Application Form

Organization Information

If you would like to complete this application in Word first and copy your answers over later, use the following link: Download Application

The evaluation rubric that will be used to score your request is now available here: Download Rubric

Please pay attention to character limits while working on your draft. These limits include spaces.

Organization Name*

Feeding Tampa Bay

Proposal Name*

Please choose a short name to identify this project within the grant portal:

Truck for Pinellas Food Relief

EIN*

59-2116576

Incorporation Year*

What year did your organization incorporate? This will be the year listed on your determination letter from the Internal Revenue Service.

1982

Organizational Mission Statement*

What is your organization's mission statement? This should be no longer than one or two sentences.

We change lives one meal at a time by leading our community in the fight against hunger.

Unique Entity ID (SAM)

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. This is different from a DUNS number, which the federal government no longer uses.

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is

free and may take 3-4 days for approval): https://sam.gov/content/home

This field is optional as to not stop a qualifying organization from applying. **However**, a Unique Entity ID number will be required if your organization is approved for a grant. Your organization should apply for a number now if it does not yet have one.

Character Limit: 12 L1FGPKLM42H5

Annual Operating Budget Size*

Please provide the amount of your annual operating budget, (expenditures only) for your entire organization.

\$21,671,184.00

Amount Requested*

The maximum grant amount is \$199,999.

\$199,999.00

Parent Non-Profit/Subsidiaries*

If your organization has a parent non-profit that has multiple subsidiaries, will multiple subsidiaries be applying in this process?

Example

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations want to apply in this process. Both would select "Yes" on this question.

No

Request Specifics

Organization Programmatic Background*

Please describe the programming your organization offers to the community and the length of time it has been doing so. What does your organization **do** and **how long** has it been doing it?

Founded in 1982 as Divine Providence Food Bank, Feeding Tampa Bay (FTB) distributes food in a variety of ways. At the core of our operations since our founding is a broad network of partnerships by which FTB collects food as a central location and shares out to partner agencies (62 in Pinellas County) who in turn distribute food to people in need in their neighborhoods. To do so, agencies may shop at FTB's warehouse or receive deliveries of donated food. Some agencies have the capacity to pick up donations directly from grocery store partners. Our Mobile Pantries are on site direct distributions, strategically targeted in neighborhoods of high need with few food relief resources. Mobile Pantries have operated in Pinellas County

for over a decade and we've implemented a number of other direct distribution programs since 2016, many of which target specific populations.

In Pinellas County, Feeding Tampa Bay provides food for children specifically via Feeding Minds, which creates pantries in schools of high need. Children are also served by our After School Meals Program and Summer Food Service Program, which provide healthy meals after school and during the summer. Food Rx partners with healthcare organizations to provide food prescriptions and medically tailored meals to adults with diet related health conditions. Groceries on the Go is a direct distribution social enterprise that provides food at a low cost to clients who wish to purchase food but have limited income and can be used for other mobile charitable food relief.

In 2021, we launched Feeding Pinellas, a multipurpose facility in Lealman, FL that includes a third location of Trinity Cafe, our free restaurant. Feeding Pinellas also hosts an onsite produce pantry, space for mobile distributions and office space for partners to provide wraparound services to our neighbors joining us for a meal.

Community Need*

Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

In Pinellas County, there were 123,860 food insecure individuals before COVID. As referenced in our Pinellas County CARES Act application via Pinellas Community Foundation, using unemployment data (where each 1% increase in unemployment results in a 10% increase in food insecurity, per Feeding America), we estimated an increase of food insecure individuals to as high as 400,000 during the height of the pandemic, with the number at the time of this application being 194,415, calculated using Feeding America's Map the Meal Gap and United Way's ALICE report. The number of meals needed annually to feed every food insecure person in Pinellas has also grown, from 20.7 million before COVID, to 33.6 million at the time of application.

Those negatively impacted by COVID continue to struggle from the ongoing economic impacts of the pandemic. Everyone is affected by inflation, from higher gas prices to rising rents to higher grocery bills.

