Form 990

Return of Organization Exempt From Income Tax

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Address

Name change

Initial return Final return/

Amended return

Application pending

Activities & Governance

Revenue

10

11

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. Inspection 06/30, 20 18 07/01 , 2017, and ending A For the 2017 calendar year, or tax year beginning D Employer identification number C Name of organization FEEDING FLORIDA, 65-0467165 ROBIN SAFLEY Doing business as Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) (855) 352 - 36631489 MARKET STREET City or town, state or province, country, and ZIP or foreign postal code 6,360,711. TALLAHASSEE, FL 32312 G Gross receipts \$ H(a) Is this a group return for Yes X No ROBIN SAFLEY F Name and address of principal officer: Yes 1489 MARKET STREET TALLAHASSEE, FL 32312 H(b) Are all subordinates included? If "No." attach a list (see instructions) 4947(a)(1) or 527 X 501(c)(3) 501(c) (Website: > WWW.FEEDINGFLORIDA.ORG H(c) Group exemption number L Year of formation: 1993 M State of legal domicile: FL Form of organization: X Corporation Other > Trust Association 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE 0 if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box ► 12. 3 Number of voting members of the governing body (Part VI, line 1a) 12. 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 3. 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)......... 60. 6 6 Total number of volunteers (estimate if necessary)............ 0. 7a 0. **b** Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 2,350,823 3,209,357. Contributions and grants (Part VIII, line 1h) 560,299. 448,076. Program service revenue (Part VIII, line 2g) 18,359. 2,134. 2,572,696. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 2,801,033. 6,360,711. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Ò. 0. 0. 0. 409,881. 630.021. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 4,797,199. 2,231,044.

b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,427,220. 2,640,925. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 160,108. 933,491. 19 **Beginning of Current Year** End of Year 1,933,533. 1,012,707. 20 Total assets (Part X, line 16) 257,549. 244,884. 21 Total liabilities (Part X, line 26) 1,688,649. 755,158. Net assets or fund balances. Subtract line 21 from line 20. . 22

Signature Block Part II

allies of portuge I declars that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

May the	IRS discuss this return with the pre				X Yes	No		
Use Only	Firm's address >2615 CENTENNIAL BLVD	., SUITE 200 TALLAHASSEE, FL 3	32308	Phone no. 85	ne no. 850-668-8100			
Preparer	Firm's name THOMAS HOWELL	FERGUSON P.A.		Firm's EIN ▶ 59				
Paid	STACEY T KOLKA			self-employed				
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN			
	Type or print name and title							
Sign Here	ROBIN SAFLEY	MA	NAGER					
	Signature of officer			Date				
	K							

For Paperwork Reduction Act Notice, see the separate instructions.

7E1020 1.000

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			17
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		,,	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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 "Yes," complete Schedule C,			5.7
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			3.7
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			X
	complete Schedule D, Part III	8		
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			X
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Λ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	, ,		X
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Λ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	112	1,2	
	VII, VIII, IX, or X as applicable.			×
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	Х	
	complete Schedule D, Part VI	1 I a		-
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 "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	110	_	-
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110	_	
a	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
T	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	Х	ľ
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
_	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
_	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
-	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
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 "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
		-	000	

Form 99	0 (2017)		F	age 4
Part l	V Checklist of Required Schedules (continued)		v	N
			Yes	No X
20 a	Did the diganization operate one of more more than the	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
274	\$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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			X
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		X
	disqualified persons? If "Yes," complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV.	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			77
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	20		X
	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34		Х
05-	or IV, and Part V, line 1	35a		X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
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.	38	X	
		Form	990	(2017)

Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	· · i	Yes	No
	The Management of the Reveal of Form 1006. Enter O if not applicable			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
С	reportable gaming (gambling) winnings to prize winners?	1c		
2-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
28	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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			37
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		X
	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	-	_	
b	gifts were not tax deductible?	6b		
-	to the state of th			
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		X
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
Ū	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. •	7h	-	-
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?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.5	_	+-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		+-
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the altitudit of reserves off hand	14a		X
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14b		
	II TES HAS IL HIEU AT UITH / AU TO TEDUIT HIESE PAYMONIO III 110, Provide un explanation in esticatio e			

Part VI

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

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

Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
=	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			li .
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	3.7	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		3.7	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		37	
	rise to conflicts?	12b	X	_
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		37	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	_
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
а	The organization's CEO, Executive Director, or top management official	15a	X	X
b	Other officers or key employees of the organization	15b		
	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	40-		X
	with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
-	organization's exempt status with respect to such arrangements?	16b	_	_
Sect	ion 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 (or 1024 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. X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.		policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and record ROBIN SAFLEY 1489 MARKET STREET TALLAHASSEE, FL 32312	s: ▶		

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Page 7 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Key emp Officer Institutio Individual or direct			ore than one on is both an ector/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1)THOMAS MANTZ	2.00									
CHAIRMAN	0.	Х		Х				0.	0.	0.
(2)SANDRA FRANK	2.00		П					100		
VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(3)RICK MINOR	2.00									
SECRETARY	0.0	Х		Х				0.	0.	0.
(4)RICHARD LEBER	2.00									
TREASURER	0.0	Х		Х				0.	0.	0.
(5) DAVE KREPCHO	5.00									
DIRECTOR	0.0	Х						0.	0.	0.
(6)MARCIA CONWELL	3.00									
DIRECTOR	0.	Х						0.	0.	0.
(7) JUDITH CRUZ	3.00									
DIRECTOR	0.	Х						0.	0.	0
(8)CATHY POPE	2.00									
DIRECTOR	0.	Х						0.	0.	0
(9) FRANCISCO "PACO" VELEZ	2.00									
DIRECTOR	0 ,,	Х						0.	0.	0
10) PETER DEL TORO	2.00									51
DIRECTOR	0.	Х						0.	0.	0
11)SUZANNE EDWARDS	2.00									
DIRECTOR	0.	Х						0.	0.	0
12)FRANK CASTILLO	2.00									_
DIRECTOR	0.	X		_				0.	0.	0,
(13) ROBIN SAFLEY	40.00							10	_	40.000
EXECUTIVE DIRECTOR	0.	1	1	X		1	1	129,050.	0.	10,680

