, FL 33615	41-1568278	501(C)(3)	0.	1,022,055.	OTHER	FOOD	SEE PART IV
COMMUNITY CUPBOARD/CALVARY 1480 E COLLEGE AVE RUSKIN, FL 33570	41-1568278	501(C)(3)	0.	2,028,261.	OTHER	FOOD	SEE PART IV
BODY & SOUL 8555 FOREST OAKS BLVD SPRING HILL, FL 34606	43-0658188	501(C)(3)	0.	653,820.	OTHER	FOOD	SEE PART IV
CHRIST THE KING LUTHERAN 11220 OAKHURST RD LARGO, FL 33774	43-0658188	501(C)(3)	0.	515,975.	OTHER	FOOD	SEE PART IV
HOLY TRINITY LUTHERAN 1214 BROAD ST MASARYKTOWN, FL 34604	43-0658188	501(C)(3)	0.	254,332.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEARWATER 1ST CHURCH NAZARENE 1875 NURSERY RD CLEARWATER, FL 33764	44-0552034	501(C)(3)	0.	139,289.	OTHER	FOOD	SEE PART IV
COMMUNITY OF CHRIST 5817 33RD ST E BRADENTON, FL 34203	44-0552038	501(C)(3)	0.	82,072.	OTHER	FOOD	SEE PART IV
LIFE CHURCH SPRING HILL 18924 COUNTY LINE RD SPRING HILL, FL 34610	44-0577787	501(C)(3)	0.	466,378.	OTHER	FOOD	SEE PART IV
FIRST ASSEMBLY EAGLE LAKE 670 N EAGLE DR EAGLE LAKE, FL 33839	44-0577787	501(C)(3)	0.	796,992.	OTHER	FOOD	SEE PART IV
HARVEST ASSEMBLY OF GOD 2120 AIRPORT RD LAKELAND, FL 33811	44-0577787	501(C)(3)	0.	185,101.	OTHER	FOOD	SEE PART IV
LIFE CHURCH WESLEY CHAPEL 6542 APPLEWOOD DR WESLEY CHAPEL, FL 33544	44-0577787	501(C)(3)	0.	1,439,108.	OTHER	FOOD	SEE PART IV
CROSSWIND CHURCH 1510 W HILLSBOROUGH AVE TAMPA, FL 33603	44-0577787	501(C)(3)	0.	18,322.	OTHER	FOOD	SEE PART IV
CHURCH OF HOPE PALMETTO 1701 10TH ST W PALMETTO, FL 34221	44-0577787	501(C)(3)	0.	824,524.	OTHER	FOOD	SEE PART IV
CENTRO CRISTIANO HISPANO, INC. 2014 PROVIDENCE RD BRANDON, FL 33511	44-0577787	501(C)(3)	0.	1,140,965.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REACH CITY CHURCH 6605 KRYCUL AVE RIVERVIEW, FL 33578	44-0577787	501(C)(3)	0.	479,033.	OTHER	FOOD	SEE PART IV
CITY LIFE 1300 17TH AVE W BRADENTON, FL 34205	44-0577787	501(C)(3)	0.	118,154.	OTHER	FOOD	SEE PART IV
RESONATE LIFE 1820 53RD AVE W BRADENTON, FL 34207	44-0577787	501(C)(3)	0.	436,546.	OTHER	FOOD	SEE PART IV
END 68 HOURS OF HUNGER TAMPA 1309 W SWANN AVENUE TAMPA, FL 33609	45-0998251	501(C)(3)	0.	5,819.	OTHER	FOOD	SEE PART IV
BELMONT HEIGHTS RESIDENT ESTATE 3540 N 20TH ST TAMPA, FL 33605	45-3199958	501(C)(3)	0.	56,215.	OTHER	FOOD	SEE PART IV
WILDWOOD SOUP KITCHEN 203 BARWICK ST. WILDWOOD, FL 34785	45-3339591	501(C)(3)	0.	531,198.	OTHER	FOOD	SEE PART IV
A NEW DIRECTION 2365 5TH AVE N ST. PETERSBURG, FL 33713	45-3863121	501(C)(3)	0.	18,630.	OTHER	FOOD	SEE PART IV
HARMONY MBC FOOD PANTRY 1645 N WEBSTER AVE LAKELAND, FL 33805	45-4343039	501(C)(3)	0.	278,931.	OTHER	FOOD	SEE PART IV
BAY CHAPEL FOOD PANTRY 19911 BRUCE B DOWNS BLVD TAMPA, FL 33647	45-4901399	501(C)(3)	0.	653,957.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SELAH FREEDOM PO BOX 21415 SARASOTA, FL 34276	45-5189165	501(C)(3)	0.	14,999.	OTHER	FOOD	SEE PART IV
MLK MINISTRIES 204 MLK AVE E BRADENTON, FL 34208	45-5310212	501(C)(3)	0.	514,252.	OTHER	FOOD	SEE PART IV
HELPING HAND OUTREACH BRADENTON 7215 1ST AVE W BRADENTON, FL 34209	45-5356622	501(C)(3)	0.	1,020,991.	OTHER	FOOD	SEE PART IV
ABUNDANT LIFE MINISTRIES, WINTER HAVEN - 5237 THORNHILL RD - WINTER HAVEN, FL 33880	45-5526927	501(C)(3)	0.	97,614.	OTHER	FOOD	SEE PART IV
FLORIDA DREAM CENTER 4017 56TH AVENUE N ST. PETERSBURG, FL 33714	46-0663472	501(C)(3)	0.	679,237.	OTHER	FOOD	SEE PART IV
THOMAS PROMISE 4424 GALL BLVD ZEPHYRHILLS, FL 33542	46-0808046	501(C)(3)	0.	21,218.	OTHER	FOOD	SEE PART IV
FAITH FOCUS CDC/NOW FAITH 603 ELNOR ST PLANT CITY, FL 33563	46-2305922	501(C)(3)	0.	136,127.	OTHER	FOOD	SEE PART IV
HELPING HANDS 2146 SUNNYDALE BLVD, UNIT E CLEARWATER, FL 33765	46-2399940	501(C)(3)	0.	2,481,448.	OTHER	FOOD	SEE PART IV
CENTRO RESTAURACION PACTO ETERNO 1621 66TH AVENUE TERRACE EAST SARASOTA, FL 34243	46-3262941	501(C)(3)	0.	224,466.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GLORIOUS EXPERIENCE 20714 CENTER RD LACOCHEE, FL 33537	46-3594440	501(C)(3)	0.	59,426.	OTHER	FOOD	SEE PART IV
THE WELL 609 W WATERS AVE TAMPA, FL 33604	46-4796993	501(C)(3)	0.	273,934.	OTHER	FOOD	SEE PART IV
RISE TAMPA 411 N FRANKLIN ST TAMPA, FL 33602	46-5291016	501(C)(3)	0.	35,815.	OTHER	FOOD	SEE PART IV
CHRIST THE KING 7138 LYKES ST BROOKSVILLE, FL 34613	46-5513155	501(C)(3)	0.	377,779.	OTHER	FOOD	SEE PART IV
MESSENGERS OF HOPE 14426 BLACK LAKE ROAD ODESSA, FL 33556	47-1879827	501(C)(3)	0.	636,234.	OTHER	FOOD	SEE PART IV
LIVE BETTER HEALTHY FOUNDATION 4423 PARK BLVD N PINELLAS PARK, FL 33781	47-2351434	501(C)(3)	0.	70,258.	OTHER	FOOD	SEE PART IV
DUNEDIN CARES 1630 PINEHURST RD. DUNEDIN, FL 34698	47-2522602	501(C)(3)	0.	12,462.	OTHER	FOOD	SEE PART IV
HUNGER'S END PANTRY 1802 14TH ST W BRADENTON, FL 34205	47-3038591	501(C)(3)	0.	846,857.	OTHER	FOOD	SEE PART IV
RISE UP FEED AND SEED 826 N 8TH STREET HAINES CITY, FL 33844	47-3300505	501(C)(3)	0.	412,721.	OTHER	FOOD	SEE PART IV