"[S]oaring gas prices are having a very real impact on household budgets: A typical family may incur additional costs of \$2,000 this year simply due to the higher costs, according to one Wall Street estimate. On Thursday, gas prices again reached a new peak, an average of \$4.31 a gallon, according to AAA. Prior to this week, the previous record was \$4.10 a gallon in 2008, just before the financial crisis." (CBS News "3 reasons why gas prices are so high — and when they might come down" 3/15/22.)

For those with a tight household budget, these costs can push them to seek food relief from FTB's Mobile Pantries, Trinity Cafe, Feeding Pinellas, Feeding Minds School Pantries and food pantry partners.

Negative Economic Impact on Organization*

The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.

Describe your organization's negative economic impact arising from the COVID-19 pandemic. Examples could include:

• A reduction in revenue from 2019 to 2020

- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue
- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages.

Note: If you are applying for both a Small Purchase and Large Project, you may reuse the answer for this question PROVIDED THAT the negative economic impact is relevant to both requests. The Large Project Letter of Intent does not permit uploads to support the answer to this question.

FTB Pinellas ARPA Negative Economic Impact documentation.pdf

The negative economic impact on our organization is related to three of the examples provided:

1. Inflationary pressures

Printed On: 1 October 2022

- 2. Demand for services that have not been compensated for through new revenue
- 3. Growth in restricted pandemic-related revenue that does not permit capital asset acquisition
- 1. The attached Inflationary Pressures document summarizes the increased costs of moving food to those in need. Most staggering is a 543% increase in the cost of purchased food, from \$0.15/lb in FY20 to \$0.98/lb in FY22. The attached food purchase invoices show supporting examples of individual food item increases (ex: cost increases in diced tomatoes) from 2020 to 2022. In order to address the increased need for food in the community, Feeding Tampa Bay has increased the volume of purchased food to supplement food donations, so not only have food prices increased, but we have increased the volume purchased product.

The Inflationary Pressures document also shows increased costs for vehicle insurance and fuel cost per truck, as well as electricity and other utilities costs (called "CAM": Common Area Maintenance), which are paid through unrestricted fundraising.

We have also attached older truck invoices to show inflation of vehicle prices.

2. In FY20 (7/1/19-6/30/20) we distributed over 14 million meals to Pinellas. That increased to 21.6 million in FY21 and leveled slightly to 16.4 million in FY22. With the organizational cost for FTB to move every meal being \$0.29/meal (a combination of donated and purchased food), the additional meals distributed in FY21 and FY22 (10,054,223 combined more than FY20) represent an estimated increase of \$2,915,724 to our operational budget for Pinellas.

As referenced above in the Community Needs section, the number of meals needed to serve all Pinellas food insecure individuals increased from 20.7 million before COVID, to 33.6 million currently. Our fundraising also increased from pre-pandemic levels, but the increased need for food surpassed the increase in fundraising.

3. Frequently, restricted grants will only support the cost of food (also a high need), without supporting the operational costs to move that food like the truck we are requesting with ARPA funding, or the salaries for staff working to distribute that food. An example of this is an award from Pinellas County CDBG. A comparison of the award notification letter to the proposed budget (both attached) shows that \$673,322.84 was requested (including food costs, a van purchase and other supporting costs) and the award was

\$372,902, the amount of food costs requested. This is an example of increased pandemic-related revenue that did not support capital acquisition.

Proposal Description*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of economic impact your organization experienced. This means the request you describe below should not be greater than the economic harm your organization has suffered.

Please describe your purchase proposal and address the following:

- What will you be purchasing with these funds?
- What is the estimated lifespan of the purchase/improvement?
- How does it address the negative economic harm you described in the previous question?

Using American Rescue Plan Act funding, we will purchase a refrigerated box truck dedicated to work in Pinellas County. This includes a variety of mobile needs directly related to our programming and meeting the increased need for food caused by the pandemic. Uses for the truck include:

Mobile Pantries: using the truck we will distribute healthy food directly to food insecure individuals in Pinellas County

Partner agency support: we will distribute food to our 62 partners in Pinellas County. This includes food that FTB procures from a variety of sources (both donated and purchased) and stores in our Tampa warehouse. It also includes retail grocery store donors in Pinellas County such as Publix, Walmart and others. Food donations are picked up at the stores and delivered to partners the same day, such that the food stays in Pinellas County for residents in need. Partners then distribute food the same day in some cases, or otherwise store food for upcoming distribution days.