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	Average hours per week (list any hours for hou				(E) Reportation compensation related organizati (W-2/1099-I	n from I ons	(F) Estimated amount of other compensation from the organization and related organizations				
		Ф.	tee			sated					
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	Section A .	•0•0•			: :	• • •	> > >	129,050. 0. 129,050.		0.	10,680. 0, 10,680.
2 Total number of individuals (including but not reportable compensation from the organizatio		hose	liste 1	ed a	bov	e) wh	o re	eceived more than	\$100,000 c	of 	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	cer, directo	or, oi ch ind	tr Iivid	uste lual	e, ••.	key (emp	oloyee, or highes	t compens	ated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater thar	1 \$15	50,0		? /:	f "Ye.	s,"	complete Schedu	le J for s	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	es," comple	te Sci	hed	ule .	J fo	r such	per	son		uuai	5 X
Complete this table for your five highest component compensation from the organization. Report of year.	npensated i	indepo ion fo	end r the	ent e ca	cor	itracto dar ye	ors t	that received more ending with or wit	e than \$100 hin the orga	,000 o inizatioi	f n's tax
(A) Name and business ad	dress							(B) Description of so	ervices	С	(C) ompensation
							1				
							1				
Total number of independent contractors (i more than \$100,000 in compensation from the contractors of t	including b	ut no	t lir	mite		o tho	se l	listed above) who	received		

Form 990 (2017) FEE
Part VIII Statement of Revenue

		Check if Schedule O contains a response	of flote to ally	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e	Federated campaigns	2,883,063.				
nd Ot	g	and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f: \$	320,234				
	h	Total. Add lines 1a-1f	usiness Code	3,209,357.			
Program Service Revenue	2a		624210	31,292.	31,292.		
e R	b	OUT OF STATE PPO FARMER	624210	403,853.	403,853.		
, Ş	С	IN STATE PPO FARMER	624210	80,885.	80,885.		
Sel	d	SERVICES	624210	525.	525.		
틸	e	LOGISTICS FEES	624210	43,744	43,744.		
5	f	All other program service revenue					
5	g	Total, Add lines 2a-2f	🕨	560,299.			
_	3	Investment income (including dividends, and other similar amounts)	interest,	18,359.			18,359
	4	Income from investment of tax-exempt bond pro	oceeds . 🕨 📙	0.			
	5	Royalties	(ii) Personal	0.			
	6a b c d 7a	Cross rents	(ii) Other	0.			
	b c d	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)		0.			
Other Revenue	С	events (not including \$	>	0.	72		
	9a	Gross income from gaming activities, See Part IV, line 19					
	b b	Less: direct expenses	▶	0.			
	10a	Gross sales of inventory, less returns and allowances					
	b c	Net income or (loss) from sales of inventory	the second secon	0.			
			Business Code				
	11a	HURRICANE & EMERGENCY MGNT		2,572,696.			
	b						
	c						
	اً	All other revenue					
	e	Total. Add lines 11a-11d	▶ □	2,572,696.			

7E1051 1,000

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). X Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (C) Management and (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 0. and domestic governments, See Part IV, line 21 2 Grants and other assistance to domestic 0: individuals, See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0. individuals, See Part IV, lines 15 and 16 0 -5 Compensation of current officers, directors, 126,425. 80,078. 14,753 31,594. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 : persons described in section 4958(c)(3)(B) 113,533. 287,790. 53,034. 454,357. 8 Pension plan accruals and contributions (include 2,907. 1,841. 329 737. section 401(k) and 403(b) employer contributions) 7,155. 18,136. 3,342 28,633. 4,423. 11,211. 2,065 17,699. 11 Fees for services (non-employees): 0. a Management 0. 33,056. 6,090 13,042. 52,188. c Accounting 3,800. 701 1,499. 6,000. d Lobbying 0. e Professional fundraising services, See Part IV, line 17. 0. f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column 42. 107 21 170 (A) amount, list line 11g expenses on Schedule O.). 72,835. 13,420. 28,736. 114,991. 8,097. 20,524. 3,781. 32,402. 4,027. 1,881. 16,115. 10,207. 0. 0. 16 Occupancy 9,229. 36,931. 23,392. 4,310. Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 3,035. 3,035. 19 Conferences, conventions, and meetings 0. 0. Payments to affiliates....... 21 296 55 117. 468. 22 Depreciation, depletion, and amortization 804. 2,038. 375 3,217. 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e) if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O. 95,212. 17,542. 37,565. 150,319. aCAPACITY BUILDING 1,833,980. 1,833,980. bFARMERS FEEDING FLORIDA PPO 1,919,004. CRE-GRANTING DONATIONS TO NET 1,919,004. 30,000. 7,497. 19,002. 3,501 dEDUCATION e All other expenses ATCH 2 598,379. 598,324. 37. 18. 125,218. 268,134. 5,427,220. 5,033,868. 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here > X if following SOP 98-2 (ASC 958-720) . 0.

Form 990 (2017)

PAGE 14

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	art X		
	v	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	799,168.	1	1,714,302.
2	WILL STANDARD A DIRECTOR OF BUILDING STANDARD	0.	2	0.
3	Pledges and grants receivable, net	0.	3	0.
4	Accounts receivable, net	207,272.	4	214,829.
5	Loans and other receivables from current and former officers, directors,			
"	trustees, key employees, and highest compensated employees.			
		0.	5	0.
6	The control of the co	0.	6	0.
te let		0.	7	0.
Assets 2 8	Inventories for sale or use	0.	8	0.
4 9		4,669.	9	3,272.
1 -	a Land, buildings, and equipment: cost or			
''	other basis. Complete Part VI of Schedule D 10a 2,100.			
	b Less: accumulated depreciation	1,598.	10c	1,130.
11	Investments - publicly traded securities	0.		0.
12		0.		0.
13	Investments - program-related. See Part IV, line 11	0.	13	0.
- 11		0.		0.
14		0.		0.
15	Other assets, See Part IV, line 11	1,012,707.		1,933,533.
16		182,549.		169,884.
17	Accounts payable and accrued expenses		18	0.
18		75,000.		75,000.
19	Deferred revenue		20	0.
20	Tax-exempt bond liabilities		21	0.
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<u>အ</u> 22				
<u>#</u>	trustees, key employees, highest compensated employees, and	0	22	0.
Liabilities	disqualified persons. Complete Part II of Schedule L	0.		0.
23			24	0.
24		Ų.	24	
25				
	parties, and other liabilities not included on lines 17-24). Complete Part X	0.		0.
	of Schedule D			244,884.
26		257,549.	26	244,004.
Ses	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
E 27		689,399.		1,063,236.
層 28		65,759.	28	625,413.
교 29	Permanently restricted net assets	0.	29	0.
Net Assets or Fund Balances 33 33 33 33	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
₹ 30	Capital stock or trust principal, or current funds		30	
9 31			31	
S 32	2: 6: (9/32)		32	
A 33	ID 10: 20:202	755,158.	33	1,688,649.
34		1,012,707.	34	1,933,533.
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Form 990 (2017)

Part			
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,360,711
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,427,220
3	Revenue less expenses, Subtract line 2 from line 1	3	933,491
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	755,158
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	C
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	10	1,688,649
Part	XII Financial Statements and Reporting		

	Objects if Calcadula O contains a response or note to any line in this Bort VII			
	Check if Schedule O contains a response or note to any line in this Part XII	• • • •		
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	2a		X
	reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		v	
	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	Х	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Х	
		Form	990	(2017

JSA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

FEEDING FLORIDA, INC.

