Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY
PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2019 EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
SCHEDULE A, PUBLIC CHARITY STATUS AND PUBLIC SUPPORT
SCHEDULE B, SCHEDULE OF CONTRIBUTORS
SCHEDULE D, SUPPLEMENTAL FINANCIAL STATEMENT
SCHEDULE G, SUPPL INFO FUNDRAISING/GAMING ACT
SCHEDULE J, COMPENSATION INFORMATION
SCHEDULE M, NONCASH CONTRIBUTIONS
SCHEDULE O, SUPPLEMENTAL INFORMATION
FORM 8868, APPLICATION FOR AUTOMATIC FILING EXTENSION
FORM 8879-EO, E-FILE SIGNATURE AUTHORIZATION

TAX PREPARATION FEE $ 2500.00
| Prepared for                      | ALL FAITHS FOOD BANK, INC.  
|                                  | 8171 BLAIKIE CT.  
|                                  | SARASOTA, FL  34240-8321 |
| Prepared by                      | CAVANAUGH & CO. LLP  
|                                  | 2381 FRUITVILLE ROAD  
|                                  | SARASOTA, FL  34237 |
| Amount due or refund             | NOT APPLICABLE |
| Make check payable to           | NOT APPLICABLE |
| Mail tax return and check (if applicable) to | NOT APPLICABLE |
| Return must be mailed on or before | NOT APPLICABLE |
| Special Instructions             | THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 16, 2020. |
Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning __________ , 2019, and ending __________ , 20________

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization: ALL FAITHS FOOD BANK, INC.
Name and title of officer: JACK HIGGINS, TREASURER

Employer identification number: 65-0115814

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line on the return for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<table>
<thead>
<tr>
<th></th>
<th>a</th>
<th>b</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Form 990 check here</td>
<td>Total revenue, if any (Form 990, Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2a</td>
<td>Form 990-EZ check here</td>
<td>Total revenue, if any (Form 990-EZ, line 9)</td>
</tr>
<tr>
<td>3a</td>
<td>Form 1120-POL check here</td>
<td>Total tax (Form 1120-POL, line 22)</td>
</tr>
<tr>
<td>4a</td>
<td>Form 990-PF check here</td>
<td>Tax based on investment income (Form 990-PF, Part VI, line 5)</td>
</tr>
<tr>
<td>5a</td>
<td>Form 8868 check here</td>
<td>Balance Due (Form 8868, line 3c)</td>
</tr>
</tbody>
</table>

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization’s return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization’s federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization’s electronic return and, if applicable, the organization’s consent to electronic funds withdrawal.

Officer’s PIN: check one box only

- [X] I authorize CAVANAUGH & CO. LLP to enter my PIN: 65814

as my signature on the organization’s tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return’s disclosure consent screen.

- [ ] As an officer of the organization, I will enter my PIN as my signature on the organization’s tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return’s disclosure consent screen.

Officer’s signature: ______________________________ Date: ________________

Part III Certification and Authentication

ERO’s EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

- [ ] I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO’s signature: ______________________________ Date: 08/19/20

ERL Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

923051 10-03-19
Return of Organization Exempt From Income Tax

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

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

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

For the 2019 calendar year, or tax year beginning and ending

**Name of organization**

ALL FAITHS FOOD BANK, INC.

**Employer identification number**

65-0115814

**Address**

8171 BLAIKIE CT.

SARASOTA, FL 34240-8321

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

**Telephone number**

(941) 379-6333

**Gross receipts**

$25,913,524.

**Website**

WWW.ALLFAITHSFOODBANK.ORG

**Group exemption number**

**Year of formation**

1989

**State of legal domicile**

FL

**Form of organization**

Corporation

**Number of volunteers (estimate if necessary)**

0.

**Number of individuals employed in calendar year 2019**

0.

**Number of independent voting members of the governing body**

6772

**Briefly describe the organization's mission or most significant activities:**

TOGETHER WITH OUR PARTNERS, WE PROVIDE HEALTHY SOLUTIONS TO END HUNGER IN OUR COMMUNITY.

**Revenue**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Contributions and grants</td>
<td>21,054,610</td>
<td>25,245,868</td>
</tr>
<tr>
<td>9</td>
<td>Program service revenue</td>
<td>389,166.</td>
<td>435,087</td>
</tr>
<tr>
<td>10</td>
<td>Investment income</td>
<td>-214,985</td>
<td>124,227</td>
</tr>
<tr>
<td>11</td>
<td>Other revenue</td>
<td>121,742</td>
<td>11,704</td>
</tr>
<tr>
<td>12</td>
<td>Total revenue</td>
<td>21,350,533</td>
<td>25,816,886</td>
</tr>
</tbody>
</table>

**Expenses**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Grants and similar amounts paid</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>14</td>
<td>Salaries, other compensation, employee benefits</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15</td>
<td>Professional fundraising fees</td>
<td>2,709,360</td>
<td>3,130,113</td>
</tr>
<tr>
<td>16</td>
<td>Total fundraising expenses</td>
<td>145,433</td>
<td>83,226</td>
</tr>
<tr>
<td>17</td>
<td>Total expenses</td>
<td>17,825,501</td>
<td>21,745,886</td>
</tr>
<tr>
<td>18</td>
<td>Total expenses less expenses</td>
<td>20,680,294</td>
<td>24,959,225</td>
</tr>
<tr>
<td>19</td>
<td>Loss on sale of depreciable property and securities</td>
<td>670,239</td>
<td>857,661</td>
</tr>
</tbody>
</table>

**Total assets**

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Total assets</td>
<td>19,257,260</td>
<td>16,740,503</td>
</tr>
<tr>
<td>21</td>
<td>Total liabilities</td>
<td>266,797</td>
<td>435,198</td>
</tr>
<tr>
<td>22</td>
<td>Net assets or fund balances</td>
<td>14,990,463</td>
<td>16,305,305</td>
</tr>
</tbody>
</table>

**Signature Block**

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

**Signature of officer**

JACK HIGGINS, TREASURER

Date: 08/19/20

Preparer's name: MICHAEL R. PENDER

Preparer's signature: 08/19/20

Print/Type preparer's name: MICHAEL R. PENDER

Preparer's EIN: 59-1954606

Phone no.: (941) 366-2983

Firm's name: CAVANAUGH & CO. LLP

Firm's address: 2381 FRUITVILLE ROAD

SARASOTA, FL 34237

PTIN: 00850742

May the IRS discuss this return with the preparer shown above? 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. 