The estimated lifespan for a new truck is 7 years. Due to supply chain issues and the limited stock of used vehicles, it is likely that we will need to order a new truck for this purchase. If a quality used truck is available and more affordable, we will consider that option.

An additional truck supports our work to address the increased need for food by Pinellas residents affected by the pandemic for which we have not received enough new funding.

Guiding Principles - Client Impact*

Printed On: 1 October 2022

The American Rescue Plan Act, which provides the funding for this grant program, aims to ensure an equitable recovery from the COVID-19 pandemic. The term "equity" is defined as:

The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

Will this purchase benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic? If so, how?

The people we serve identify as food insecure and include individuals of all ages and racial/ethnic backgrounds. Food insecurity refers to USDA's measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Food insecure households are not necessarily food insecure all the time, and food insecurity may reflect a household's need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods.

While we provide food to anyone who needs it, we know that a history of white supremacy, segregation and limited investment places the poverty and food insecurity burden disproportionately on Black, Latino and other people of color, as well as other marginalized groups like the LGBTQ+ community, persons with disabilities, seniors, and others living on fixed income. Many of those we serve are eligible for government assistance programs like SNAP. Others fall into United Way's ALICE designation- those working and earning too much to be eligible for assistance programs but underemployed such that they need to access charitable food resources like those provided by FTB and our partners.

Many of our partners who provide food to the community are located in high poverty areas. Our Mobile Pantry sites are selected to serve those who live in communities of high need but do not have access to other food resources, be those grocery stores or food pantries. This network of brick and mortar locations and mobile distributions helps meet the need while removing duplication of services.

When we end hunger by providing access to nutritious and healthy food, we create the psychological space for these families to focus on improving their economic condition.

Number Served*

How many people will directly benefit from this capital purchase annually? 48000

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated? **Duplicated:** A client is counted each time they access services **Unduplicated:** A client is counted once, regardless of the number of times they access services

Example: ABC Food Bank operates two mobile food pantries, one in Clearwater and one in St. Petersburg. Taylor, a Pinellas County resident, goes to both food pantries. If ABC Food Bank counts Taylor's visit TWICE, it is **duplicated**. If ABC Food Bank counts Taylor's visit ONCE, it is **unduplicated**.

Duplicated

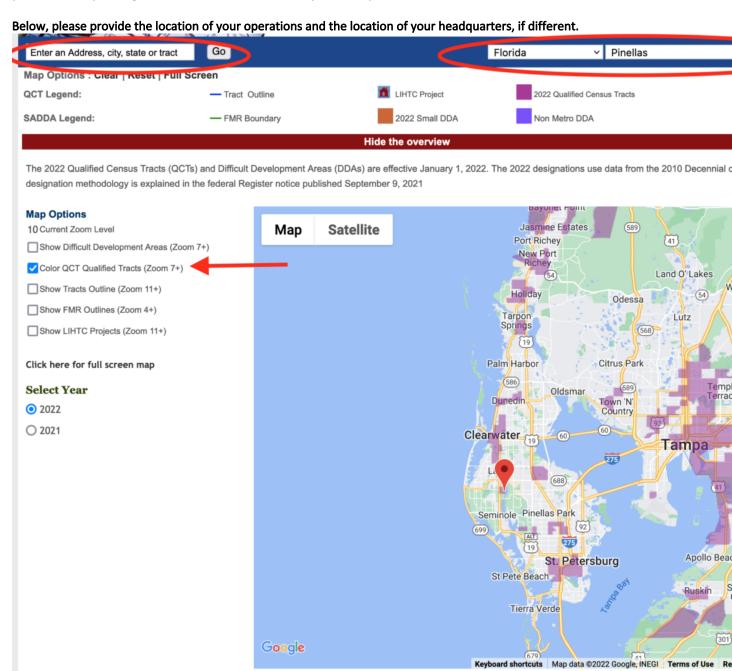
Other (Explanation Required)

If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital purchase.