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESTORATION MINISTRY LARGO 10888 126TH AVE LARGO, FL 33746	47-3625579	501(C)(3)	0.	52,808.	OTHER	FOOD	SEE PART IV
GRACE & MERCY FOOD PANTRY CHURCH OF CHRIST - 301 38TH STREET NORTH - ST. PETERSBURG, FL 33713	47-4468749	501(C)(3)	0.	402,598.	OTHER	FOOD	SEE PART IV
VICTORY BAPTIST 6202 S MACDILL AVE TAMPA, FL 33611	47-4759250	501(C)(3)	0.	143,023.	OTHER	FOOD	SEE PART IV
RIDGE AREA SDA 59 ALICE NELSON ST AVON PARK, FL 33852	52-0634036	501(C)(3)	0.	411,920.	OTHER	FOOD	SEE PART IV
TAMPA FIRST SDA CHURCH 822 W LINEBAUGH AVE TAMPA, FL 33612	52-0643036	501(C)(3)	0.	371,950.	OTHER	FOOD	SEE PART IV
NEW PORT RICHEY SDA 6424 TROUBLE CREEK RD NEW PORT RICHEY, FL 34653	52-0643036	501(C)(3)	0.	190,816.	OTHER	FOOD	SEE PART IV
LAKELAND SDA 1435 GILMORE AVE LAKELAND, FL 33805	52-0643036	501(C)(3)	0.	330,137.	OTHER	FOOD	SEE PART IV
AMERICAN VETERANS POST #4 1014 SKIPPER RD TAMPA, FL 33613	52-0970963	501(C)(3)	0.	296,435.	OTHER	FOOD	SEE PART IV
ST. MICHAEL'S WAUCHULA 408 HEARD BRIDGE RD WAUCHULA, FL 33873	53-0196617	501(C)(3)	0.	333,565.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SVDP, ST. PETER CLAVER 1203 N NEBRASKA AVE TAMPA, FL 33602	53-0196617	501(C)(3)	0.	124,491.	OTHER	FOOD	SEE PART IV
ST. LAWRENCE, MATTHEW 25 5225 N HIMES AVE TAMPA, FL 33614	53-0196617	501(C)(3)	0.	42,687.	OTHER	FOOD	SEE PART IV
SVDP, WILDWOOD 201 BARWICK ST WILDWOOD, FL 34785	53-0196617	501(C)(3)	0.	147,428.	OTHER	FOOD	SEE PART IV
OUR LADY OF GUADALUPE 16650 US-301 WIMAUMA, FL 33598	53-0196617	501(C)(3)	0.	2,377,745.	OTHER	FOOD	SEE PART IV
ST. JOSEPH FOOD PANTRY 2704 33RD AVE W BRADENTON, FL 34205	53-0196617	501(C)(3)	0.	1,313,319.	OTHER	FOOD	SEE PART IV
SANTA MARIA MISSION 14004 N 15TH ST TAMPA, FL 33613	53-0196617	501(C)(3)	0.	416,796.	OTHER	FOOD	SEE PART IV
ST. CLEMENT 1104 N ALEXANDER ST PLANT CITY, FL 33563	53-0196617	501(C)(3)	0.	711,195.	OTHER	FOOD	SEE PART IV
NATIVITY OUTREACH 705 E BRANDON BLVD BRANDON, FL 33511	53-0196617	501(C)(3)	0.	1,414,838.	OTHER	FOOD	SEE PART IV
MOST HOLY REDEEMER 10110 N CENTRAL AVE TAMPA, FL 33612	53-0196617	501(C)(3)	0.	1,530,371.	OTHER	FOOD	SEE PART IV