1 Briefly describe the organization’s mission: 
TOGETHER WITH OUR PARTNERS, WE PROVIDE HEALTHY SOLUTIONS TO END HUNGER IN OUR COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 

☐ Yes ☒ No 

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 

☐ Yes ☒ No 

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

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses $ including grants of $ ) (Revenue $ 473,530.)

SEE SCHEDULE O

4b (Code: ) (Expenses $ 1,253,191. including grants of $ ) (Revenue $ )

SUMMER HUNGER PROGRAM: RECOGNIZING THAT 21,000 CHILDREN WHO ARE ELIGIBLE TO RECEIVE FREE OR REDUCED MEALS DURING THE SCHOOL YEAR MAY GO HUNGRY IN OUR COMMUNITY DURING THE SUMMER MONTHS, AFFB INITIATED THE CAMPAIGN AGAINST SUMMER HUNGER IN 2014. THE NUMBER OF CHILDREN INCREASES TO OVER 40,000 WHEN YOUNGER SIBLINGS ARE INCLUDED. CONTINUING INTO 2019, THE COMMUNITY-WIDE EFFORT TO RAISE AWARENESS AND FUNDS WAS SUCCESSFUL BY RAISING MORE THAN $1.5 MILLION FUNDS. PROGRAMMING OCCURRED DURING THE SUMMER MONTHS WHEN CHILDREN WERE NOT IN SCHOOL, JUNE – SEPTEMBER. WORKING WITH A NETWORK OF 228 PARTNERS TO PROVIDE MORE THAN 3.3 MILLION MEALS TO CHILDREN ALL SUMMER LONG. IN ALL, OVER 37,600 CHILDREN RECEIVED FOOD DURING THE SUMMER PROGRAMS AS A RESULT OF A COMMITTED AND ENGAGED COMMUNITY.

4c (Code: ) (Expenses $ 21,671,787. including grants of $ ) (Revenue $ )

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses $ including grants of $ ) (Revenue $ )

4e Total program service expenses ▲ 22,924,978.
### Part IV Checklist of Required Schedules

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

1a  Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

1b  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

1c  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

22 Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2?  If "Yes," complete Schedule I, Parts I and II

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees?  If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002?  If "Yes," answer lines 24b through 24d and complete Schedule K.  If "No," go to line 25a

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?  If "Yes," complete Schedule L, Part I

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I

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?  If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to any current 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?  If "Yes," complete Schedule L, Part II

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?  If "Yes," complete Schedule L, Part IV

b A family member of any individual described in line 28a?  If "Yes," complete Schedule L, Part IV

c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?  If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than $25,000 in non-cash contributions?  If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?  If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?  If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  If "Yes," complete Schedule R, Part V, line 2

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes?  If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note: All Form 990 filers are required to complete Schedule O.
### Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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

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.  

1b Enter the number of voting members included on line 1a, above, who are independent. 

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 
   officer, director, trustee, or key employee? 

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? 

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 

5 Did the organization become aware during the year of a significant diversion of the organization’s assets? 

6 Did the organization have members or stockholders? 

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? 

7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 
   persons other than the governing body? 

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 
   a The governing body? 
   b Each committee with authority to act on behalf of the governing body? 

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. 

Section B. Policies

10a Did the organization have local chapters, branches, or affiliates? 

10b If “Yes,” did the organization have written policies and procedures governing the activities of such chapters, affiliates, 
   and branches to ensure their operations are consistent with the organization’s exempt purposes? 

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 

11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 

12a Did the organization have a written conflict of interest policy? If “No,” go to line 13 

12b Were officers, directors, trustees, and key employees required to disclose annually interests that could give rise to conflicts? 

12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe 
   in Schedule O how this was done 

13 Did the organization have a written whistleblower policy? 

14 Did the organization have a written document retention and destruction policy? 

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 
   b Other officers or key employees of the organization 
   c If “Yes” to line 15a or 15b, describe the process in Schedule O (see instructions). 

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 
   taxable entity during the year? 

16b If “Yes,” did the organization follow a written policy or procedure requiring the organization to evaluate its participation 
   in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s 
   exempt status with respect to such arrangements? 

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed. 

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. 
   a Own website 
   b Another’s website 
   c Upon request 

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. 

SANDRA FRANK - 941-379-6333 
8171 BAIKIE COURT, SARASOTA, FL 34240
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

See 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.

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) BARTON LOWTHER</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(2) SUSAN JONES</td>
<td>2.00</td>
<td>SECRETARY</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(3) JACK HIGGINS</td>
<td>2.00</td>
<td>TREASURER</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(4) PAUL CANTOR</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(5) TOMAS DINVERNO</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(6) KEITH MONDA, MBA</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7) TOM BERNSTEIN</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(8) BEN HANAN</td>
<td>2.00</td>
<td>VICE CHAIR</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(9) TERRI VITALE</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(10) ELTON WHITE</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(11) NELLE MILLER</td>
<td>3.00</td>
<td>CHAIRMAN</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(12) NEAL VORCHEIMER, MBA, CPA</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(13) DENNIS DOUGHTY</td>
<td>1.00</td>
<td>DIRECTOR</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(14) SANDRA FRANK</td>
<td>40.00</td>
<td>CBO</td>
<td>X</td>
<td>134,657.</td>
<td>0. 36,659.</td>
</tr>
<tr>
<td>(15) DENISE COTLER</td>
<td>40.00</td>
<td>CDO</td>
<td>X</td>
<td>97,817.</td>
<td>0. 16,563.</td>
</tr>
<tr>
<td>(16) JOHN LIVINGSTON</td>
<td>40.00</td>
<td>COO</td>
<td>X</td>
<td>96,198.</td>
<td>0. 18,610.</td>
</tr>
<tr>
<td>(17) MICHAEL ZIEBELL</td>
<td>40.00</td>
<td>CAO</td>
<td>X</td>
<td>91,627.</td>
<td>0. 26,896.</td>
</tr>
</tbody>
</table>
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Average hours per week</th>
<th>Position</th>
<th>Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLLEEN REINHERT</td>
<td>40.00</td>
<td>X</td>
<td>81,489.</td>
<td>0.</td>
</tr>
</tbody>
</table>

**1b Subtotal**<br>501,788. 0. 120,241.

**c Total from continuation sheets to Part VII, Section A**<br>0. 0. 0.

**d Total (add lines 1b and 1c)**<br>501,788. 0. 120,241.

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

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: 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: 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: 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.