The American Rescue Plan Act (ARPA) prioritizes organizations that either have headquarters or carry out the majority of their operations inside Qualified Census Tracts (QCTs). QCTs are a standard method of identifying communities with a large proportion of low-income residents. The U.S. Department of Housing and Urban Development determines what areas qualify as QCT.

To assess if your organization serves or is headquartered in a QCT, use the following link: https://www.huduser.gov/portal/sadda/sadda_qct.html

In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to "Color QCT Qualified Tracts." The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.



Headquarters Location*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: https://dos.myflorida.com/sunbiz/search/

4702 Transport Drive, Building 6, Tampa, FL 33605

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

Nο

Purchase Location*

Where will the majority of the activities related to the purchase(s) take place?

Examples

- If you are proposing the purchase of a van that will deliver to multiple areas within Pinellas County, specifically mention what areas those are.
- If your purchase enables remote access to your services, such as telehealth, provide geographical data around where the majority of your clients reside (presuming they will access your services from their residence).

The following locations serviced by the truck purchased with ARPA funds are in QTCs:

Feeding Pinellas Empowerment Center, 6330 54th Ave N, St. Petersburg, receives deliveries of food to distribute to food insecure families

Mobile Pantries, where food will be distributed to food insecure families: Tropicana Field, 1 Tropicana Dr., St. Petersburg

St. Petersburg College Midtown Center, 1300 22nd St. South, St. Petersburg

Agency partners who receive deliveries of food to distribute:

FL Dream Center 4017 56th Avenue N St. Petersburg

Bayview Baptist Church 825 Howard St Clearwater

Hope Villages of America (formerly RCS) 700 Druid Rd Clearwater

Elim 7th Day Adventist Church 4824 2nd Ave S St. Petersburg

Daystar Life Center St. Petersburg 1055 28th St. South St. Petersburg

Positive Impact/Heaven's Kitchen 2750 34th St S St. Petersburg

Southern Supportive Services (formerly My Place In Recovery) 1655 16th St S St. Petersburg

Other distribution and donor locations outside of QTCs but in Pinellas County will also be served by the truck. Those served at non-QTC locations will identify as low- to moderate-income.

QCT Determination - Purchase*

Does this organization's proposed purchase benefit residents of QCTs?

Yes

Community Connection

This section aims to capture general demographic data about your organization and to see how you engage with and represent the community you serve. PCF has generalized the demographic data questions more than it has in other processes because of the public nature of this process. PCF understands that identity disclosure can be a sensitive matter, and wants to respect your organization's board and staff. If your organization feels comfortable sharing more detailed demographic information, it may do so in the "Community Representation and Connection" section.

Community Representation and Connection*

Describe how your organization is representative of, or has authentic connections to, the community your proposal seeks to serve. You can list other community-based organizations that work on programming with you and/or list examples of your work within this community.

Feeding Tampa Bay has been part of the Pinellas County food relief community for decades. Last year we engaged 4,369 volunteers to serve for 11,754.25 hours in Pinellas County. We partner with these organizations to serve residents:

60th Street Baptist

Abundant Life Ministries

Bayview Baptist

Beacon Street Ministries

Beaming Hope

Calvary Church & Community

Calvary Episcopal (Beach Food Pantry)

Central Christian

Christ The King Lutheran

Church of Jesus Christ DT

Clearwater 1st Church Nazarene

Clearwater Community (Harriets)

Daystar Life Center St. Petersburg

Elim 7th Day Adventist Church (Community Service)

EPIC Pinellas - St. Pete

Florida Dream Center

HELP Ministries

Countryside Cares (Helping Hands)

Liberty Worship

Mattie Williams NFC

Southern Supportive Services (formerly My Place In Recovery)

Oak Ridge Wesleyan

Oldsmar Cares

Ozona Community

Pasadena Presbyterian

Pinellas Community Church (Feed St. Pete)

Positive Impact/Heaven's Kitchen

Hope Villages of America (formerly Religious Community Services)

Restoration Ministry Largo

Salvation Army Clearwater

Salvation Army St. Pete

St. Jerome Lifeline Ministry

St. Paul UMC (Open Arms)