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. FRANCIS OF ASSISI 4450 COUNTY RD 579 SEFFNER, FL 33583	53-0196617	501(C)(3)	0.	56,141.	OTHER	FOOD	SEE PART IV
ST. ANNE CATHOLIC CHURCH 106 11TH AVE NE RUSKIN, FL 33570	53-0196617	501(C)(3)	0.	1,689,730.	OTHER	FOOD	SEE PART IV
HOUSE OF REFUGE CHURCH OF GOD 640 BURNS AVE LAKE WALES, FL 33853	55-0877784	501(C)(3)	0.	563,601.	OTHER	FOOD	SEE PART IV
JESUS IS MINISTRIES 68 DAISY ST INGLES, FL 34449	58-0059648	501(C)(3)	0.	355,028.	OTHER	FOOD	SEE PART IV
SALVATION ARMY, CLEARWATER 1521 DRUID ROAD E CLEARWATER, FL 33756	58-0660607	501(C)(3)	0.	206,582.	OTHER	FOOD	SEE PART IV
SALVATION ARMY BRADENTON 1204 14TH ST W BRADENTON, FL 34205	58-0660607	501(C)(3)	0.	655,282.	OTHER	FOOD	SEE PART IV
SALVATION ARMY, EAST POLK 1898 HIGHWAY 17 NORTH WINTER HAVEN, FL 33881	58-0660607	501(C)(3)	0.	407,902.	OTHER	FOOD	SEE PART IV
NEW LIFE ASSEMBLY 5010 12TH AVE S TAMPA, FL 33619	58-0904463	501(C)(3)	0.	1,616,676.	OTHER	FOOD	SEE PART IV
ST. LUKE AME 2709 N 25TH ST TAMPA, FL 33605	58-3529854	501(C)(3)	0.	842,285.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY TAMPA COMMAND 1603 N FLORIDA AVE TAMPA, FL 33602	59-0631403	501(C)(3)	0.	105,163.	OTHER	FOOD	SEE PART IV
LAKES CHURCH (FORMERLY COMPASSION HOUSE) - 1010 E MEMORIAL BLVD - LAKELAND, FL 33801	59-0637836	501(C)(3)	0.	352,984.	OTHER	FOOD	SEE PART IV
ST. JOSEPH LAKELAND 118 W LEMON ST LAKELAND, FL 33815	59-0638484	501(C)(3)	0.	300,744.	OTHER	FOOD	SEE PART IV
PARC 3190 TYRONE BLVD NORTH ST. PETERSBURG, FL 33710	59-0791038	501(C)(3)	0.	98,367.	OTHER	FOOD	SEE PART IV
NEW CREATION FAMILY CHURCH (FORM. PASADENA PRES) - 123 PINELLAS WAY NORTH - ST. PETERSBURG, FL 33764	59-0799913	501(C)(3)	0.	211,974.	OTHER	FOOD	SEE PART IV
FIRST UMC PALMETTO 330 11TH AVE W PALMETTO, FL 34221	59-0838090	501(C)(3)	0.	699,142.	OTHER	FOOD	SEE PART IV
CHURCH OF THE RESURRECTION 3855 S FLORIDA AVE LAKELAND, FL 33813	59-1010776	501(C)(3)	0.	481,791.	OTHER	FOOD	SEE PART IV
LENA VISTA BAPTIST 213 FLORIDA DR AUBURNDALE, FL 33823	59-1107102	501(C)(3)	0.	59,913.	OTHER	FOOD	SEE PART IV
BETHANY BAPTIST 3409 N CORK RD PLANT CITY, FL 33565	59-1115091	501(C)(3)	0.	15,875.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIBERTY SOUTHERN BAPTIST 2505 W GRANFIELD AVE PLANT CITY, FL 33563	59-1159202	501(C)(3)	0.	1,775,241.	OTHER	FOOD	SEE PART IV
CHURCH SERVICE CENTER 495 E. SUMMERLIN ST. BARTOW, FL 33830	59-1162397	501(C)(3)	0.	339,207.	OTHER	FOOD	SEE PART IV
FOUNDATIONS OF LIFE 37733 MERIDIAN AVE DADE CITY, FL 33525	59-1213195	501(C)(3)	0.	341,808.	OTHER	FOOD	SEE PART IV
HOLY SPIRIT CATHOLIC 644 S 9TH ST LAKE WALES, FL 33853	59-1214353	501(C)(3)	0.	57,612.	OTHER	FOOD	SEE PART IV
HOPE VILLAGES OF AMERICA (FORMERLY RCS) - 700 DRUID RD. - CLEARWATER, FL 33756	59-1309186	501(C)(3)	0.	10,059,668.	OTHER	FOOD	SEE PART IV
CLEARWATER COMMUNITY (HARRIETS) 2897 BELCHER RD DUNEDIN, FL 34698	59-1311051	501(C)(3)	0.	350,472.	OTHER	FOOD	SEE PART IV
HOLY CROSS LUTHERAN 6193 SPRING HILL DR SPRING HILL, FL 34606	59-1346091	501(C)(3)	0.	151,645.	OTHER	FOOD	SEE PART IV
NEIGHBORHOOD SERVICES CENTER 608 AVENUE S. N.E. WINTER HAVEN, FL 33881	59-1363593	501(C)(3)	0.	273,556.	OTHER	FOOD	SEE PART IV
CARING HANDS 307 HALL STREET WILDWOOD, FL 34785	59-1384643	501(C)(3)	0.	57,159.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL FLORIDA HEALTH CARE (CFHC) WINTER HAVEN - 1052 KETTLES AVE - LAKELAND, FL 33860	59-1404594	501(C)(3)	0.	356,395.	OTHER	FOOD	SEE PART IV
CENTRAL FLORIDA HEALTH CARE (CFHC) LAKELAND - 700 GALVIN DRIVE - WINTER HAVEN, FL 33801	59-1404594	501(C)(3)	0.	384,188.	OTHER	FOOD	SEE PART IV
CENTRAL FLORIDA HEALTH CARE (CFHC) CUTTING EDGE - 3059 ELM ST - ZOLFO SPRINGS, FL 33873	59-1404594	501(C)(3)	0.	198,252.	OTHER	FOOD	SEE PART IV
CENTRAL FLORIDA HEALTH CARE (CFHC) MULBERRY - 1052 KETTLES AVE - LAKELAND, FL 33868	59-1404594	501(C)(3)	0.	237,219.	OTHER	FOOD	SEE PART IV
CENTRAL FLORIDA HEALTH CARE (CFHC) MULTIPLY CHURCH - 1514 FIRST ST. NW - WINTER HAVEN, FL 33881	59-1404594	501(C)(3)	0.	374,061.	OTHER	FOOD	SEE PART IV
CENTRAL FLORIDA HEALTH CARE (CFHC) PILGRIM REST - 4440 ACADEMY DR - MULBERRY, FL 33853	59-1404594	501(C)(3)	0.	442,499.	OTHER	FOOD	SEE PART IV
METROPOLITAN MINISTRIES 2301 N TAMPA STREET TAMPA, FL 33602	59-1477007	501(C)(3)	0.	1,679,887.	OTHER	FOOD	SEE PART IV
SPRING LIFE CHURCH 9344 SPRING HILL DR SPRING HILL, FL 34609	59-1565592	501(C)(3)	0.	24,007.	OTHER	FOOD	SEE PART IV
MEALS ON WHEELS, EAST PASCO 38112 15TH AVE ZEPHYRHILLS, FL 33542	59-1565648	501(C)(3)	0.	1,943,331.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST ASSEMBLY OF GOD MULBERRY 1400 E CANAL ST MULBERRY, FL 33860	59-1573804	501(C)(3)	0.	1,491,893.	OTHER	FOOD	SEE PART IV
FIRST UMC HUDSON 13123 US HWY 19 HUDSON, FL 34667	59-1590960	501(C)(3)	0.	1,548,931.	OTHER	FOOD	SEE PART IV
MULBERRY UMC 306 N CHURCH AVE MULBERRY, FL 33860	59-1591125	501(C)(3)	0.	117,259.	OTHER	FOOD	SEE PART IV
BETHANY BAPTIST MYAKKA CITY 26604 SR 64 MYAKKA CITY, FL 34251	59-1660671	501(C)(3)	0.	131,043.	OTHER	FOOD	SEE PART IV
FBC LAKE ALFRED 280 E PIERCE ST LAKE ALFRED, FL 33850	59-1683521	501(C)(3)	0.	594,106.	OTHER	FOOD	SEE PART IV
RONALD MCDONALD HOUSE 401 7TH AVE SOUTH ST. PETERSBURG, FL 33606	59-1835985	501(C)(3)	0.	7,917.	OTHER	FOOD	SEE PART IV
60TH STREET BAPTIST 9309 60TH STREET PINELLAS PARK, FL 33782	59-1844685	501(C)(3)	0.	128,235.	OTHER	FOOD	SEE PART IV
MULBERRY COMMUNITY SERVICE CENTER (HAINES CITY) - 306 SW 2ND AVE - MULBERRY, FL 33860	59-1896141	501(C)(3)	0.	333,192.	OTHER	FOOD	SEE PART IV
MULBERRY COMMUNITY SERVICE CENTER 306 SW 2ND AVE MULBERRY, FL 33860	59-1896141	501(C)(3)	0.	441,068.	OTHER	FOOD	SEE PART IV