Name	ame of the organization FEEDING FLORIDA, INC.									
_	BIN SAFLEY					65-046716				
Pa	rt Reason for Public Char									
The	organization is not a private foun	dation because it	is: (For lines 1 throug	jh 12, che	eck only o	one box.)				
1	A church, convention of chur	rches, or associat	ion of churches descr	ibed in s	ection 17	O(b)(1)(A)(I).				
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
3	A hospital or a cooperative I	nospital service or	ganization described i	n sectioi	n 170(b)(1)(A)(III).	(III) Estar the			
4										
	hospital's name, city, and sta An organization operated for	ite:			0.000	rated by a gavernme	ntal unit described in			
5			a college or universit	y owned	or oper	ated by a governme	ntai unit described in			
_	section 170(b)(1)(A)(iv). (Co	omplete Part II.)	nmontal unit docaribo	d in socti	on 170(k	\\(1\\(A\\\\\)				
6	A federal, state, or local gov An organization that norma	ernment or gover	otential part of its su	nnort fra	1) 0 1 1 10 L	ornmental unit or fro	m the general public			
7	described in section 170(b)(pport ne	ili a gov	crimicital and or no	in the general public			
	A community trust described			Part II-)						
8 9	An agricultural research org	anization describe	d in section 170(h)(1)(∆)(ix) c	perated	in conjunction with a	land-grant college			
9	or university or a non-land-g	rant college of an	riculture (see instruct	ions). Er	ter the n	ame. city. and state of	the college or			
	university:	rant conege or ag	Houstaile (ode motion	.01107. 21		uu, u.u, uu u.u.u				
10	An organization that normal receipts from activities relat support from gross investmacquired by the organization	ed to its exempt for ent income and ur n after June 30, 19	unctions - subject to our prelated business tax 1975. See section 509	certain e able inco (a)(2). (C	xceptions me (less complete	s, and (2) no more that section 511 tax) from Part III.)	1 331/3 % OF ITS			
11	An organization organized a	nd operated exclu	isively to test for publi	c satety.	See sec	ion 509(a)(4).	erns out the nurneres			
12	An organization organized a	nd operated exclu	isively for the benefit	or, to pe	enorm un	e functions of, of to C	arry out the purposes			
	of one or more publicly sup Check the box in lines 12a th	ported organization	ons described in sec i	ion sust	a)(1) or	section sus(a)(2). S	os 120, 12f, and 12g			
а										
	the supported organization				ajority of	the directors or truster	es of the			
	supporting organization. Y X Type II. A supporting organization.	ou must complet	e Part IV, Sections A	anu b.	with ite	cupported organization	on/e) by having			
b	Type II. A supporting orga control or management of	the cupporting o	rappization vested in	the came	with its a narean	supported organizations that control or man	age the supported			
	organization(s). You must			the same	e person	s that control of man	ago the cappoints			
	Type III functionally integ			ated in co	nnection	with, and functional	ly integrated with.			
C	its supported organization						,,			
d		integrated. A sup	porting organization o	perated	in conne	ction with its support	ed organization(s)			
	that is not functionally inte	grated. The organ	nization generally mus	t satisfy	a distrib	ution requirement and	I an attentiveness			
	requirement (see instruction									
е		nization received	a written determinatio	n from tl	he IRS th	at it is a Type I, Type I	l, Type III			
	functionally integrated, or									
f	Enter the number of supported	organizations					13]			
g	Provide the following information	n about the suppo	orted organization(s).							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary support (see	(vi) Amount of other support (see			
			(described on lines 1-10 above (see instructions))		ur governing ment?	instructions)	instructions)			
	ATTACHMENT 1		, i	Yes	No					
(A)										
(B)										
(C)										
(D)										
(E)										

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

Total

JSA 7E1210 1.000

Schedule A (Form 990 or 990-EZ) 2017

1,919,004.

Schedule A (Form 990 or 990-EZ) 2017

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Part II

Sect	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge		-				
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
**	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10.						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	or the organiza	tion's first, secor	nd, third, fourth,	, or fifth tax ye	ear as a section	501(c)(3)
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2017 (li						%
15	Public support percentage from 2016	Schedule A, Pa	art II, line 14			15	%
16a	331/3% support test - 2017. If the or						
	box and stop here. The organization q						
b	331/3 % support test - 2016. If the org						
	this box and stop here. The organizati						
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization						
	Part VI how the organization meets t	the "facts and	circumetancee" †	est The organ	nization qualifies	as a nublicly of	supported
	organization						
h	10%-facts-and-circumstances test -						
D	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization	on meets the	"facts-and-circur	mstances" test	The organizati	on qualifies as	a publicly
	supported organization						
18	Private foundation. If the organization	did not check	a box on line 13	i, 16a, 16b, 17a	a, or 17b, check	this box and se	e . \Box
_	instructions					0-b-dul- A (5	

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Page 3

D 4 111	Support Schedule for	- Oiti	Deceribed in	Continu E00/a\/2\
Part III I	Support Schedule id	or Organizations	Described in	Section Sustants