St. Pete Vineyard

St. Petersburg Free Clinic

SVDP Clearwater Soup Kitchen

SVDP Food Service Center

The Shepherd Center

World Outreach International

Campbell Park Resource Center

Ridgecrest YMCA

Citizens Alliance for Progress (Housed in Union Academy Family Center)

5th Avenue Church of Christ

A New Direction

Bethany CME Church

Disability Achievement Center

FEAST Inc

Grace & Mercy Food Pantry Church of Christ

The Holy Ghost Church of God

Live Better Healthy Foundation

Mt Zion Human Services

PARC

Reach St. Pete

St. Giles Episcopal Church

Sylvan Abbey United Methodist Church

UKCF Empowerment

EPIC Pinellas - Clearwater

Leadership Demographics - Board Membership*

Do your board members consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

BIPOC

Leadership Demographics - Executive Level Leadership Team*

Does your executive leadership team consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leadership team, please select "Not applicable."

None of the above

Leadership Demographics - CEO/Executive Director*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leader, please select "Not applicable." None of the above

Proposal Costs

Purchase Estimates/Bids*

You must combine all bids/estimates into one file.

Attach current verifiable bids, estimates, or price lists [from your potential vendor(s)]. Please ensure there is a date listed or when you obtained these estimates/bids, as they must be from within the past sixty (60) days.

- If your purchase is **BELOW** \$75,000, you must upload TWO verifiable bids or estimates for the proposed purchases.
- If your purchase is **EQUAL TO** or **MORE THAN** \$75,000, you must upload THREE verifiable bids or estimates for your proposed purchases.

This can be as simple as screenshots from Amazon or Best Buy (though PCF does not endorse or recommend any specific vendor) or may be from specialized vendors that sell your proposed purchase. If you have concerns regarding bids or estimates, please reach out to PCF staff.

FTB Truck quotes Pinellas ARPA.pdf

Sole Source*

In some cases, a proposed small purchase is only available from a single vendor, and as such, only one bid/estimate can be uploaded. If this is the case for your organization, please explain in the field below. Otherwise, write "N/A" below.

NA

Related Parties*

Are any of the contractors/vendors that have provided bids/estimates a related party to your organization?

Examples of Related Parties

- A board member that owns the contracting company that provided a bid
- The relative of a director, officer, or executive team member owns a company that provided an estimate
- The CEO of the applying organization has a financial interest in the construction company providing a bid

If yes, identify the vendor and describe the relationship.

If no, write "No related parties below."

No related parties below.

Budget Summary*

Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases. Note: this spreadsheet will automatically round numbers to make it easier to read for committee members.

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

FTB ARPA-Budget-Small-Purchases.pdf

Since the beginning of the pandemic, we have experienced price volatility when shopping for trucks. Used vehicles are hard to find and new vehicle costs have nearly doubled in price (an old truck quote is uploaded to the Negative Economic Impact section to accompany current quotes attached to show this change).

In the past, we have received truck quotes in order to write grant applications like this one, only to have that quote expire by the time grant funds are awarded and the truck cost increase. For that reason we are requesting the maximum grant amount with the assumption that a truck cost will be on the higher end of the range presented in these quotes. With this in mind, we do shop for less expensive vehicles in the interest of fiscal responsibility and respect to our donors and, if awarded, will seek the most affordable truck available.

Other Funding Sources*

Please describe any other funding not already mentioned that your organization has applied for or obtained for this purchase.

This includes but is not limited to Community Block Development Grants (CBDG), local government grants (including Tourist Development Council funding), foundation grants, and private donors (you do not need to disclose donor identities but simply indicate the amount raised for this purchase). This includes any matching grants or in-kind contributions you may have obtained.

<u>Please be sure these other funding sources are represented in the "Applicant Match" column in the budget</u> summary uploaded above.

Additional funds to support the project will be drawn from general operating funds. This includes the \$89,150 referenced in the budget summary that will support the truck purchase over the Pinellas ARPA funding, transportation expenses and staffing costs.