<table>
<thead>
<tr>
<th>Name and business address</th>
<th>Description of services</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRAD CECIL &amp; ASSOCIATES, INC., 2115</td>
<td>FUNDRAISING</td>
<td>195,731</td>
</tr>
</tbody>
</table>

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: 1
### Part VIII

**Statement of Revenue**

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other contributions, gifts, grants, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td>25,245,868.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 a FOOD COST RECOVERY</td>
<td>624200</td>
<td>229,652</td>
<td>229,652</td>
<td></td>
</tr>
<tr>
<td>b SHARED MAINTENANCE FEES</td>
<td>624200</td>
<td>120,395</td>
<td>120,395</td>
<td></td>
</tr>
<tr>
<td>c DELIVERY COST RECOVERY</td>
<td>624200</td>
<td>85,040</td>
<td>85,040</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f</td>
<td></td>
<td></td>
<td></td>
<td>435,087</td>
</tr>
</tbody>
</table>

| Investment income (including dividends, interest, and  | (A) | (B) | (C) | (D) |
|    other similar amounts)                              |     |     |     |     |
|                                                      |     |     |     | 143,451 |
| 4 Income from investment of tax-exempt bond proceeds  |     |     |     |     |
|                                                      |     |     |     | 143,451 |
| 5 Royalties                                           |     |     |     |     |
|                                                      |     |     |     |     |
| 6 a Gross rents                                       | (i) Real |               |               |       |
| b Less: rental expenses                               | (ii) Personal |               |               |       |
| c Rental income or (loss)                             |       |               |               |       |
| d Net rental income or (loss)                         |       |               |               |       |
|                                                      |       |               |               |       |
| 7 a Gross amount from sales of assets other than      | (i) Securities |               |               |       |
|    inventory                                         | (ii) Other |               |               |       |
| b Less: cost or other basis                           |       |               |               |       |
|    and sales expenses                                 |       |               |               |       |
| c Gain or (loss)                                      |       |               |               |       |
|                                                      |       |               |               |       |
| 8 a Gross income from fundraising events (not         |     |     |     |     |
|    including $514,870 of contributions reported on    |     |     |     |     |
|    line 1c). See Part IV, line 18                     |     |     |     |     |
| b Less: direct expenses                               |     |     |     |     |
|                                                      |     |     |     | 8a 50,675 |
| c Net income or (loss) from fundraising events        |     |     |     |     |
|                                                      |     |     |     | -26,739 |
| 9 a Gross income from gaming activities. See          |     |     |     |     |
|    Part IV, line 19                                   |     |     |     |     |
| b Less: direct expenses                               |     |     |     |     |
|                                                      |     |     |     | 9b    |
| c Net income or (loss) from gaming activities         |     |     |     |     |
|                                                      |     |     |     | 9c    |
| 10 a Gross sales of inventory, less returns           |     |     |     |     |
|    and allowances                                     |     |     |     |     |
| b Less: cost of goods sold                            |     |     |     |     |
|                                                      |     |     |     | 10b   |
| c Net income or (loss) from sales of inventory        |     |     |     |     |
|                                                      |     |     |     | 10c   |

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 a MISCELLANEOUS INCOME</td>
<td>624200</td>
<td>38,415</td>
<td>38,415</td>
<td></td>
</tr>
<tr>
<td>b VENDOR DISCOUNT</td>
<td>900099</td>
<td>28</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Total. Add lines 11a-11d</td>
<td></td>
<td></td>
<td></td>
<td>38,443</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(A) Total revenue. See instructions</th>
<th></th>
<th></th>
<th></th>
<th>25,816,886</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Total. Add lines 1a-11d</td>
<td></td>
<td></td>
<td></td>
<td>97,488</td>
</tr>
</tbody>
</table>

*Form 990 (2019)*

ALL FAITHS FOOD BANK, INC. 65-0115814
### 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).

#### Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>2,304,946.</td>
<td>1,396,213.</td>
<td>471,136.</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>90,957.</td>
<td>54,731.</td>
<td>20,496.</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>559,291.</td>
<td>343,394.</td>
<td>122,708.</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>174,919.</td>
<td>122,040.</td>
<td>25,329.</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (nonemployees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>4,780.</td>
<td>4,780.</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>12,040.</td>
<td>5,216.</td>
<td>3,089.</td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services, See Part IV, line 17</td>
<td>83,226.</td>
<td></td>
<td>83,226.</td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td>10,289.</td>
<td></td>
<td>10,289.</td>
</tr>
<tr>
<td>g</td>
<td>Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>127,094.</td>
<td>59,034.</td>
<td>40,912.</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>69,224.</td>
<td>3,962.</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>132,960.</td>
<td>75,366.</td>
<td>16,002.</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>112,672.</td>
<td>36,189.</td>
<td>21,431.</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>177,568.</td>
<td>128,506.</td>
<td>49,062.</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>52,936.</td>
<td>28,870.</td>
<td>11,621.</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>78,870.</td>
<td>27,559.</td>
<td>29,317.</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>483,066.</td>
<td>438,767.</td>
<td>44,299.</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>138,700.</td>
<td>62,039.</td>
<td>64,189.</td>
</tr>
<tr>
<td>24</td>
<td>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.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>DONATED FOOD DISTRIBUTE</td>
<td>17,554,838.</td>
<td>17,554,838.</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>PURCHASED FOOD DISTRIBUTION</td>
<td>1,976,253.</td>
<td>1,976,253.</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>FREIGHT ON DONATED FOOD</td>
<td>178,419.</td>
<td>178,419.</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>TRUCK RENTAL, MAINT. &amp; OVERHEAD</td>
<td>172,375.</td>
<td>172,375.</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td>463,802.</td>
<td>256,425.</td>
<td>128,646.</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses, Add lines 1 through 24e</td>
<td>24,959,225.</td>
<td>22,924,978.</td>
<td>1,058,526.</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check here □ if following SOP 98-2 (ASC 958-720)
Form 990 (2019) | ALL FAITHS FOOD BANK, INC.  
65-0115814 Page 11