(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									
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and membership fees								
	received. (Do not include any "unusual grants.")								
2	Gross receipts from admissions, merchandise								
	sold or services performed, or facilities) h					
	furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that are not an								
3	· ·								
	unrelated trade or business under section 513								
4	Tax revenues levied for the								
	organization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge								
6	Total. Add lines 1 through 5								
7 a	Amounts included on lines 1, 2, and 3								
	received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified								
	received from other than disqualified persons that exceed the greater of \$5,000								
	or 1% of the amount on line 13 for the year								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from								
	line 6.)								
Sec	tion B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
9	Amounts from line 6								
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						l		
b	Unrelated business taxable income (less								
_	section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b								
	a none of a none								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part VI,)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12.)								
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd, third, fourth,	or fifth tax y	ear as a section	501(c)(3)		
	organization, check this box and stop here						▶		
Sec	tion C. Computation of Public Sup	port Percenta	ge			w			
15	Public support percentage for 2017 (line 8	, column (f) divide	ed by line 13, colur	nn (f))		15	%		
16	Public support percentage from 2016 Sche	edule A, Part III, lir	ne 15			16	%		
Sec	tion D. Computation of Investmen	t Income Pero	centage						
17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))								
18	Investment income percentage from 2016		-			18	%		
	331/3% support tests - 2017. If the org					1			
130	17 is not more than 331/3%, check th	-							
L	331/3% support tests - 2016. If the orga								
D	line 18 is not more than 331/3%, check								
20			•	- '					
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Par	t V.)		
Secti	ion A. All Supporting Organizations		l	
			Yes	No
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.	1		Х
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).	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		Х
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.	3b		
С	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.	3с		
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.	4a		X
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.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
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).	5a		X
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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
С	-			
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 .	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		Х
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).	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		X
b	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		Х
С	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 .	9с		Х
10 a	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.	10a		X
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to			

Schedule A (Form 990 or 990-EZ) 2017

10b

determine whether the organization had excess business holdings.)

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Part	V Supporting Organizations (continued)		V	NI -
	the state of the state of the fellowing persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? 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?	11a		X
	A family member of a person described in (a) above?	11b		X
	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.	11c		X
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
4	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).	- 1	Х	
Section	on D. All Type III Supporting Organizations			N.
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?	1	Yes	NO
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance) The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	mstru	Yes	No
2	Activities Test. Answer (a) and (b) below.		- 55	
а	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.	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.	2b		
3 a	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	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.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organizations.	g trust or zations r	n Nov. 20, 1970 (expla nust complete Sectio	in in Part VI). See ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			1
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly integra	ated Type III supportin	g organization (see

Schedule A (Form 990 or 990-EZ) 2017

art	Type III Non-Functionally Integrated 509(a)(3) 5 on D - Distributions	Supporting Organizat	acric (commody	Current Year			
	Amounts paid to supported organizations to accomplish ex	remot nurnoses		Ourrent rear			
1							
2	organizations, in excess of income from activity						
3							
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	the organization is resp	onsive				
9	Distributable amount for 2017 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017						
2	(reasonable cause required-explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2017						
а							
b	From 2013						
C	From 2014						
d	From 2015						
e	From 2016						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2017 distributable amount						
Ť	Carryover from 2012 not applied (see instructions)						
1	Remainder, Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2017 from						
7	Section D, line 7:						
а	Applied to underdistributions of prior years						
b	Applied to 2017 distributable amount						
c	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2017, if						
•	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2017. Subtract lines 3h						
U	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2018. Add lines 3j						
1							
0	and 4c. Breakdown of line 7:						
8	Excess from 2013						
a	3-305600						
b	Excess from 2014						
С	Excess from 2015						
d	Excess from 2016						

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

PART IV, LINE 1

ORGANIZATIONS ARE DESIGNATED BY CLASS PER THE BY LAWS: ANY FEEDING

AMERICA FOOD BANK AND ANY PARTNER DISTRIBUTION ORGANIZATION (PDO) OF A

FEEDING AMERICA MEMBER FOOD BANK AS DEFINED BY FEEDING AMERICA, WHICH

SERVES AGANCIES WITHIN THE STATE OF FLORIDA, IS ELIGIBLE FOR MEMBERSHIP.

ANY RE-DISTRIBUTION (RDO) CURRENTLY A MEMBER IN "GOOD STANDING" MAY

RETAIN ITS MEMBERSHIP, WITH THE APPROVAL OF ITS CONTRACTED FEEDING

AMERICA MEMBER FOOD BANK. FUTURE RDO MEMBERSHIP IN THE ASSOCIATION WILL

NOT BE OFFERED.