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KING OF KINGS LUTHERAN 10337 US HWY 19 NEW PORT RICHEY, FL 34668	59-1910305	501(C)(3)	0.	163,588.	OTHER	FOOD	SEE PART IV
53RD CHURCH OF CHRIST 3412 53RD AVE E BRADENTON, FL 34203	59-1984751	501(C)(3)	0.	997,104.	OTHER	FOOD	SEE PART IV
ST. MARGARET'S EPISCOPAL CHURCH 114 N OSCEOLA AVE INVERNESS, FL 34433	59-1993400	501(C)(3)	0.	9,842.	OTHER	FOOD	SEE PART IV
LAKE WALES CARE CENTER 140 E PARK AVE LAKE WALES, FL 33853	59-2015847	501(C)(3)	0.	40,464.	OTHER	FOOD	SEE PART IV
CASA 2473 58TH AVE NORTH ST. PETERSBURG, FL 33714	59-2114359	501(C)(3)	0.	189,966.	OTHER	FOOD	SEE PART IV
TALBOT HOUSE 814 N KENTUCKY AVE LAKELAND, FL 33801	59-2151802	501(C)(3)	0.	265,595.	OTHER	FOOD	SEE PART IV
SVPD, WEST HILLS DISTRICT 12310 N NEBRASKA AVE TAMPA, FL 33612	59-2237848	501(C)(3)	0.	2,293,929.	OTHER	FOOD	SEE PART IV
ST. STEPHEN'S CATHOLIC 10118 ST STEPHEN CIRCLE RIVERVIEW, FL 33569	59-2237848	501(C)(3)	0.	82,487.	OTHER	FOOD	SEE PART IV
SOUTH OAK BAPTIST 125 SOUTH OAK AVE LAKE PLACID, FL 33852	59-2252389	501(C)(3)	0.	326,355.	OTHER	FOOD	SEE PART IV