**Part X - Balance Sheet**

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>3,090,494.</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>1,958,671.</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>262,720.</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>24,226.</td>
</tr>
<tr>
<td>5</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>891,799.</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>9,040,006.</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>2,254,204.</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>2,317,161.</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>0.</td>
</tr>
<tr>
<td>16</td>
<td><strong>Total assets.</strong> Add lines 1 through 15 (must equal line 33)</td>
<td>15,257,260.</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>266,797.</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td><strong>Total liabilities.</strong> Add lines 17 through 25</td>
<td>266,797.</td>
</tr>
<tr>
<td>27</td>
<td>Net assets without donor restrictions</td>
<td>13,201,359.</td>
</tr>
<tr>
<td>28</td>
<td>Net assets with donor restrictions</td>
<td>1,789,104.</td>
</tr>
<tr>
<td>29</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Total net assets or fund balances</td>
<td>14,990,463.</td>
</tr>
<tr>
<td>33</td>
<td>Total liabilities and net assets/fund balances</td>
<td>15,257,260.</td>
</tr>
</tbody>
</table>

**Assets**

- **Total assets.** Add lines 1 through 15 (must equal line 33)

**Liabilities**

- **Total liabilities.** Add lines 17 through 25
### Part XI Reconciliation of Net Assets

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain on Schedule O)</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td>Cash</td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; 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:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separate basis</td>
<td>Consolidated basis</td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Separate basis</td>
<td>Consolidated basis</td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; 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?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; 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</td>
<td></td>
</tr>
</tbody>
</table>
**Public Charity Status and Public Support**

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

**Part I: Reason for Public Charity Status**

(All organizations must complete this part.) See instructions.

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

<table>
<thead>
<tr>
<th></th>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**

---

**Notes:**
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Section A. Public Support

#### Calendar year (or fiscal year beginning in)

<table>
<thead>
<tr>
<th></th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>17,443,883</td>
<td>19,090,575</td>
<td>21,402,192</td>
<td>21,054,610</td>
<td>25,245,868</td>
</tr>
<tr>
<td>2</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Total. Add lines 1 through 3</td>
<td>17,443,883</td>
<td>19,090,575</td>
<td>21,402,192</td>
<td>21,054,610</td>
<td>25,245,868</td>
</tr>
<tr>
<td>5</td>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

#### Calendar year (or fiscal year beginning in)

<table>
<thead>
<tr>
<th></th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Amounts from line 4</td>
<td>17,443,883</td>
<td>19,090,575</td>
<td>21,402,192</td>
<td>21,054,610</td>
<td>25,245,868</td>
</tr>
<tr>
<td>8</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>-1,215</td>
<td>2,343</td>
<td>380,098</td>
<td>66,962</td>
<td>143,451</td>
</tr>
<tr>
<td>9</td>
<td>Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td>4,512</td>
<td>201,642</td>
<td>5,051</td>
<td>2,935</td>
<td>38,443</td>
</tr>
<tr>
<td>11</td>
<td>Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>14</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))</td>
<td>75.42%</td>
</tr>
<tr>
<td>15</td>
<td>Public support percentage from 2018 Schedule A, Part II, line 14</td>
<td>65.08%</td>
</tr>
</tbody>
</table>

#### 33 1/3% support test - 2019

- 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.

#### 10% - facts-and-circumstances test - 2019

- If the organization did not check a box on line 13, 16a, or 16b, and line 15 is 10% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

### Private foundation

- If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.
### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 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>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support. (Subtract line 7c from line 6.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) 2019</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10c, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

| | | | | | | |
| 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | % |

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

| | | |
| 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | % |

**19a 33 1/3% support tests - 2019.** 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

**19b 33 1/3% support tests - 2018.** 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
**Section A. All Supporting Organizations**

1. Are all of the organization’s supported organizations listed by name in the organization’s governing documents? If “No,” describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If “Yes,” explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If “Yes,” answer (b) and (c) below.

   b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If “Yes,” describe in Part VI when and how the organization made the determination.

   c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If “Yes,” explain in Part VI what controls the organization put in place to ensure such use.

4a. Was any supported organization not organized in the United States (“foreign supported organization”)? If “Yes,” and if you checked 12a or 12b in Part I, answer (b) and (c) below.

   b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If “Yes,” describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

   c. Did the organization provide any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If “Yes,” explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If “Yes,” answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization’s organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

   b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization’s organizing document?

   c. Substitutions only. Was the substitution the result of an event beyond the organization’s control?

6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If “Yes,” provide detail in Part VI.

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 509(a)(1) or (2))? If “Yes,” provide detail in Part VI.

   b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If “Yes,” provide detail in Part VI.

   c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If “Yes,” provide detail in Part VI.

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If “Yes,” answer 10b below.

   b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
Part IV - Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.
      Yes No
      2

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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?
      Yes No
      1

2 Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "Yes," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
      Yes No
      2

3 By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If "Yes," explain in Part VI the role the organization’s supported organizations played in this regard.
      Yes No
      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. The organization satisfied the Activities Test. Complete line 2 below.
   b. The organization is the parent of each of its supported organizations. Complete line 3 below.
   c. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
      Yes No

2 Activities Test. Answer (a) and (b) below.
   a. Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
      Yes No
      2a
   b. Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement.
      Yes No
      2b

3 Parent of Supported Organizations. Answer (a) and (b) below.
   a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
      Yes No
      3a
   b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
      Yes No
      3b
**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

### Section A - Adjusted Net Income

**Net short-term capital gain**

<table>
<thead>
<tr>
<th>A Prior Year</th>
<th>B Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**Recoveries of prior-year distributions**

<table>
<thead>
<tr>
<th>B Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
</tr>
</tbody>
</table>

**Other gross income** (see instructions)

| 3                         |

**Add lines 1 through 3.**

| 4                         |

**Depreciation and depletion**

| 5                         |

**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                         |

**Other expenses** (see instructions)

| 7                         |

**Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)**

| 8                         |

### Section B - Minimum Asset Amount

**Aggregate fair market value of all non-exempt-use assets** (see instructions for short tax year or assets held for part of year):

<table>
<thead>
<tr>
<th>A Prior Year</th>
<th>B Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
</tr>
</tbody>
</table>