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS (III) TYPE OF (IV) ORGANIZATION (III) TYPE OF (IV) ORGANIZATION (III) TYPE OF (IV) ORGANIZATION (IV) AMOUNT OF SUPPORT AMOUNT (III) TYPE OF (IV) ORGANIZATION (IV) AMOUNT OF SUPPORT AMOUNT (III) TYPE OF (IV) ORGANIZATION (IV) AMOUNT OF SUPPORT AMOUNT (III) TYPE OF (IV) ORGANIZATION (IV) AMOUNT OF SUPPORT AMOUNT (III) OTHER ORGANIZATION (III) TYPE OF (IV) ORGANIZATION (IV) AMOUNT OF SUPPORT AMOUNT (IV) OTHER ORGANIZATION (IV) AMOUNT OF SUPPORT AMOUNT OF S	NOT BE OFFERED.			ATTACHMENT :	1
CII NAME OF SUPPORTED ORGANIZATION	SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED C	RGANIZATIO		
### FEEDING SOUTH FLORIDA 59-2097520 10 551,346, 0. ALL FAITHS FOOD BANK 65-0115814 10 45,104. 0. AMERICA'S SECOND HARVEST OF THE BIG BEND 59-2610345 10 65,501, 0. ###################################	(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION		
AMERICA'S SECOND HARVEST OF THE BIG BEND 59-2610345 10 65,501, 0. FEEDING THE GULF COAST 63-0821997 10 83,075, 0, BREAD OF THE MIGHTY 59-2805577 10 48,829, 0, FIRST STEP FOOD BANK 59-3131885 10 40,934, 0, FOOD BANK OF MANATEE COUNTY 59-1420986 10 36,369, 0, FLORIDA GATEWAY FOOD BANK 52-0862770 10 17,172, 0, HARRY CHAPIN FOOD BANK 59-2332120 10 116,408, 0, SECOND HARVEST FOOD BANK 59-2142315 10 312,007, 0, FEEDING NORTHEAST FLORIDA 59-1965600 10 155,580, 0, TREASURE COAST FOOD BANK 65-0123281 10 73,649, 0,	FEEDING SOUTH FLORIDA	59-2097520		551,346.	0.
FEEDING THE GULF COAST 63-0821997 10 83,075, 0, BREAD OF THE MIGHTY 59-2805577 10 48,829, 0, FIRST STEP FOOD BANK 59-3131885 10 40,934, 0, FOOD BANK OF MANATEE COUNTY 59-1420986 10 36,369, 0, FLORIDA GATEWAY FOOD BANK 52-0862770 10 17,172, 0, HARRY CHAPIN FOOD BANK 59-2332120 10 116,408, 0, SECOND HARVEST FOOD BANK 59-242315 10 312,007, 0, FEEDING NORTHEAST FLORIDA 59-1965600 10 155,580, 0, FREASURE COAST FOOD BANK 65-0123281 10 73,649, 0, FEEDING AMERICA TAMPA BAY 59-2116576 10 373,030, 0,	ALL FAITHS FOOD BANK	65-0115814	10	45,104.	0.
BREAD OF THE MIGHTY 59-2805577 10 48,829. 0. FIRST STEP FOOD BANK 59-3131885 10 40,934. 0. FOOD BANK OF MANATEE COUNTY 59-1420986 10 36,369. 0. FLORIDA GATEMAY FOOD BANK 52-0862770 10 17,172. 0. HARRY CHAPIN FOOD BANK 59-2332120 10 116,408. 0. SECOND HARVEST FOOD BANK 59-2142315 10 312,007. 0. FEEDING NORTHEAST FLORIDA 59-1965600 10 155,580. 0. TREASURE COAST FOOD BANK 65-0123281 10 373,030. 0.	AMERICA'S SECOND HARVEST OF THE BIG BEND	59-2610345	10	65,501	0.
FIRST STEP FOOD BANK 59-3131885 10 40,934, 0. FOOD BANK OF MANATEE COUNTY 59-1420986 10 36,369. 0. FLORIDA GATEWAY FOOD BANK 52-0862770 10 17,172. 0. HARRY CHAPIN FOOD BANK 59-2332120 10 116,409. 0. SECOND HARVEST FOOD BANK 59-2142315 10 312,007. 0. FEEDING NORTHEAST FLORIDA 59-1965600 10 155,580. 0. TREASURE COAST FOOD BANK 65-0123281 10 373,030. 0.	FEEDING THE GULF COAST	63-0821997	10	83,075	0.,
FOOD BANK OF MANATEE COUNTY 59-1420986 10 36,369. 0. FLORIDA GATEWAY FOOD BANK 52-0862770 10 17,172. 0. HARRY CHAPIN FOOD BANK 59-2332120 10 116,408. 0. SECOND HARVEST FOOD BANK 59-2142315 10 312,007. 0. FEEDING NORTHEAST FLORIDA 59-1965600 10 155,580. 0. TREASURE COAST FOOD BANK 65-0123281 10 73,649. 0.	BREAD OF THE MIGHTY	59-2805577	10	48,829	0
FLORIDA GATEWAY FOOD BANK 52-0862770 10 17,172, 0. HARRY CHAPIN FOOD BANK 59-2332120 10 116,408. 0. SECOND HARVEST FOOD BANK 59-2142315 10 312,007, 0. FEEDING NORTHEAST FLORIDA 59-1965600 10 155,580, 0. TREASURE COAST FOOD BANK 65-0123281 10 73,649. 0.	FIRST STEP FOOD BANK	59-3131885	10	40,934	0.
HARRY CHAPIN FOOD BANK 59-2332120 10 116,408. 0. SECOND HARVEST FOOD BANK 59-2142315 10 312,007. 0. FEEDING NORTHEAST FLORIDA 59-1965600 10 155,580. 0. TREASURE COAST FOOD BANK 65-0123281 10 73,649. 0. FEEDING AMERICA TAMPA BAY 59-2116576 10 373,030. 0.	FOOD BANK OF MANATEE COUNTY	59-1420986	10	36,369	0.
SECOND HARVEST FOOD BANK 59-2142315 10 312,007. FEEDING NORTHEAST FLORIDA 59-1965600 10 155,580. TREASURE COAST FOOD BANK 65-0123281 10 73,649. 0. FEEDING AMERICA TAMPA BAY 59-2116576 10 373,030.	FLORIDA GATEWAY FOOD BANK				
FEEDING NORTHEAST FLORIDA 59-1965600 10 155,580. 0. TREASURE COAST FOOD BANK 65-0123281 10 73,649. 0. FEEDING AMERICA TAMPA BAY 59-2116576 10 373,030. 0.					
TREASURE COAST FOOD BANK 65-0123281 10 73,649. 0. FEEDING AMERICA TAMPA BAY 59-2116576 10 373,030. 0.					
FEEDING AMERICA TAMPA BAY 59-2116576 10 373,030. 0.					
LOID DOL					
		J			0.

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below, Do not complete Part I-B,
- Section 527 organizations: Complete Part I-A only,

fthe	organization answered "Yes,"	on Form 990, Part IV, line 4, or Forthat have filed Form 5768 (election of	m 990-EZ, Part VI, line 4	7 (Lobbying Activities), then	I Inlete Part IL-R
		that have NOT filed Form 5768 (election t			
f the	e organization answered "Yes."	on Form 990, Part IV, line 5 (Prox	v Tax) (see separate i	nstructions) or Form 990-I	EZ, Part V, line 35c (Proxy
ax)	(see separate instructions), then	e: 1905	, , , , , , , , , , , , , , , , , , , ,	ŕ	
	Section 501(c)(4), (5), or (6) orga			Empleyedide	atification number
	e of organization FEEDING F	LORIDA, INC.		65-046	ntification number
_	IN SAFLEY	was batter to susmet undo	- costion FO1/s) or		
		rganization is exempt unde			
1		organization's direct and indirect	political campaign a	ctivities in Part IV. (See ii	istructions for
2	definition of "political campa	kpenditures (see instructions)		▶ \$	
		campaign activities (see instructi			
_		rganization is exempt under			
1		ise tax incurred by the organizat			
2		ise tax incurred by organization			
3		a section 4955 tax, did it file Forn			
4a					
b	If "Yes," describe in Part IV.			CONTRACTOR OF THE PROPERTY AND ADVANCED	
Par	t I-C Complete if the o	rganization is exempt unde	r section 501(c), e	xcept section 501(c)(3).
1		xpended by the filing organizati			
	activities			▶\$	
2	Enter the amount of the filing	ng organization's funds contribute	ed to other organizat	ions for section	
		es			
3		enditures, Add lines 1 and 2. E			
	line 1/b	e Form 1120-POL for this year?			Yes No
4 5	Enter the names addresses	and employer identification num	ber (FIN) of all section	on 527 political organiz	ations to which the filing
,	organization made payment	s. For each organization listed, e	enter the amount pai	d from the filing organiz	ation's funds. Also enter
	the amount of political cont	ributions received that were pro	mptly and directly de	elivered to a separate po	olitical organization, such
	as a separate segregated fur	nd or a political action committee	(PAC). If additional s	pace is needed, provide i	nformation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				Turido, ir riorio, critor o	delivered to a separate
					political organization, If
					none, enter -0-
(1)					
(2)					
(3)					
_					
(4)			_		
(5)			-		
(6)					
		11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	or 000 E7	Sahadul	o C (Form 990 or 990 F7) 2017