It is our experience that corporations and foundations providing restricted grants are regularly disinclined to support the operational expenses needed to support programming. We frequently submit grant applications that request funding for food acquisition costs, transportation costs and staffing costs but are only awarded the cost of food. This prolongs unmet funding needs to support the services provided to low-income residents and funding must be supplemented by general operating in order to provide food relief.

Changes in Operating Costs*

Please answer this question based on the descriptions below:

- If this project **increases** ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this purchase **decreases** ongoing operating costs, how will it do so?
- If this purchase does not affect operating costs, please note so below.

This project will increase operating costs related to fuel, insurance, maintenance and other costs to operate a vehicle. These costs combined equal approximately \$19,777 annually.

We are continually looking for new foundations, companies and individuals to commit to both long and short term partnerships to expand this mission-critical program to feed the hungry in our community. In addition, our Annual Partners program provides multi-year, unrestricted funding from companies, individuals and foundations for hunger relief, totaling more than \$500,000 annually. We also have a number of individual donors who have made monthly pledges for general operating through our Forklifters Program - yielding more than \$300,000 annually. They are all under staff assignment and are being cultivated for even larger gifts to FTB, so as operational costs grow, our increased unrestricted giving can support the cost to match the larger award that supports an additional truck.

Organization Documentation

Please reach out to PCF staff if you have trouble uploading the files below. We are able to assist with file conversion and file compression.

Organization Budget*

Please upload your most recent, board-approved organizational budget for this fiscal year. PDF and Excel documents are accepted.

FTB Operating Budget FY 2022-2023.pdf

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

FTB Board List FY23.pdf

IRS Form 990*

Please upload a PDF copy of your most recently submitted IRS Form 990.

If Form 990 from your most recent fiscal year is delayed or you have received an extension, please explain in the text space below. You may also explain if you don't have a Form 990 due to organization type. You should still upload the most recent publicly available 990.

If you file a Form 990-EZ and do not have anything to attach, please note so below.

Only PDF files are permitted.

FTB- 2020 990.pdf

Our 2021 and 2022 990 forms are currently under preparation and will be available in fall 2022.

Most Recent Financial Statements*

Upload a PDF version of your most recent financial statements. If you have audited financial statements, please upload the most recently conducted audit. If you do not have a recent audit, please explain why.

6-30-20 FTB Audited Financials.pdf

Our 2021 and 2022 audits are currently under preparation and will be available in fall 2022.

Insurance Requirements

Evidence of Insurance Coverage*

Grantees of the ARPA Nonprofit Capital Project Fund will be required to maintain appropriate insurance related to your operations and this purchase. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance.

If your organization does not have evidence of insurance coverage, please provide an explanation as to why. FTB COI 2022.pdf

Insurance Requirement*

If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance or other appropriate coverages for the duration of the contract. If you would like to check with your insurance carrier on how to do this, here is the information about PCF you will need:

Pinellas Community Foundation 17755 US Highway 19 N Suite 150 Clearwater, FL 33764 727-531-0058

Please check the box below to indicate that you understand and will be able to comply with this requirement if you are awarded a contract.

PCF will not ask for a certificate naming us as additional insured until the contracting stage.

Yes, I understand and will comply with this requirement if awarded a contract.

Post-Grant Requirements

Reporting Requirements Acknowledgment*

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit a report within 30 days after the purchase is completed.

Financial information justifying all expenditures will also need to be provided. This includes but is not limited to:

- Invoices
- Canceled checks
- Credit card statements, along with a record of paying the credit card.

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at rcervantes@pinellascf.org. Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

Additional Information

Budget Summary

NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED

Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases.

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

Additional Upload

If you have something to share, you can upload it here in PDF format.

Anything else to share?

Is there anything else that you would like Pinellas Community Foundation to know or other information your organization would like to share that isn't addressed elsewhere in this application?

Thank you!

Brief Project Descriptor

Please briefly describe this organization's request.