**Average monthly value of securities**

| 1a           |

**Average monthly cash balances**

| 1b           |

**Fair market value of other non-exempt-use assets**

| 1c           |

**Total (add lines 1a, 1b, and 1c)**

| 1d           |

**Discount** claimed for blockage or other factors (explain in detail in Part VI):

| 1e           |

**Acquisition indebtedness applicable to non-exempt-use assets**

| 2            |

**Subtract line 2 from line 1d.**

| 3            |

**Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).**

| 4            |

**Net value of non-exempt-use assets (subtract line 4 from line 3)**

| 5            |

**Multiply line 5 by .035.**

| 6            |

**Recoveries of prior-year distributions**

| 7            |

**Minimum Asset Amount (add line 7 to line 6)**

| 8            |

### Section C - Distributable Amount

**Adjusted net income for prior year** (from Section A, line 8, Column A)

<table>
<thead>
<tr>
<th>B Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

**Enter 85% of line 1.**

| 2              |

**Minimum asset amount for prior year** (from Section B, line 8, Column A)

| 3              |

**Enter greater of line 2 or line 3.**

| 4              |

**Income tax imposed in prior year**

| 5              |

**Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction** (see instructions).

| 6              |

**Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization** (see instructions).

| 7              |

---

Schedule A (Form 990 or 990-EZ) 2019
### Section D - Distributions

<table>
<thead>
<tr>
<th>Current Year</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions.</strong> Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2019 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>(i)</th>
<th>(ii)</th>
<th>(iii)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess Distributions</td>
<td>Underdistributions Pre-2019</td>
<td>Distributable Amount for 2019</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>1</td>
<td>Distributable amount for 2019 from Section C, line 6</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2019 (reasonable cause required; explain in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2019</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2014</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2015</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2016</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2017</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2018</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td><strong>Total</strong> of lines 3a through e</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2019 distributable amount</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2014 not applied (see instructions)</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2019 from Section D, line 7:</td>
<td>$</td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2019 distributable amount</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2020.</strong> Add lines 3j and 4c.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2015</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2016</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2017</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2018</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2019</td>
<td></td>
</tr>
</tbody>
</table>
### MISCELLANEOUS INCOME

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>$4,512</td>
</tr>
<tr>
<td>2016</td>
<td>$201,642</td>
</tr>
<tr>
<td>2017</td>
<td>$5,051</td>
</tr>
<tr>
<td>2018</td>
<td>$2,935</td>
</tr>
<tr>
<td>2019</td>
<td>$38,443</td>
</tr>
<tr>
<td>Contributor's Name</td>
<td>Total Contributions</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>PUBLIX SUPERMARKETS</td>
<td>13,917,322.00</td>
</tr>
<tr>
<td>WALMART/SAMS CLUB</td>
<td>15,274,334.00</td>
</tr>
</tbody>
</table>

Total Excess Contributions to Schedule A, Part II, Line 5: 24,988,402.00
Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

ALL FAITHS FOOD BANK, INC.

Employer identification number

65-0115814

Organization type (check one):

Filers of:  
Form 990 or 990-EZ

Section:

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>Name, address, and ZIP + 4</td>
<td>Total contributions</td>
<td>Type of contribution</td>
</tr>
<tr>
<td>1</td>
<td>PUBlix SuperMakets</td>
<td>$3,220,759</td>
<td>Noncash X</td>
</tr>
<tr>
<td></td>
<td>PO Box 407</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lakeland, FL 33802</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>WALMart</td>
<td>$1,178,349</td>
<td>Noncash X</td>
</tr>
<tr>
<td></td>
<td>702 Sw 8Th St.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bentonville, AR 72716</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>WEstern HaVest</td>
<td>$918,003</td>
<td>Noncash X</td>
</tr>
<tr>
<td></td>
<td>40 E. Main St.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Newark, DE 19711</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>FEEDing FloriDa</td>
<td>$762,228</td>
<td>Noncash X</td>
</tr>
<tr>
<td></td>
<td>1489 Market Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tallahassee, FL 32312</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>WALMart DistributiOn ceNter</td>
<td>$2,433,848</td>
<td>Noncash X</td>
</tr>
<tr>
<td></td>
<td>7023 6785 Sw Enterprise Blvd.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Arcadia, FL 34269</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>SaM's cluB</td>
<td>$661,820</td>
<td>Noncash X</td>
</tr>
<tr>
<td></td>
<td>4772 300 N Cattlemen Rd.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sarasota, FL 34232</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>Name, address, and ZIP + 4</td>
<td>Total contributions</td>
<td>Type of contribution</td>
</tr>
<tr>
<td>7</td>
<td>PUBlix DISTRIBUTION CENTER</td>
<td>$740,436</td>
<td>Noncash</td>
</tr>
<tr>
<td>No. from Part I</td>
<td>Description of noncash property given</td>
<td>FMV (or estimate)</td>
<td>Date received</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------------------------</td>
<td>------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>1</td>
<td>1,908,123 POUNDS OF FOOD</td>
<td>$3,220,759.</td>
<td>12/31/19</td>
</tr>
<tr>
<td>2</td>
<td>727,376 POUNDS OF FOOD</td>
<td>$1,178,349.</td>
<td>12/31/19</td>
</tr>
<tr>
<td>3</td>
<td>566,669 POUNDS OF FOOD</td>
<td>$918,003.</td>
<td>12/31/19</td>
</tr>
<tr>
<td>4</td>
<td>470,511 POUNDS OF FOOD</td>
<td>$762,228.</td>
<td>12/31/19</td>
</tr>
<tr>
<td>5</td>
<td>1,502,375 POUNDS OF FOOD</td>
<td>$2,433,848.</td>
<td>12/31/19</td>
</tr>
<tr>
<td>6</td>
<td>408,531 POUNDS OF FOOD</td>
<td>$661,820.</td>
<td>12/31/19</td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate) (See instructions.)</td>
<td>(d) Date received</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------------------------------------</td>
<td>------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>7</td>
<td>457,059 POUNDS OF FOOD</td>
<td>$ 740,436</td>
<td>12/31/19</td>
</tr>
</tbody>
</table>

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
**ALL FAITHS FOOD BANK, INC.**

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.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Transferee's name, address, and ZIP + 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
### 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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>6</td>
<td>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?</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

### 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

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

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

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

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

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

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

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

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

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

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

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

1a. If the organization elected, as permitted under 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.

1b. 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):
   - Public exhibition
   - Scholarly research
   - Preservation for future generations
   - Loan or exchange program
   - 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?