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

Pa	section 501(h)).	on is exempt under section 501(c)(3) and		
A	address, EIN, expenses, a	ongs to an affiliated group (and list in Part IV eand share of excess lobbying expenditures).		er's name,
В	Check ▶ if the filing organization che	ecked box A and "limited control" provisions app	ly,	
	Limits on Lobb (The term "expenditures" me	ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
18	Total lobbying expenditures to influence	public opinion (grass roots lobbying)		
		a legislative body (direct lobbying)	74,602.	
(, .	a and 1b)	74,602.	
	, , , , , , , , , , , , , , , , , , , ,		3,154,523.	
		I lines 1c and 1d)	3,229,125.	
f		e amount from the following table in both		
•	columns.		311,456.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
9	Grassroots nontaxable amount (enter 25	5% of line 1f)	77,864.	
	-	ess, enter -0	0.	0.
i	Subtract line 1f from line 1c. If zero or le		0.	0.
i		on either line 1h or line 1i, did the organiza	tion file Form 4720	
. 1				Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total				
2a Lobbying nontaxable amount	268,223.	304,412.	282,346.	311,456.	1,166,437.				
b Lobbying ceiling amount (150% of line 2a, column (e))					1,749,656.				
c Total lobbying expenditures	6,000.	5,500.	6,000.	74,602.	92,102.				
d Grassroots nontaxable amount	67,056.	76,103.	70,587.	77,864.	291,610.				
e Grassroots ceiling amount (150% of line 2d, column (e))					437,415.				
f Grassroots lobbying expenditures									

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Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T filed	d For	m 576	8		
		(a	1)		(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amou	nt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?			ř			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.						
C	Media advertisements?						
d	Mailings to members, legislators, or the public?						
e	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
h	Other activities?						
i	Total Add lines 1c through 1i						
j 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection	1		
	501(c)(6).						
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		_
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501					2 io	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"	UK (и) Ра	.rt III-A	, 11116	J, 15	
_	answered "Yes."			1			
1	Dues, assessments and similar amounts from members						
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount and the section 162(e) nondeductible lobbying and political expenditures (do not include amount and the section 162(e) nondeductible lobbying and political expenditures (do not include amount and the section 162(e) nondeductible lobbying and political expenditures (do not include amount and the section 162(e) nondeductible lobbying and political expenditures (do not include amount and the section 162(e) nondeductible lobbying and political expenditures (do not include amount and the section 162(e) nondeductible lobbying and political expenditures (do not include amount and the section 162(e) nondeductible lobbying and political expenditures (do not include amount and the section 162(e) nondeductible lobbying and political expenditures (do not include amount and the section 162(e) nondeductible lobbying and political expenditures (do not include amount and the section 162(e) nondeductible lobbying and political expenditures (do not include amount and the section 162(e) nondeductible lobbying and political expenditures (do not include amount and the section 162(e) nondeductible lobbying and political expenditures (do not include amount and the section 162(e) nondeductible lobbying and political expenditures (do not include amount and the section 162(e) nondeductible lobbying and 162(e) nondeductible	ints	от				
	political expenses for which the section 527(f) tax was paid).		TO BOOK S	2a			
a	Current year			2b			
b	Carryover from last year			2c			
C	Total			3			
3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	10				
4	excess does the organization agree to carryover to the reasonable estimate of nondeductible i						
	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
Pa	rt IV Supplemental Information						
	vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d grou	up list	t); Part	II-A, lir	ies 1	and
2 (s	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.						
_							
_							

JSA 7E1266 1.000 Schedule C (Form 990 or 990-EZ) 2017

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization FEEDING FLORIDA, INC.

Employer identification number

ROBIN SAFLEY	65-0467165
Part I Organizations Maintaining Donor Advised Funds of	r Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Fo	m 990, Part IV, line 6.
	onor advised funds (b) Funds and other accounts
1 Total number at end of year ,	
2 Aggregate value of contributions to (during year)	
	criting that the assets held in donor advised
5 Did the organization inform all donors and donor advisors in a funds are the organization's property, subject to the organization	s exclusive legal control? Yes No
والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج	isors in writing that grant funds can be used
6 Did the organization inform all grantees, donors, and donor advonly for charitable purposes and not for the benefit of the donor.	or or donor advisor, or for any other purpose
conferring impermissible private benefit?	Yes No
Part II Conservation Easements.	
Complete if the organization answered "Yes" on Fo	m 990. Part IV. line 7.
Purpose(s) of conservation easements held by the organization (check all that apply).
Preservation of land for public use (e.g., recreation or educ	
Protection of natural habitat	Preservation of a certified historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a conservation
easement on the last day of the tax year.	Held at the End of the Tax Year
T. I. I. Santamatica accesses	2a
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic struct	ure included in (a) 2c
d Number of conservation easements included in (c) acquired af	er 7/25/06, and not on a
historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the organization during the
tax year >	
4 Number of states where property subject to conservation easen	ent is located
5 Does the organization have a written policy regarding the p	eriodic monitoring, inspection, handling of
violations, and enforcement of the conservation easements it ho	ds? Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation easements during the year
b	
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 sa	isfy the requirements of section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?	
9 In Part XIII, describe how the organization reports conservation	easements in its revenue and expense statement, and
balance sheet, and include, if applicable, the text of the footnote	to the organization's financial statements that describes the
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Hist	orical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Fo	
1a If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement and balance sheed for public exhibition, education, or research in furtherance of financial statements that describes these items.
works of art, historical treasures, or other similar assets hel	I for public exhibition, education, or research in furtherance of
public service, provide, in Part Alli, the text of the foothole to its	SC 958), to report in its revenue statement and balance shee
b If the organization elected, as permitted under SEAS 110 (A	for public exhibition, education, or research in furtherance of
public service, provide the following amounts relating to these it	ems:
(i) Revenue included on Form 990, Part VIII, line 1	
(iii) Assets included in Form 990, Part X	▶\$
2 If the organization received or held works of art, historical	treasures, or other similar assets for financial gain, provide the
following amounts required to be reported under SFAS 116 (AS	C 958) relating to these items:

▶ \$

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Sched	ule D (Form 990) 2017									Page 2
Par	Organizations Maintaining Colle	ections of	Art, Histo	orical Ti	reasur	es, or O	ther Similar	Asset	s (cont	inued)
3	Using the organization's acquisition, access	ssion, and o	ther record	ls, check	any o	f the folio	wing that are	asign	ificant u	se of its
_	collection items (check all that apply):									
а	Public exhibition d Loan or exchange programs									
b	Scholarly research		e	Other						
C	Preservation for future generations			5.5						
4	Provide a description of the organization's	collections	and expla	in how t	hey fur	ther the o	organization's	exempt	purpos	e in Part
•	XIII.				•					
5	During the year, did the organization solicit	or receive of	lonations of	art, histo	orical tro	easures, o	r other similar			
•	assets to be sold to raise funds rather than	to be mainta	ained as par	t of the o	rganiza	tion's coll	ection?	[Yes	No
Par	t IV Escrow and Custodial Arrangem									
ı aı	Complete if the organization ans	wered "Ye	s" on Form	990, Pa	art IV, I	ine 9, or	reported an a	amount	on For	m
	990, Part X, line 21.			•			•			
1a	Is the organization an agent, trustee, custo	dian or other	er intermed	ary for c	ontribut	ions or oth	ner assets not			
14	included on Form 990, Part X?							Г	Yes	☐ No
h	If "Yes," explain the arrangement in Part X	III and com	olete the foll	owing tab	ole:		12			
	ii ros, explain ille allangement ill recer			J	1		Am	ount		
С	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
	Ending balance					1f				
20	Did the organization include an amount on	Form 990	Part X line	21 for e			al account liab	litv?	Yes	No
Za h	If "Yes," explain the arrangement in Part X	III Check h	ere if the ex	planation	has be	en provide	d on Part XIII			
	t V Endowment Funds.	III. CHOOK II	0.0				•			
Fair	Complete if the organization ans	wered "Ye	s" on Form	990. Pa	art IV. I	ine 10.				
_		rrent year	(b) Prior			o years back	(d) Three year	rs back	(e) Four	years back
	Beginning of year balance									
	Contributions									
С	Net investment earnings, gains,									
	and losses									
	Grants or scholarships						_			
е	Other expenditures for facilities				ľ					
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the c	urrent year	end balance	e (line 1g,	column	ı (a)) held	as:			
а	Board designated or quasi-endowment		_%							
	Permanent endowment ▶%									
С	Temporarily restricted endowment ▶									
	The percentages on lines 2a, 2b, and 2c s						* . *			
3a	Are there endowment funds not in the pos	session of t	he organiza	tion that	are nei	a ana aar	ninisterea for ti	ne	15	Yes No
	organization by:									Tes NO
	(i) unrelated organizations							• • • •	3a(i)	-
	(ii) related organizations							• • • •	3a(ii)	_
b	If "Yes" on line 3a(ii), are the related organ					17		• • • •	3b	
4	Describe in Part XIII the intended uses of	the organiza	ation's endo	wment fu	nds.					
Pa	rt VI Land, Buildings, and Equipment Complete if the organization an	swered "Ye	es" on For	n 990 F	art IV	line 11a	See Form 9	90. Par	t X. line	10.
_	Description of property		r other basis	(b) Cost	or other ba	asis (C)	Accumulated	(0) Book val	ue
		`´ (inve	stment)	(0	ther)	d	epreciation			
1a	Land									
b	Buildings									
С	Leasehold improvements				0 1	20	070			1 120
d	Equipment				2,1	00.	970			1,130
	Other				(Algorith	40004				1 120
Tota	al. Add lines 1a through 1e. (Column (d) mu	st equal For	m 990, Part	x, colum	n (B), lii	ne 10c.).	▶			1,130.

Schedule D (Form 990) 2017

	Complete if the organization answer		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financia	al derivatives		
2) Closely	-held equity interests		
) Other_			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related. Complete if the organization answer	ed "Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
310 10			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answer	red "Yes" on Form 990	
Part IX	Other Assets. Complete if the organization answer	red "Yes" on Form 990 Description), Part IV, line 11d. See Form 990, Part X, line 15.
Part IX	Other Assets. Complete if the organization answer		
(1) (2)	Other Assets. Complete if the organization answer		
(1) (2) (3)	Other Assets. Complete if the organization answer		
(1) (2) (3) (4)	Other Assets. Complete if the organization answer		
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answer		
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answer		
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answer		
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answer		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer (a)	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer (a) (a) (b) must equal Form 990, Part X, col. (b) Other Liabilities.	Description B) line 15.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col	Other Assets. Complete if the organization answer (a) Tumn (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization answer	Description B) line 15.)	(b) Book value (b) Book value (c) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col	Other Assets. Complete if the organization answer (a) Tumn (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization answer line 25.	B) line 15.)	(b) Book value (b) Book value (c) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col	Other Assets. Complete if the organization answer (a) Tumn (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization answer line 25. (a) Description of liability	B) line 15.)	(b) Book value (b) Book value (c) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col	Other Assets. Complete if the organization answer (a) Tumn (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization answer line 25. (a) Description of liability	B) line 15.)	(b) Book value (b) Book value (c) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col Part X	Other Assets. Complete if the organization answer (a) Tumn (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization answer line 25. (a) Description of liability	B) line 15.)	(b) Book value (b) Book value (c) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col Part X (1) Fede (2) (3) (4)	Other Assets. Complete if the organization answer (a) Tumn (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization answer line 25. (a) Description of liability	B) line 15.)	(b) Book value (b) Book value (c) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col Part X (1) Fede (2) (3) (4) (5)	Other Assets. Complete if the organization answer (a) Tumn (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization answer line 25. (a) Description of liability	B) line 15.)	(b) Book value (b) Book value (c) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col Part X 1. (1) Fede (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answer (a) Tumn (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization answer line 25. (a) Description of liability	B) line 15.)	(b) Book value (b) Book value (c) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Fede (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answer (a) Tumn (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization answer line 25. (a) Description of liability	B) line 15.)	(b) Book value (b) Book value (c) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col Part X 1. (1) Fede (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answer (a) Tumn (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization answer line 25. (a) Description of liability	B) line 15.)	(b) Book value (b) Book value (c) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. Part X 1. (1) Fede (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer (a) Tumn (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization answer line 25. (a) Description of liability ral income taxes	B) line 15.) red "Yes" on Form 990 (b) Book value	(b) Book value (b) Book value (c) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columbia) (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columbia) (2) Liability	Other Assets. Complete if the organization answer (a) Tumn (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization answer line 25. (a) Description of liability ral income taxes mn (b) must equal Form 990, Part X, col. (B) line 2 for uncertain tax positions. In Part XIII, provide	B) line 15.) red "Yes" on Form 990 (b) Book values 25.) the text of the footnote to	(b) Book value D, Part IV, line 11e or 11f. See Form 990, Part X, ue the organization's financial statements that reports the
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Color (3) (4) (5) (6) (7) (8) (9) Total. (color (8) (8) (9) Total. (color (8) (8) (9) Total. (color (8) (8) (8) (9) Total. (color (8) (8) (8) (8) (8) (8) (8) (8) (8) (8)	Other Assets. Complete if the organization answer (a) Tumn (b) must equal Form 990, Part X, col. (b) Other Liabilities. Complete if the organization answer line 25. (a) Description of liability ral income taxes mn (b) must equal Form 990, Part X, col. (B) line 2 for uncertain tax positions. In Part XIII, provide	B) line 15.) red "Yes" on Form 990 (b) Book values 25.) the text of the footnote to	(b) Book value (b) Book value (c) Part IV, line 11e or 11f. See Form 990, Part X,