File Attachment Summary

Applicant File Uploads

- FTB Pinellas ARPA Negative Economic Impact documentation.pdf
- FTB Truck quotes Pinellas ARPA.pdf
- FTB ARPA-Budget-Small-Purchases.pdf
- FTB Operating Budget FY 2022-2023.pdf
- FTB Board List FY23.pdf
- FTB- 2020 990.pdf
- 6-30-20 FTB Audited Financials.pdf
- FTB COI 2022.pdf

Feeding Tampa Bay, Inc. Inflationary Impact as of June 30, 2022

Overall	FY	/2020	FY2021	FY	72022	% Increase (Decrease)
Procurement						
Overall per pound		0.15	0.68		0.98	543%
Electricity	116	,138.13	107,521.53	144	,780.96	25%
CAM per sq. ft.	\$	1.80	\$ 2.55	\$	3.01	67%
Fuel cost per truck	10	,685.81	10,846.23	11	,856.94	11%
Vehicle Insurance	5	,876.57	5,648.57	7	,920.13	35%
Itemized						
Canned tuna	\$	0.51		\$	0.69	34%
Peanut butter		1.20			1.81	51%
Canned chicken		0.71			1.22	71%
Peaches in juice		0.79			1.25	57%
Low sodium black beans		0.50			0.74	48%
Unsweetened applesauce		0.68			1.03	52%
Spaghetti pasta		0.55			0.88	62%



Housing and Community Development

May 19, 2022

Ms. Lindsay Betros Feeding America Tampa Bay, Inc. 4702 Transport Drive, Bldg. #6 Tampa, Florida 33605-5940

Dear Ms. Betros:

2022-2023 CARES ACT FUNDING APPLICATION

The Feeding America Tampa Bay COVID Food Relief in Pinellas County proposal has been selected for CARES Act funding in the amount of \$372,902.00 for the purchase of food for distribution in low- and moderate-income neighborhoods

Funding recommendations are based on the following criteria: meeting one or more of the objectives of the County's Consolidated Plan, economic viability of the activity, capacity of the requesting agency to carry out the activity, feasibility of expending funds in a timely manner, funding source limitations (eligibility, etc.), and the amount of available funds.

Final funding is also subject to satisfactorily meeting contractual requirements of the County and of the applicable Federal grant, ability to expend funds in a timely manner, and satisfactory agreement among all parties involved in the activity. If this project involves obtaining multiple sources of financing or has other barriers to timely completion or ongoing operation after completion, these issues must be resolved before a contract for the funds is prepared. No work should be undertaken on this activity until a contract with the County has been prepared and executed by all parties.

Please feel free to contact me, or Brook Gajan at 727-464-8232 or bgajan@pinellascounty.org, with any questions you may have about the grant funding process.