### Part IV Escrow and Custodial Arrangements

1a. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

   a. Yes
   b. No

   If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a. Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

   a. Yes
   b. No

   If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

### Part V Endowment Funds

1a. Beginning of year balance

1b. Contributions

1c. Net investment earnings, gains, and losses

1d. Grants or scholarships

1e. Other expenditures for facilities and programs

1f. Administrative expenses

1g. End of year balance

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

   a. Board designated or quasi-endowment
   b. Permanent endowment
   c. 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:

   a. Unrelated organizations
   b. Related organizations

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

3b. Yes

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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>1a</th>
<th>1b</th>
<th>1c</th>
<th>1d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost or other basis</td>
<td>1,476,826</td>
<td>4,162,395</td>
<td>72,529</td>
<td>3,328,256</td>
</tr>
<tr>
<td>Cost or other basis</td>
<td>1,476,826</td>
<td>619,069</td>
<td>17,623</td>
<td>1,617,512</td>
</tr>
<tr>
<td>Accumulated depreciation</td>
<td>3,543,326</td>
<td>54,906</td>
<td>1,710,744</td>
<td></td>
</tr>
<tr>
<td>Book value</td>
<td>6,785,802</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)
### Part VII Investments - Other Securities.

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

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

### Part VIII Investments - Program Related.

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

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

### Part IX Other Assets.

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

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

### 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) LEASE LIABILITIES 76,183.
   - (3) 
   - (4) 
   - (5) 
   - (6) 
   - (7) 
   - (8) 
   - (9) 
   **Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.** 76,183.

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

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

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total revenue, gains, and other support per audited financial statements</strong></td>
<td>26,351,303</td>
<td></td>
<td>25,816,886</td>
<td></td>
</tr>
<tr>
<td><strong>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Net unrealized gains (losses) on investments</td>
<td>457,181</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Donated services and use of facilities</td>
<td>4,200</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Recoveries of prior year grants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Other (Describe in Part XIII.)</td>
<td>83,325</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Add lines 2a through 2d</td>
<td>2e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Subtract line 2e from line 1</strong></td>
<td>3</td>
<td>25,806,597</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>10,289</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Other (Describe in Part XIII.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
<td>10,289</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total revenue. Add lines 1 and 4c. (This must equal Form 990, Part I, line 12)</strong></td>
<td>5</td>
<td>25,816,886</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total expenses and losses per audited financial statements</strong></td>
<td>25,036,461</td>
<td></td>
<td>24,959,225</td>
<td></td>
</tr>
<tr>
<td><strong>Amounts included on line 1 but not on Form 990, Part IX, line 25:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Donated services and use of facilities</td>
<td>4,200</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Prior year adjustments</td>
<td></td>
<td>2b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Other losses</td>
<td></td>
<td>2c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Other (Describe in Part XIII.)</td>
<td>83,325</td>
<td>2d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Add lines 2a through 2d</td>
<td>2e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Subtract line 2e from line 1</strong></td>
<td>3</td>
<td>24,948,936</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Amounts included on Form 990, Part IX, line 25, but not on line 1:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>10,289</td>
<td>4a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Other (Describe in Part XIII.)</td>
<td></td>
<td>4b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
<td>10,289</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total expenses. Add lines 1 and 4c. (This must equal Form 990, Part I, line 18)</strong></td>
<td>5</td>
<td>24,959,225</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part XIII - Supplemental Information

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

**PART X, LINE 2:**

**MANAGEMENT HAS EVALUATED THE EFFECT OF AN ACCOUNTING STANDARD RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS DETERMINED THAT ALL FAITHS HAD NO UNCERTAIN INCOME TAX POSITIONS THAT COULD HAVE A SIGNIFICANT EFFECT ON THE FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2019. ALL FAITHS FEDERAL INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THE FEDERAL INCOME TAX RETURNS WERE FILED.**

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

**FUNDRAISING EXPENSES - $77,414**

**LOSS ON DISPOSAL OF ASSETS - $5,911**
**Part XII, Line 2D - Other Adjustments:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundraising expenses</td>
<td>$77,414</td>
</tr>
<tr>
<td>Loss on disposal of assets</td>
<td>$5,911</td>
</tr>
</tbody>
</table>
### Part I: Fundraising Activities

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

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

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

#### 2. a. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? __ Yes __ No

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

<table>
<thead>
<tr>
<th>Name and address of individual or entity (fundraiser)</th>
<th>Activity</th>
<th>Did fundraiser have custody or control of contributions?</th>
<th>Gross receipts from activity</th>
<th>Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRAD CECIL &amp; ASSOCIATES, INC. - 2115 ARLINGTON DOWNS RD, DIRECT MAIL</td>
<td>DIRECT MAIL</td>
<td>X</td>
<td>953,310</td>
<td>195,731</td>
<td>757,579</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**

953,310, 195,731, 757,579

#### 3. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

- FL

---

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

Schedule G (Form 990 or 990-EZ) 2019

SEE PART IV FOR CONTINUATIONS
### 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.

<table>
<thead>
<tr>
<th>Event</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross receipts</td>
<td>156,240.</td>
<td>232,007.</td>
<td>177,298.</td>
<td>565,545.</td>
</tr>
<tr>
<td>Less: Contributions</td>
<td>121,690.</td>
<td>200,507.</td>
<td>192,673.</td>
<td>514,870.</td>
</tr>
<tr>
<td>Gross income (line 1 minus line 2)</td>
<td>34,550.</td>
<td>31,500.</td>
<td>-15,375.</td>
<td>50,675.</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Event</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food and beverages</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entertainment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other direct expenses</td>
<td>23,406.</td>
<td>24,946.</td>
<td>29,062.</td>
<td>77,414.</td>
</tr>
<tr>
<td>Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td>77,414.</td>
</tr>
<tr>
<td>Net income summary. Subtract line 10 from line 3, column (d)</td>
<td></td>
<td></td>
<td></td>
<td>-26,739.</td>
</tr>
</tbody>
</table>

### Enter the state(s) in which the organization conducts gaming activities:

- **9**
  - a Is the organization licensed to conduct gaming activities in each of these states? Yes ☐ No ☐
  - b If "No," explain: ____________________________

- **10a**
  - a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes ☐ No ☐
  - b If "Yes," explain: ____________________________
Schedule G (Form 990 or 990-EZ) 2019