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNRISE OF PASCO 12724 SMITH RD DADE CITY, FL 33525	59-2284118	501(C)(3)	0.	73,455.	OTHER	FOOD	SEE PART IV
MT ZION HUMAN SERVICES INC 955 20TH ST. S ST. PETERSBURG, FL 33712	59-2308721	501(C)(3)	0.	278,114.	OTHER	FOOD	SEE PART IV
PREGNANCY & FAMILY LIFE CENTER 317 W TOMPKINS ST INVERNESS, FL 34450	59-2316370	501(C)(3)	0.	92,427.	OTHER	FOOD	SEE PART IV
MERCY & LOVE FOOD OUTREACH 1400 E GEORGIA ST BARTOW, FL 33830	59-2339126	501(C)(3)	0.	2,251,852.	OTHER	FOOD	SEE PART IV
SHADY HILLS FOOD PANTRY 15925 GREENGLEN LN SPRING HILL, FL 34610	59-2369456	501(C)(3)	0.	327,955.	OTHER	FOOD	SEE PART IV
CALVARY CHAPEL 960 S US HWY 41 INVERNESS, FL 34450	59-2373475	501(C)(3)	0.	9,786.	OTHER	FOOD	SEE PART IV
SVPD, FOOD SERVICE CENTER 401 15TH ST N ST. PETERSBURG, FL 33705	59-2380770	501(C)(3)	0.	140,518.	OTHER	FOOD	SEE PART IV
NEW SALEM MB CHURCH 8525 N 78TH ST TEMPLE TERRACE, FL 33637	59-2390371	501(C)(3)	0.	463,728.	OTHER	FOOD	SEE PART IV
GULFVIEW GRACE 6639 HAMMOCK RD PORT RICHEY, FL 34668	59-2399459	501(C)(3)	0.	181,260.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HICKS ROAD BAPTIST 12219 HICKS RD HUDSON, FL 34669	59-2400886	501(C)(3)	0.	127,766.	OTHER	FOOD	SEE PART IV
MT. RAYMOND 2410 4TH AVE PALMETTO, FL 34221	59-2434048	501(C)(3)	0.	400,754.	OTHER	FOOD	SEE PART IV
ST. GEORGE COPTIC ORTHODOX 2135 W BUSCH BLVD TAMPA, FL 33612	59-2534804	501(C)(3)	0.	195,730.	OTHER	FOOD	SEE PART IV
CITRUS UNITED BASKET 1201 PARKSIDE AVE INVERNESS, FL 34450	59-2553570	501(C)(3)	0.	32,308.	OTHER	FOOD	SEE PART IV
VISTE 1232 E MAGNOLIA ST LAKELAND, FL 33801	59-2625297	501(C)(3)	0.	1,435,292.	OTHER	FOOD	SEE PART IV
GREATER ST. PAUL FSC 1130 WEBSTER AVE LAKELAND, FL 33805	59-2713332	501(C)(3)	0.	99,372.	OTHER	FOOD	SEE PART IV
ANNIE JOHNSON 20625 W PENNSYLVANIA AVE DUNNELLON, FL 34431	59-2757655	501(C)(3)	0.	409,087.	OTHER	FOOD	SEE PART IV
LANDMARK BAPTIST CHURCH 6021 WILLIAMS RD SEFFNER, FL 33584	59-2761162	501(C)(3)	0.	440,560.	OTHER	FOOD	SEE PART IV
ATONEMENT LUTHERAN 29617 STATE RD 54 WESLEY CHAPEL, FL 33543	59-2858152	501(C)(3)	0.	449,510.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPIC PINELLAS 3050 1ST AVE SOUTH ST. PETERSBURG, FL 33712	59-2862537	501(C)(3)	0.	6,039.	OTHER	FOOD	SEE PART IV
EPIC TAMPA 4703 N FLORIDA AVE TAMPA, FL 33603	59-2862537	501(C)(3)	0.	21,830.	OTHER	FOOD	SEE PART IV
SVDP HAINES CITY 1001 S 10TH ST HAINES CITY, FL 33844	59-2948683	501(C)(3)	0.	610,101.	OTHER	FOOD	SEE PART IV
FEAST INC. 2255 NEBRASKA AVENUE PALM HARBOR, FL 34683	59-2981961	501(C)(3)	0.	710,366.	OTHER	FOOD	SEE PART IV
BAYVIEW BAPTIST 825 HOWARD ST CLEARWATER, FL 33756	59-2987227	501(C)(3)	0.	11,864.	OTHER	FOOD	SEE PART IV
FROSTPROOF CARE CENTER 23 S. SCENIC HWY. FROSTPROOF, FL 33843	59-2988744	501(C)(3)	0.	737,903.	OTHER	FOOD	SEE PART IV
HELP OF FORT MEADE 202 W BROADWAY ST FORT MEADE, FL 33841	59-2993886	501(C)(3)	0.	363,019.	OTHER	FOOD	SEE PART IV
CITRUS FAMILY RESOURCE CENTER 3660 N CARL G ROSE HERNANDO, FL 34442	59-2998366	501(C)(3)	0.	26,693.	OTHER	FOOD	SEE PART IV
SVDP, CLEARWATER SOUP KITCHEN 1345 PARK ST CLEARWATER, FL 33756	59-3050191	501(C)(3)	0.	112,499.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECHO BRANDON 507 N PARSONS AVE BRANDON, FL 33510	59-3051533	501(C)(3)	0.	257,066.	OTHER	FOOD	SEE PART IV
ECHO RIVERVIEW 10509 RIVERVIEW DRIVE RIVERVIEW, FL 33578	59-3051533	501(C)(3)	0.	240,374.	OTHER	FOOD	SEE PART IV
UNITED FOOD BANK OF PLANT CITY 702 E ALSOBROOK ST PLANT CITY, FL 33563	59-3069728	501(C)(3)	0.	4,402,651.	OTHER	FOOD	SEE PART IV
THE SHEPHERD CENTER 304 S. PINELLAS AVE TARPON SPRINGS, FL 34689	59-3070882	501(C)(3)	0.	1,840,821.	OTHER	FOOD	SEE PART IV
CHRISTIAN LIFE ASSEMBLY OF GOD 13065 JACQUELINE RD BROOKSVILLE, FL 34613	59-3130222	501(C)(3)	0.	419,417.	OTHER	FOOD	SEE PART IV
TAMPA SPANISH SDA 9602 HULSEY RD TAMPA, FL 33634	59-3160860	501(C)(3)	0.	345,440.	OTHER	FOOD	SEE PART IV
DISABILITY ACHIEVEMENT CENTER 12552 BELCHER RD. S. LARGO, FL 33773	59-3178944	501(C)(3)	0.	15,331.	OTHER	FOOD	SEE PART IV
ORANGE STREET CHURCH OF CHRIST 310 ORANGE ST AUBURNDALE, FL 33823	59-3184131	501(C)(3)	0.	783,506.	OTHER	FOOD	SEE PART IV
CHURCH OF JESUS CHRIST DT 2431 5TH AVE N ST. PETERSBURG, FL 33712	59-3190177	501(C)(3)	0.	305,977.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAYSTAR HOPE 15512 US HWY 301 DADECITY, FL 33523	59-3223358	501(C)(3)	0.	433,322.	OTHER	FOOD	SEE PART IV
REVIVAL MINISTRIES 3738 RIVER INTERNATIONAL DR TAMPA, FL 33610	59-3273513	501(C)(3)	0.	114,985.	OTHER	FOOD	SEE PART IV
5TH AVENUE CHURCH OF CHRIST 4200 5TH AVE S ST. PETERSBURG, FL 33711	59-3380539	501(C)(3)	0.	632,266.	OTHER	FOOD	SEE PART IV
THE HARBOR CHURCH 15612 RACE TRACK RD KEYSTONE, FL 33556	59-3390439	501(C)(3)	0.	503,987.	OTHER	FOOD	SEE PART IV
MATTIE WILLIAMS NFC 1003 DR MLK ST N SAFETY HARBOR, FL 34695	59-3406671	501(C)(3)	0.	108,099.	OTHER	FOOD	SEE PART IV
BIBLE-BASED FELLOWSHIP TEMPLE TERRACE - 8718 N 46TH ST - TEMPLE TERRACE, FL 33617	59-3499009	501(C)(3)	0.	331,533.	OTHER	FOOD	SEE PART IV
THE VOLUNTEER WAY, PASCO 8061 CONGRESS ST NEW PORT RICHEY, FL 34653	59-3555687	501(C)(3)	0.	6,117,464.	OTHER	FOOD	SEE PART IV
WORLD OUTREACH INTERNATIONAL 3333 KEYSTONE RD TARPON SPRINGS, FL 34688	59-3585545	501(C)(3)	0.	9,872.	OTHER	FOOD	SEE PART IV
HELP, HUMAN ENVIRONMENT LINKING PEOPLE - 135 AVE Y NE - LAKELAND, FL 33881	59-3602331	501(C)(3)	0.	152,836.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POSITIVE IMPACT/HEAVEN'S KITCHEN 1770 22ND ST. SOUTH ST. PETERSBURG, FL 33712	59-3651301	501(C)(3)	0.	1,048,852.	OTHER	FOOD	SEE PART IV
MANIFESTATIONS WORLDWIDE 3703 N 30TH ST TAMPA, FL 33610	59-3731193	501(C)(3)	0.	875,159.	OTHER	FOOD	SEE PART IV
TRUTH OUTREACH MINISTRY 10711 N 53RD ST TEMPLE TERRACE, FL 33617	59-3749845	501(C)(3)	0.	337,878.	OTHER	FOOD	SEE PART IV
A HOUSE BLEST 400 ORCHID DR. HAINES CITY, FL 33844	59-6141889	501(C)(3)	0.	398,243.	OTHER	FOOD	SEE PART IV
NORTH WEST CHURCH OF GOD 5131 GUNN HWY TAMPA, FL 33624	59-6146401	501(C)(3)	0.	457,245.	OTHER	FOOD	SEE PART IV
LIGHTHOUSE GOSPEL MISSION 7211 78TH STREET RIVERVIEW, FL 33578	59-6173284	501(C)(3)	0.	248,249.	OTHER	FOOD	SEE PART IV
INSPIRATION 2150 E EDGEWOOD DR LAKELAND, FL 33803	60-1596874	501(C)(3)	0.	2,080,349.	OTHER	FOOD	SEE PART IV
IGLESIA MONTE HOREB 38141 MCDONALD STREET DADE CITY, FL 33525	61-1770623	501(C)(3)	0.	83,486.	OTHER	FOOD	SEE PART IV
CHURCH OF GOD OF PROPHECY 102 HALLMARK AVE LAKE PLACID, FL 33852	62-0483206	501(C)(3)	0.	316,165.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVERHILLS CHURCH OF GOD 6310 E SLIGH AVE TAMPA, FL 33617	62-0484177	501(C)(3)	0.	210,438.	OTHER	FOOD	SEE PART IV
CRYSTAL RIVER CHURCH OF GOD 2180 NW 12TH AVE CRYSTAL RIVER, FL 34428	62-0484177	501(C)(3)	0.	67,761.	OTHER	FOOD	SEE PART IV
ABUNDANT LIFE MINISTRIES 1550 S BELCHER RD LARGO, FL 33771	62-0484177	501(C)(3)	0.	457,982.	OTHER	FOOD	SEE PART IV
LIFESTYLE CHURCH OF GOD 21345 SANDERSON RD LACOCHEE, FL 33537	62-0484177	501(C)(3)	0.	372,125.	OTHER	FOOD	SEE PART IV
HOPE MINISTRIES 90 CR 542D BUSHNELL, FL 33513	62-0535346	501(C)(3)	0.	335,008.	OTHER	FOOD	SEE PART IV
BETHANY CME CHURCH 1325 SPRINGDALE ST. CLEARWATER, FL 33755	62-1182706	501(C)(3)	0.	162,112.	OTHER	FOOD	SEE PART IV
FBC WAHNETA 3469 S RIFLE RANGE RD WAHNETA WINTER HAVEN, FL 33880	65-0101452	501(C)(3)	0.	94,336.	OTHER	FOOD	SEE PART IV
EHRlich ROAD BIBLE-BASED FELLOWSHIP CHURCH - 4811 EHRlich RD - TAMPA, FL 33624	65-0139765	501(C)(3)	0.	339,543.	OTHER	FOOD	SEE PART IV
OUR DAILY BREAD OF BRADENTON PO BOX 9544 BRADENTON, FL 34205	65-0374954	501(C)(3)	0.	1,472,419.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVON PARK CHURCH SERVICE CENTER 104 SOUTH RAILROAD AVON PARK, FL 33852	65-0397358	501(C)(3)	0.	683,571.	OTHER	FOOD	SEE PART IV
DAYSTAR LIFE CENTER, ST. PETERSBURG - 1055 28TH ST. SOUTH - ST. PETERSBURG, FL 33701	65-0523539	501(C)(3)	0.	38,768.	OTHER	FOOD	SEE PART IV
MANNA MINISTRIES LAKE PLACID 416 KENT AVE LAKE PLACID, FL 33852	65-0573102	501(C)(3)	0.	555,757.	OTHER	FOOD	SEE PART IV
CARING PEOPLE RECOVERY CENTER 5207 DOYLE PARKER AVE BOWLING GREEN, FL 33834	65-0689295	501(C)(3)	0.	495,870.	OTHER	FOOD	SEE PART IV
ST. JOHN'S MB 1701 1ST AVE E PALMETTO, FL 34221	65-0781766	501(C)(3)	0.	458,106.	OTHER	FOOD	SEE PART IV
HOLY CROSS MANOR II 540 26TH ST W PALMETTO, FL 34221	65-0889322	501(C)(3)	0.	12,725.	OTHER	FOOD	SEE PART IV
HOLY CROSS MANOR I 510 26TH ST W PALMETTO, FL 34221	65-0889322	501(C)(3)	0.	12,117.	OTHER	FOOD	SEE PART IV
CUTTING EDGE MINISTRIES PO BOX 1640 WAUCHULA, FL 33873	65-1006365	501(C)(3)	0.	1,499,550.	OTHER	FOOD	SEE PART IV
PILGRIM REST FREE WILL BIBLE 1052 N KETTLES AVE LAKELAND, FL 33805	71-4572632	501(C)(3)	0.	156,129.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR LADY OF THE ROSARY 2348 COLLIER PKWY. LAND O' LAKES, FL 34639	74-3258806	501(C)(3)	0.	1,004,863.	OTHER	FOOD	SEE PART IV
PLANT CITY BLACK HERITAGE 2001 N. PARK ROAD PLANT CITY, FL 33563	76-0745478	501(C)(3)	0.	16,294.	OTHER	FOOD	SEE PART IV
COMMUNITY FOOD BANK OF CITRUS 5259 W CARDINAL ST BLDG B HOMOSASSA, FL 34446	80-0459100	501(C)(3)	0.	1,849,339.	OTHER	FOOD	SEE PART IV
OUR LADY QUEEN OF PEACE 5320 SHAW ST NEW PORT RICHEY, FL 34652	80-0481680	501(C)(3)	0.	265,082.	OTHER	FOOD	SEE PART IV
ST. MARK MB 7221 SHERRILL ST S TAMPA, FL 33616	80-0672738	501(C)(3)	0.	77,820.	OTHER	FOOD	SEE PART IV
DREAM BUILDERS 8131 N NEBRASKA AVENUE TAMPA, FL 33604	81-1338606	501(C)(3)	0.	1,180,976.	OTHER	FOOD	SEE PART IV
ENDLESS ABILITIES 4 DISABILITIES 905 E SUMMERLIN ST BARTOW, FL 33830	81-1500936	501(C)(3)	0.	599,585.	OTHER	FOOD	SEE PART IV
TAMPA UNDERGROUND 4310 N NEBRASKA AVE TAMPA, FL 33603	81-2296190	501(C)(3)	0.	2,410,678.	OTHER	FOOD	SEE PART IV
VICTORY AME 5202 S 86TH ST TAMPA, FL 33619	81-3913291	501(C)(3)	0.	41,584.	OTHER	FOOD	SEE PART IV