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retornal Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.)	. 1	6,360,711.
e Add lines 2a through 2d	. 2e	C 2C0 711
3 Subtract line 2e from line 1	. 3	6,360,711.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b		
c Add lines 4a and 4b	. 4c	
5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	6,360,711.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Recomplete if the organization answered "Yes" on Form 990, Part IV, line 12a.	eturn.	
Total expenses and losses per audited financial statements	. 1	5,427,220.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	_	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	. 2e	
3 Subtract line 2e from line 1	. 3	5,427,220.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
tical ded as Farm 000 Port VIII line 7h		
4h		
	. 4c	
c Add lines 4a and 4b	. 5	5,427,220.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inf Part X, LINE 2 WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO	ormation.	le 4, Patt A, ille
EXAMINATIONS BY MAJOR TAX JURISDICTIONS FOR YEARS ENDED DECEMBER 31, 2014		
AND PRIOR.		

Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FEEDING FLORIDA, INC.

Employer identification number 65-0467165

ROBIN SAFLEY

FORM 990

PART I, LINE 1

FEEDING FLORIDA INC IS COMMITTED TO ENDING HUNGER. THE ASSOCIATION COORDINATES THE EFFORTS OF MEMBER FOOD BANKS THROUGHOUT THE STATE OF FLORIDA, ENABLING THEM TO BETTER PROVIDE A HEALTHY AND ADEQUATE FOOD SUPPLY FOR PEOPLE IN NEED.

PART VI, LINE 11

A DRAFT OF THE TAX RETURN IS PROVIDED TO THE EXECUTIVE DIRECTOR AND THE EXECUTIVE COMMITTEE WHO REVIEW IT FOR COMPLETENESS AND ACCURACY PRIOR TO SIGNING AND FILING THE RETURN. A COPY OF THE RETURN IS PROVIDED TO ALL BOARD OF DIRECTORS MEMBERS.

PART VI, LINE 12C

WRITTEN POLICIES ARE PROVIDED TO ALL BOARD MEMBERS AND STAFF AND PERIODICALLY REVIEWED. POTENTIAL CONFLICTS OF INTEREST ARE DISCLOSED AND RESOLVED ACCORDING TO POLICY.

PART VI, LINE 15A

NATIONAL ORGANIZATIONS PROVIDE COMPENSATION DATA FOR COMPARISON. COMPENSATION FOR THE EXECUTIVE DIRECTOR IS REVIEWED AND DISCUSSED BY THE BOARD AS PART OF THE ANNUAL EVALUATION/BUDGET PROPOSAL.

PART VI, LINE 19

Name of the organization ROBIN SAFLEY

FEEDING FLORIDA, INC.

Employer identification number 65-0467165

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FINANCIAL DOCUMENTS ARE AVAILABLE ONLINE ON THE ORGANIZATION'S WEBSITE AND ON GUIDESTAR.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

FEEDING FLORIDA'S MEMBER FOOD BANKS SERVE A NETWORK OF 2500 FAITH-BASED AND NONPROFIT AGENCIES IN ALL 67 COUNTIES IN THE STATE OF FLORIDA THROUGH THE GENEROSITY OF FOOD MANUFACTURERS, THE FLORIDA AGRICULTURAL COMMUNITY, WHOLESALERS, RETAILERS, FEDERAL COMMODITY PROGRAMS AND LOCAL COMMUNITIES. OUR MEMBER FOOD BANKS DISTRIBUTE MILLIONS OF POUNDS OF FOOD EACH YEAR TO FEED THOSE IN NEED. THE FEEDING FLORIDA REPRESENTS THE ONLY REGULATED AND MONITORED NETWORK OF FOOD BANKS THAT COVERS ALL 67 FLORIDA COUNTIES. FEEDING FLORIDA IS AFFILIATED WITH FEEDING AMERICA, THE NATION'S LEADING HUNGER RELIEF ORGANIZATION. EACH FEEDING FLORIDA FOOD BANK MUST MEET STRINGENT GUIDELINES TO BE ASSOCIATED WITH FEEDING AMERICA. THIS CONTRACTED RELATIONSHIP ASSURES BOTH FINANCIAL AND OPERATIONAL EXCELLENCE. IT ALSO PROVIDES ACCOUNTABILITY THROUGH NETWORK TRAINING, SITE MONITORING, AND THE MAINTENANCE OF SUBSTANTIAL RECORDS VERIFYING CONFORMITY TO ESTABLISHED FEDERAL AND STATE FOOD HANDLING STANDARDS.

ATTACHMENT 2

Schedule O (Form 990 or 990-EZ) 2017				Page 2
Name of the organization FEEDING FLORIDA, INC.	Employer identification number			
ROBIN SAFLEY			65-04671	. 65
			ATTACHMENT 2	(CONT'D)
FORM 990, PART IX - OTHER EXPENSES				
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	EXPENSES	SERVICE EXP.	AND GENERAL	EXPENSES
FOOD PURCHASE IRMA	45,580.	45,580.		
TRANSPORTATION ALLOCATION	552,649.	552,649.		
LICENSES	150.	95.	18.	37.
TOTALS	598,379.	598,324.	18.	37.

Regulation Section 1.263(a)-1(f) - De Minimis Safe Harbor Election

Taxpayer Name:

FEEDING FLORIDA, INC.

Taxpayer Address:

1489 MARKET STREET TALLAHASSEE, FL 32312

Taxpayer ID Number: 65-0467165

Year-End:

06/30/2018

Under IRC Regulation Section 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election.