ALL FAITHS FOOD BANK, INC. 65-0115814 Page 3

11 Does the organization conduct gaming activities with nonmembers? □ Yes □ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? □ Yes □ No

13 Indicate the percentage of gaming activity conducted in:
   a The organization’s facility
   b An outside facility

   □ Yes □ No

14 Enter the name and address of the person who prepares the organization’s gaming/special events books and records:

   Name ▶
   Address ▶

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

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

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

   Name ▶
   Address ▶

16 Gaming manager information:

   Name ▶
   Gaming manager compensation $ ▶
   Description of services provided ▶

   □ Director/officer □ Employee □ Independent contractor

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

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

   □ Yes □ No

   □ Director/officer □ Employee □ Independent contractor

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

   (I) NAME OF FUNDRAISER: BRAD CECIL & ASSOCIATES, INC.
   (I) ADDRESS OF FUNDRAISER: 2115 ARLINGTON DOWNS RD, ARLINGTON, TX 76011

SCHEDULE G - ADDITIONAL INFORMATION

BRAD CECIL & ASSOCIATES, INC PAYMENT DETAIL:

   CONTRACT $125,773
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEWSLETTERS</td>
<td>$35,161</td>
</tr>
<tr>
<td>POSTAGE</td>
<td>$34,797</td>
</tr>
</tbody>
</table>
### Part I Questions Regarding Compensation

**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.

- [ ] First-class or charter travel
- [ ] Travel for companions
- [ ] Tax indemnification and gross-up payments
- [ ] Discretionary spending account
- [ ] Housing allowance or residence for personal use
- [ ] Payments for business use of personal residence
- [ ] Health or social club dues or initiation fees
- [ ] Personal services (such as maid, chauffeur, chef)

**1b** 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

**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?

**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.

- [ ] Compensation committee
- [ ] Independent compensation consultant
- [ ] Form 990 of other organizations
- [ ] Written employment contract
- [ ] Compensation survey or study
- [ ] 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:

- [ ] Receive a severance payment or change-of-control payment?
- [ ] Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- [ ] Participate in, or receive payment from, an equity-based compensation arrangement?

**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:

- [ ] The organization?
- [ ] Any related organization?

**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:

- [ ] The organization?
- [ ] Any related organization?

**7** 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** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) SANDRA FRANK CEO</td>
<td>(i) 134,657.0. 0. 0. 24,960. 11,699.</td>
<td>171,316. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0. 0. 0.</td>
<td>0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0. 0. 0.</td>
<td>0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0. 0. 0.</td>
<td>0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0. 0. 0.</td>
<td>0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0. 0. 0.</td>
<td>0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0. 0. 0.</td>
<td>0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0. 0. 0.</td>
<td>0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0. 0. 0.</td>
<td>0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0. 0. 0.</td>
<td>0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0. 0. 0.</td>
<td>0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0. 0. 0.</td>
<td>0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0. 0. 0.</td>
<td>0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0. 0. 0.</td>
<td>0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0. 0. 0.</td>
<td>0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0. 0. 0.</td>
<td>0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(i) 0. 0. 0.</td>
<td>0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PART I, LINE 1A:

REIMBURSEMENTS ARE MADE AFTER PROVIDING DOCUMENTATION AND RECEIPTS FOR CLUB DUES.
**Part I - Types of Property**

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Boats and planes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Qualified conservation contribution - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Real estate - Residential</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Real estate - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Collectibles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Food inventory</td>
<td>X</td>
<td>10,903,694</td>
<td>17,663,985. WHOLESALE</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Taxidermy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Historical artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Scientific specimens</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other</td>
<td></td>
<td>(</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Other</td>
<td></td>
<td>(</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Other</td>
<td></td>
<td>(</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Other</td>
<td></td>
<td>(</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? ................................................................. 30a 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? ................................................................. 31 X

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? ................................................................. 32a 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.
FORM 990, PART III, LINE 4A

THE VISION OF ALL FAITHS FOOD BANK (AFFB) IS THAT THERE ARE NO HUNGRY PEOPLE IN OUR COMMUNITY. AFFB'S MISSION: TOGETHER WITH OUR PARTNERS, WE PROVIDE HEALTHY SOLUTIONS TO END HUNGER IN OUR COMMUNITY.

FOOD DISTRIBUTION

AFFB'S APPROACH IS EVIDENCE-BASED AND DATA DRIVEN. WE FOCUS ON OUTCOMES AND IMPACT AND OUR WORK IS MEASURABLE:

) 11.5 MILLION MEALS PROVIDED

) 13.9 MILLION POUNDS OF FOOD DISTRIBUTED

) 4.7 MILLION POUNDS OF FRESH FRUIT AND VEGETABLES DISTRIBUTED

) 50,019 VOLUNTEER HOURS SPENT IN CARRYING OUT THE MISSION OF AFFB

FORM 990, PART III, LINE 4C

MOBILE PANTRY PROGRAM

THE MOBILE PANTRY PROGRAM IS THE MOST EFFECTIVE MEANS TO PROVIDE HUNGER RELIEF IN LOW INCOME, RURAL OR REMOTE COMMUNITIES WHERE THERE IS LIMITED OR NO ACCESS TO FOOD. OUR REFRIGERATED TRUCK GOES FROM OUR WAREHOUSE DIRECTLY TO HUNGRY CLIENTS AT 23 LOCATIONS THROUGHOUT
SARASOTA AND DESOTO COUNTIES, WHERE WE PROVIDE HEALTHY EATING CHOICES TO AS MANY AS 300 VISITORS IN LESS THAN TWO HOURS. BY PROVIDING FOOD,
WE CAN HELP FAMILIES STABILIZE AND ALLOW THEM TO USE THEIR LIMITED RESOURCES TO PAY FOR HOUSING, TRANSPORTATION, OR HEALTH CARE. GIVEN THE DEMONSTRATED LINK BETWEEN FOOD INSECURITY AND POOR HEALTH, ALL FAITHS FOOD BANK HAS FOCUSED INTENSELY ON INCREASING THE QUANTITY OF FRESH FOOD WE PROVIDE. FAMILIES ARE GIVEN FRESH FRUITS AND VEGETABLES, FROZEN MEAT AND BREAD, AND STANDARD NONPERISHABLE FOOD STAPLES. 4.17 MILLION POUNDS WERE PROVIDED THROUGH 693 MOBILE PANTRY DISTRIBUTIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
BACKPACK PROGRAM: ALL FAITHS FOOD BANK’S BACKPACK PROGRAM PROVIDES BAGS OF KID-FRIENDLY, HEALTHY FOOD TO STUDENTS ON FRIDAYS IN SARASOTA AND DESOTO COUNTIES. CHILDREN AT THE HIGHEST RISK OF GOING HUNGRY ARE IDENTIFIED BY PARENTS OR SCHOOL ADMINISTRATORS, AND RECEIVE FOOD TO TAKE HOME TO EAT OVER WEEKENDS AND HOLIDAYS. BACKPACK FOOD PROVIDES MEALS AND SNACKS FOR ONE CHILD FOR TWO DAYS. THE MENU WAS APPROVED BY THE UNIVERSITY OF FLORIDA FAMILY AND CONSUMER SCIENCES, AND ADHERES TO U.S.D.A. GUIDELINES. THE ITEMS CHANGE EACH YEAR BASED ON FEEDBACK FROM THE CHILDREN WHO PARTICIPATE IN THE PROGRAM.