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZEPHYR OUTREACH MINISTRIES 4747 ALLEN RD ZEPHYRHILLS, FL 33541	81-4291264	501(C)(3)	0.	50,534.	OTHER	FOOD	SEE PART IV
HELP OUTREACH P.O. BOX 381 RIVERVIEW, FL 33568	81-5143907	501(C)(3)	0.	917,708.	OTHER	FOOD	SEE PART IV
ACTS 29 FOCCUS 13302 LYNN TURNER ROAD TAMPA, FL 33625	82-0780908	501(C)(3)	0.	568,520.	OTHER	FOOD	SEE PART IV
PARKWAY FREEWILL BAPTIST 1702 LAGRANGE AVE SEBRING, FL 33870	82-1360098	501(C)(3)	0.	181,114.	OTHER	FOOD	SEE PART IV
GENERATIONS RENEWED 702 E ALSOBROOK ST PLANT CITY, FL 33563	82-1604648	501(C)(3)	0.	637,569.	OTHER	FOOD	SEE PART IV
HANDS FOR THE HOMELESS 106 NORTH BUTLER AVE AVON PARK, FL 33852	82-4299863	501(C)(3)	0.	496,025.	OTHER	FOOD	SEE PART IV
CHAMPION'S CHURCH HOUSE OF HOPE (CENTRAL ASSEMBLY) - 601 LEMON ST - AUBURNDALE, FL 33823	82-4395460	501(C)(3)	0.	237,534.	OTHER	FOOD	SEE PART IV
CHAMPION'S CHURCH HOUSE OF HOPE 1801 HAVENDALE BLVD WINTER HAVEN, FL 33881	82-4395460	501(C)(3)	0.	1,104,898.	OTHER	FOOD	SEE PART IV
PINELLAS COMMUNITY (FEED ST. PETE) 5501 31ST ST S ST. PETERSBURG, FL 33712	82-4576190	501(C)(3)	0.	121,598.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BORICUAS DE CORAZON INC 1291 KINGSWAY RD BRANDON, FL 33510	82-4761709	501(C)(3)	0.	491,543.	OTHER	FOOD	SEE PART IV
UKCF EMPOWERMENT 1800 9TH AVE NORTH ST. PETERSBURG, FL 33713	83-2258609	501(C)(3)	0.	148,120.	OTHER	FOOD	SEE PART IV
FLORIDA HUNTER FOR THE HUNGRY 27440 CORTEZ BLVD BROOKSVILLE, FL 34602	83-2473144	501(C)(3)	0.	10,565.	OTHER	FOOD	SEE PART IV
ST. PAUL LUTHERAN (MOVING HOPE) 4450 HARDEN BLVD LAKELAND, FL 33813	83-2595197	501(C)(3)	0.	452,375.	OTHER	FOOD	SEE PART IV
MASJID AN NASR 7326 E SLIGH AVE TAMPA, FL 33610	83-3471078	501(C)(3)	0.	157,227.	OTHER	FOOD	SEE PART IV
PROVIDENCE CHURCH 6000 MARINER BLVD. SPRING HILL, FL 34609	84-2346779	501(C)(3)	0.	10,143.	OTHER	FOOD	SEE PART IV
CREATING DISCIPLES MINISTRY 3520 BAKER AVE HAINES CITY, FL 33844	84-2619215	501(C)(3)	0.	236,476.	OTHER	FOOD	SEE PART IV
MT. ZION AME CHURCH 5920 ROBERT TOLLE DR. RIVERVIEW, FL 33578	84-3099454	501(C)(3)	0.	118,373.	OTHER	FOOD	SEE PART IV
BREAD OF REFUGE 521 WILBUR ST BRANDON, FL 33511	84-3153717	501(C)(3)	0.	1,414,550.	OTHER	FOOD	SEE PART IV