53 SCHOOLS AND 15 CHILD CENTERED PROGRAMS REACHED AN AVERAGE OF 3,800 STUDENTS EACH WEEK. THE TOTAL NUMBER OF BACKPACKS DISTRIBUTED DURING THE SCHOOL YEAR WAS 99,800. INCLUDING SUMMER FOOD PROGRAMS, ALL FAITHS FOOD BANK PROVIDED A TOTAL OF 213,365 BAGS TO CHILDREN IN 2019.

DESO TO FOOD AND RESOURCE CENTER: CLIENTS CAN MEET WITH THE STAFF TO
ALL FAITHS FOOD BANK, INC.

Employer identification number
65-0115814

ASSESS THEIR NEEDS, RECEIVE OR BE REFERRED TO SERVICES, AND RECEIVE EMERGENCY FOOD.

PEDIATRIC SCREENING: IN PARTNERSHIP WITH HEALTHCARE PROVIDERS, OUR PEDIATRIC SCREENING PROGRAM IDENTIFIES FOOD INSECURITY AT AN EARLY AGE.

NUTRITION EDUCATION: NUTRITION EDUCATION TEACHES OVER 3,000 INDIVIDUALS HOW TO SHOP FOR AND PREPARE HEALTHY, LOW COST MEALS.

FORM 990, PART VI, SECTION B, LINE 11B:
ONCE THE FORM 990 IS COMPLETED, IT IS REVIEWED BY THE CHIEF FINANCIAL OFFICER AND THE CEO. ONCE THE RETURN IS REVIEWED BY STAFF, IT IS THEN REVIEWED BY THE BOARD TREASURER AND THE FINANCE COMMITTEE. AFTER THE FINANCE COMMITTEE HAS REVIEWED IT, A COMPLETE COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD PRESIDENT IS RESPONSIBLE FOR ANNUALLY MONITORING AND EVALUATING POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:
CEO, TOP MANAGEMENT AND KEY EMPLOYEES - COMPENSATION IS DETERMINED BY CONDUCTING PERFORMANCE EVALUATIONS AND, BASED ON EVALUATIONS, REVIEW COMPENSATION SURVEYS PROVIDED BY FEEDING AMERICA AND THE COMMUNITY FOUNDATION OF SARASOTA COUNTY, AND REVIEW OF OTHER LOCAL ORGANIZATIONS' FORM 990.

IN ADDITION, THE CEO'S COMPENSATION IS APPROVED BY THE EXECUTIVE COMMITTEE.
OFFICERS OF THE BOARD DO NOT RECEIVE COMPENSATION. ALSO, THE CEO'S PERFORMANCE IS REVIEWED ANNUALLY BY THE BOARD CHAIR AND VICE CHAIR.

FORM 990, PART VI, SECTION C, LINE 19:
ALL REQUIRED DOCUMENTS ARE MADE AVAILABLE UPON REQUEST OR BY VISITING WWW.GUIDESTAR.ORG AND/OR WWW.CHARITYNAVIGATOR.ORG.

PART XII, LINE 2C
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE M - NUMBER OF DONATIONS
THE ORGANIZATION RECEIVES FOOD DONATIONS ON A CONTINUAL BASIS THROUGH IN-PERSON DROP OFF, FOOD DRIVES, CORPORATE DONATIONS, ETC. IN MANY INSTANCES, AS AN EXAMPLE FOOD DRIVES, IT IS NOT POSSIBLE FOR THE ORGANIZATION TO TRACK THE NUMBER OF DONATIONS RECEIVED NOR THE NUMBER OF INDIVIDUALS WHO DONATED ITEMS. INSTEAD, THE ORGANIZATION VALUES ALL DONATED ITEMS, EXCEPT USDA DONATED FOOD, ON A PER POUND BASIS USING THE PRODUCT VALUATION SURVEY METHODOLOGY PREPARED ANNUALLY BY FEEDING AMERICA. IN THIS CURRENT FISCAL YEAR ENDING DECEMBER 31, 2019 THE PER POUND VALUE OF FOOD WAS $1.62. SCHEDULE M RELECTS THE ESTIMATED POUNDS OF DONATED ITEMS RATHER THAN THE NUMBER OF INDIVIDUAL DONATIONS. USDA SETS THE VALUE OF THEIR DONATED PRODUCTS.
Application for Automatic Extension of Time To File an Exempt Organization Return

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 a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or print

Name of exempt organization or other filer, see instructions.

ALL FAITHS FOOD BANK, INC.

Taxpayer identification number (TIN)

015-01115814

Number, street, and room or suite no. If a P.O. box, see instructions.

8171 BLAIKIE CT.

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

SARASOTA, FL 34240-8321

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Return Code Application Return Code

Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07

Form 990-BL 02 Form 1041-A 08

Form 4720 (individual) 03 Form 4720 (other than individual) 09

Form 990-PF 04 Form 5227 10

Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11

Form 990-T (trust other than above) 06 Form 8870 12

SANDRA FRANK

Telephone No. 941-379-6333 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 NOVEMBER 16, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization’s return for:

Χ calendar year 2019 or

□ tax year beginning , and ending .

2 If the tax year entered in line 1 is for less than 12 months, check reason:

□ Initial return □ Final return

□ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3a $ 0.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

3b $ 0.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

3c $ 0.

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

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

Form 8868 (Rev. 1-2020)