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCK HOUSE OF BREAD 440 SOUTH 5TH AVE BARTOW , FL 33830	84-4069446	501(C)(3)	0.	99,628.	OTHER	FOOD	SEE PART IV
RONNIE FELTON FOOD PANTRY (NEW SEASONS MINISTRIES) - 7416 E MOHAWK AVE - TAMPA, FL 33610	84-5109469	501(C)(3)	0.	810,438.	OTHER	FOOD	SEE PART IV
BAUTISTA PROJECT INC P.O. BOX 891104 TAMPA, FL 33689	84-5166971	501(C)(3)	0.	156,722.	OTHER	FOOD	SEE PART IV
GREENWAY FAMILY OUTREACH 5815 N 34TH STREET TAMPA, FL 33610	85-1121165	501(C)(3)	0.	276,534.	OTHER	FOOD	SEE PART IV
A BLESSING FOOD PANTRY (FORMERLY NORTHEAST UMC) - 920 E SITKA ST - TAMPA, FL 33604	85-2120434	501(C)(3)	0.	1,478,640.	OTHER	FOOD	SEE PART IV
GRAND HARVEST FOOD PANTRY 486 NW 9TH AVE WEBSTER, FL 33597	85-3048422	501(C)(3)	0.	226,359.	OTHER	FOOD	SEE PART IV
COWBOYS FOR CHRIST 10625 FIRST STREET THONOTOSASSA, FL 33592	88-4099082	501(C)(3)	0.	186,783.	OTHER	FOOD	SEE PART IV
HOPEVILLE FAMILY MINISTRIES 7236 STATE RD 52 SUITE 1,2,4 HUDSON, FL 34667	90-0529825	501(C)(3)	0.	2,116,647.	OTHER	FOOD	SEE PART IV
CENTRAL MERCY MINISTRIES INC 105 EAST KEYES AVE TAMPA, FL 33602	92-0527243	501(C)(3)	0.	693,748.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL FARM WORKER MINISTRY 14520 KNOLL RIDGE DR TAMPA, FL 33635	95-2692880	501(C)(3)	0.	34,213.	OTHER	FOOD	SEE PART IV
LAKE WALES SDA CHURCH 233 BURNS AVENUE LAKE WALES, FL 33859	95-3867863	501(C)(3)	0.	52,957.	OTHER	FOOD	SEE PART IV
HUMANE SOCIETY OF TAMPA 3607 N ARMENIA AVENUE TAMPA, FL 33607	59-0799907	501(C)(3)	0.	103,474.		FOOD	SEE PART IV

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2

AGENCY SPECIFIC RECORDS INCLUDING THE DETAIL AND COMPOSITION OF FOOD PROVIDED ARE MAINTAINED IN CERES. PROOF OF RECEIPT IS GATHERED THROUGH A MANUAL PROCESS AT TIME OF DELIVERY OR PICK UP. BOTH DELIVERIES AND PICK UPS ARE SCHEDULED IN ADVANCE BY THE AGENCY.

SCHEDULE I, PART II

COLUMN (F): METHOD OF VALUATION

FOOD AND OTHER GROCERY PRODUCTS DISTRIBUTED ARE VALUED AS THE TOTAL POUNDS OF DONATED PRODUCTS DISTRIBUTED TIMES AN APPLICABLE PER POUND RATE OF \$1.74.

COLUMN (H): PURPOSE OF GRANT OR ASSISTANCE

ALL ASSISTANCE PROVIDED TO THE ORGANIZATIONS LISTED ABOVE REPRESENTS PRODUCTS (FOOD) FOR DISTRIBUTION TO NEEDY FAMILIES AND INDIVIDUALS IN FURTHERANCE OF THE FOOD BANK'S MISSION.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization FEEDING AMERICA TAMPA BAY, INC.	Employer identification number 59-2116576
--	---

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THOMAS MANTZ PRESIDENT AND CEO	(i)	369,492.	0.	0.	6,229.	10,358.	386,079.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMY KERN CHIEF FINANCIAL OFFICER	(i)	184,046.	0.	0.	3,659.	6,940.	194,645.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RHONDA GINDLESBERGER CHIEF OPERATIONS OFFICER	(i)	184,577.	0.	0.	3,652.	1,246.	189,475.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JAYCI PETERS CHIEF CULTURE OFFICER	(i)	147,498.	0.	0.	2,600.	7,060.	157,158.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FEEDING AMERICA TAMPA BAY, INC.

Employer identification number

59-2116576

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) (Rev. 12-2024)

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) FLORIDA BLUE GROUP	BOARD MEMBER NOEMI	930,083.	PAYMENT FOR		X
(2) CHAPPELL ROBERTS	ENTITY OWNERSHIP PA	464,285.	PAYMENT FOR		X
(3) LIVING HR	BOARD MEMBER KERI H	39,000.	PAYMENT FOR		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: FLORIDA BLUE GROUP

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER NOEMI CRUZ IS AN EMPLOYEE OF THE ENTITY

(D) DESCRIPTION OF TRANSACTION: PAYMENT FOR MEDICAL INSURANCE SERVICES

(A) NAME OF PERSON: CHAPPELL ROBERTS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ENTITY OWNERSHIP PARTIALLY MAINTAINED BY COLLEEN CHAPPELL, A BOARD MEMBER

(D) DESCRIPTION OF TRANSACTION: PAYMENT FOR PUBLIC RELATIONS AND MARKETING SERVICES

(A) NAME OF PERSON: LIVING HR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER KERI HIGGINS-BIGELOW IS PRESIDENT AND CEO OF ENTITY

(D) DESCRIPTION OF TRANSACTION: PAYMENT FOR HR AND CULTURE CONSULTING SERVICES

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS
 ALL CONTRACTS INVOLVING INTEREST PERSONS ARE REVIEWED BY A COMBINATION OF THE PRESIDENT & CHIEF EXECUTIVE OFFICER, AND CHIEF DEVELOPMENT OFFICER, OR EQUIVALENT COMBINATION OF STAFF LEVEL REVIEW. IN ORDER TO MATCH THE VALUE OF SERVICES RECIEVED TO WHAT WAS ACTUALLY PAID FOR THE SERVICES, ALL INVOICES FROM CHAPPELL ROBERTS ARE REVIEWED AND APPROVED BY THE DIRECTOR OF MARKETING WHO IS RESPONSIBLE FOR MANAGING THE CONTRACT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **FEEDING AMERICA TAMPA BAY, INC.**
Employer identification number: **59-2116576**

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	65052795	178,498,021.	SEE SUPPLEMENTAL INF
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		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.		

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 19 COLUMN (D)

DONATED FOOD INVENTORY IS RECORDED AT ESTIMATED FAIR VALUE AS NET ASSETS WITHOUT DONOR RESTRICTIONS IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF FINANCIAL POSITION. ESTIMATED FAIR VALUE OF DONATED FOOD INVENTORY AS OF JUNE 30, 2025 AND 2024 IS BASED ON THE MOST RECENT PRODUCT VALUATION SURVEY METHODOLOGY PREPARED BY FEEDING AMERICA (REPORT AS OF DECEMBER 31, 2024 AND 2023, RESPECTIVELY).

THE PRODUCT VALUATION SURVEY METHODOLOGY CALCULATES THE ESTIMATED FAIR VALUE OF DONATED FOOD INVENTORY UTILIZING THE AVERAGE WHOLESALE PRICE AS DETERMINED BY THE SPARTANNASH ELECTRONIC REFERENCE CATALOGS FOR GROCERY, BAKERY, FROZEN, DAIRY, GENERAL MERCHANDISE, HEALTH AND BEAUTY, PROCESSED MEAT, NON-DEPARTMENT, AND PRODUCE PRICE CATALOGS FOR IDENTICAL OR SIMILAR FOOD ITEMS. THE VALUE OF DONATED FOOD INVENTORY AS OF JUNE 30, 2025 AND 2024 WAS APPROXIMATELY \$5,841,000 AND \$7,372,000, RESPECTIVELY.

A SIGNIFICANT PORTION OF DONATED FOOD INVENTORY COMES FROM THE USDA AS PART OF THE EMERGENCY FOOD ASSISTANCE PROGRAM ("TEFAP"). IN ADDITION TO DONATED FOOD, THE FOOD BANK RECEIVES AN ADMINISTRATIVE FEE FROM THE USDA BASED ON THE NUMBER OF POUNDS OF TEFAP FOOD DISTRIBUTED IN THE COMMUNITY. FOR THE YEARS ENDED JUNE 30, 2025 AND 2024, THE ADMINISTRATIVE FEE RECEIVED AMOUNTED TO APPROXIMATELY \$1,746,000 AND \$2,233,000, RESPECTIVELY, AND IS INCLUDED IN USDA AND OTHER GOVERNMENTAL REVENUE ON THE ACCOMPANYING CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

FEEDING AMERICA TAMPA BAY, INC.

Employer identification number

59-2116576

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SALVAGEABLE FOOD TO SOCIAL AGENCIES WHICH SERVE THOSE WHO ARE FOOD
INSECURE IN THEIR COMMUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THOSE IN NEED IN OUR COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
GAVE APPROXIMATELY 162,000 HOURS OF SERVICE TO FEEDING TAMPA BAY IN THE
ACCOMPLISHMENT OF OUR MISSION.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:
INCLUDING VOLUNTEER SERVICE FROM INDIVIDUALS, BUSINESSES, COMMUNITY
ORGANIZERS, AND SCHOOL GROUPS. THIS FISCAL YEAR 58,350 VOLUNTEERS
PROVIDED 162,000 HOURS OF HELP AND SUPPORT TO OUR NEIGHBORS IN NEED.

FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO COMMITTEES THAT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE
GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER, THE PRESIDENT AND
THE CHIEF EXECUTIVE OFFICER FIRST, FOLLOWED BY THE AUDITING FIRM'S
REPRESENTATIVE AND THE TREASURER OF THE BOARD OF DIRECTORS. IN ADDITION, AN
ELECTRONIC COPY IS FORWARDED TO ALL BOARD MEMBERS.

THE PUBLIC ACCOUNTING FIRM, WARREN AVERETT, FINALIZES THE RETURN AND
PROVIDES TECHNICAL AND REPORTING ADVICE TO THE BOARD MEMBERS TO ENSURE A
COMPLETE AND ACCURATE RETURN IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:
ALL BOARD MEMBERS ARE REQUIRED TO SIGN AND FILE OUR CONFLICT OF INTEREST
FORM ON AN ANNUAL BASIS. THE SIGNED CONFLICT OF INTEREST FORMS ARE REVIEWED
BY OUR BOARD GOVERNANCE COMMITTEE CHAIR.

FORM 990, PART VI, SECTION B, LINE 15:
THE ORGANIZATION USES A SALARY SURVEY FROM FEEDING AMERICA AND OTHER
NON-PROFIT SOURCES TO DETERMINE A COMPENSATION PROGRAM.

FORM 990, PART VI, SECTION C, LINE 19:
IF INFORMATION IS REQUESTED VIA THE ORGANIZATION'S EMAIL OR WEBSITE, A COPY
IS MAILED TO THE REQUESTING PARTY. IN ADDITION, SEVERAL WEBSITES SUCH AS
CHARITY NAVIGATOR DO COMPARISONS AND ADDITIONAL INFORMATION REPORTING ON
THE TAX-EXEMPT ORGANIZATIONS.

FORM 990, PART XII, LINE 2C:
THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **FEEDING AMERICA TAMPA BAY, INC.** Employer identification number **59-2116576**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
TAMPA BAY HUNGER RELIEF CENTER, INC. - 92-2140288, 3624 CAUSEWAY BLVD, TAMPA, FL 33619	HUNGER RELIEF	FLORIDA	501(C)(3)	LINE 12A, I	FEEDING AMERICA TAMPA BAY, INC.	<input checked="" type="checkbox"/>	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TAMPA BAY HUNGER RELIEF CENTER INC	E	11,562,606.	BOOK
(2)			
(3)			
(4)			
(5)			
(6)			

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

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

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. FEEDING AMERICA TAMPA BAY, INC.	Taxpayer identification number (TIN) 59-2116576
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3624 CAUSEWAY BLVD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TAMPA, FL 33619	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **AMY KERN**
3624 CAUSEWAY BLVD - TAMPA, FL 33619

Telephone No. **813-254-1190** Fax No. _____

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

1 I request an automatic 6-month extension of time until **MAY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or

tax year beginning **JUL 1**, 20 **24**, and ending **JUN 30**, 20 **25**

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

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

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