Sincerely,

Bruce Bussey

Community Development Division Manager

cc: Mr. Patrick Doyle, Development Officer, Manager, Grants

Ms. Ragan Duax, Feeding Pinellas Empowerment Center Manager

Funding Request Table	Grant Period						
			Pinellas County				
		Amount Required	Grant Funds	Total Amount	Source of Other	r	
Project Costs	Detail	for Entire Project	Requested	of Other Funds	Funds	Funding Source	Narrative Narrative
Program Delivery Salaries	6 employees	\$164,231.60	\$164,231.60	\$0.00	N/A	N/A	Staffing is overseen by Ragan Duax, Empowerment Center Manager (\$24.04 hour x 40 hours/week x 52 weeks = \$50,003.20). The staff consists of Antoine Everette, Volunteer Supervisor (\$23.93/hour x 40 hours/week x 52 weeks = \$49,774.40), a Trinity Café Driver/Cook, Carson Graves at \$17/hour x 40 hours/week x 52 weeks = \$53,360.00), a Feeding Pinellas Attendant, Domenick Scott, at \$15/hour x 32.5 hours/week x 52 weeks = \$25,350.00) Resumes are attached to the grant application. A driver, which will be managed by Feeding Tampa Bay's transportation department, will dedicate approximately 4 hours a week to Feeding Pinellas distributions (\$20/hour x 4 hours/week x 52 weeks = \$3,744.00). This amounts to a total salary cost of \$164,231.60
Fringe Benefits	FICA, Healthcare	\$33,189.24	\$33,189.24	\$0.00	N/A	N/A	7.65% FICA tax for all employees based on annual salary (\$164,231.60 x 7.65% = \$12,563.71) and monthly healthcare costs for full-time employees, based on a 40 hour workweek (\$439.31 annual healthcare cost per employee x employee hours per week / 40 hour workweek) See detail below. This amounts to an overall fringe benefits cost of \$33,189.24 (\$12,563.71 FICA + \$20,625.53 health insurance)
Food	Produce, Meals on the Go	\$372,902.00	\$372,902.00	\$0.00	N/A	N/A	Food for Meals to Go (hot and frozen meals) and Produce Pantries. Trinity Café hot meals will be served unconditionally to 300 guests at Feeding Pinellas 5 days per week (\$1,460 cost/hot meal/day x 260 days x 38% food to Trinity 3 = \$142,350.00). Trinity Café frozen meals are distributed 1 day per week via drive through to 100 guests (\$20,0000 cost/frozen Meals to Go/Week x 52 weeks x 14% food to Trinity 3 = \$143,000). Trinity Cafe meal costs will be allocated by totaling the food invoices for all Trinity locations, and assigning a percentage based on the meals served at Trinity 3 alone (estimated at 38% for hot meals and 14% for frozen meals). See calculation below. Free produce will be available through the onsite food pantry and a Saturday morning produce pantry. Produce Pantry costs were estimated based on a cost per box basis (\$6.08/box x 300 boxes/week x 48 weeks = \$87,552.00). This amounts to a total food cost of \$372,902.00 (\$142,350.00 hot meals + \$143,000 frozen meals + \$87,552.00 produce pantries)
Operating Expenses - Supplies	Van, Upgrades	\$73,000.00	\$73,000.00	\$0.00	N/A	N/A	Purchase of 1 van (\$63,000 cost) for the daily meal transportation to and from the Tampa Production Kitchen and Feeding Pinellas. We estimate that there will be an additional \$10,000 in costs to upgrade the truck. The van upgrades include an exterior Feeding Pinellas wrap and interior modifications to better transfer bulk hot food, including floor tracks for cambros.
Operating Expenses - Utilities	Waste Management, Electricity and Gas			\$0.00	N/A	N/A	Cost of utilities, including waste removal, electricity and gas. Waste removal costs are for 1 dumpster for a 12-month period (\$500/month x 1 dumpster x 12 months = \$6,0000). The annual cost of electricity and gas has been estimated based on historical costs for facilities with similar operations (\$15,000/year).
Rent Total	Building rent	\$30,000.00 \$673,322.84	\$30,000.00 \$673,322.84	\$0.00 \$0.0 0		N/A	Rental costs based on 5 year lease of \$150,000.

FEEDING AMERICA TAMPA BAY, INC. **DBA FEEDING TAMPA BAY**

Document

DE-03744-

No.

Document Date

3/9/2021

Posting Description

Invoice PUR-15447

April 2, 2021

Southport Truck Group

Amount

Discount

Check No.

Net Amount

57014

345,206.75 345,206.75

Total

345,206.75



7528 US HWY 301 N **TAMPA FL 33637** (813) 262-0890

Purchase Agreement

Contract Date: 03/09/2021

Deal # DE-03744

Customer #: PROS-002197

Salesperson: Mark Fraser

PROS-002197

FEEDING AMERICA TAMPA BAY, INC

TRUCK GROUP

4702 TRANSPORT DR BLDG 6 TAMPA FL 33605-5940 P:(813) 254-1190

FEEDING AMERICA TAMPA BAY, INC

4702 TRANSPORT DR BLDG 6

TAMPA, FL 33605-5940

Stock#: 100241	VIN:1FVHCYFE2JHJR8535 2018 FREIGHTLINER TRUCK	Price:	\$69,400.00
	Platinum 347. 150k warranty	Sales Price:	\$73,687.00
Stock#: 100242	VIN:1FVHCYFE4JHJR8536 2018 FREIGHTLINER TRUCK	Price:	\$69,400.00
Stock#: 100243	VIN:1FVHCYFE0JHJR8551 2018 FREIGHTLINER TRUCK	Price:	\$69,400.00
Stock#: 100244	VIN:1FVHCYFE8JHJR8586 2018 FREIGHTLINER TRUCK	Price:	\$69,400.00
Stock#: 100246	VIN:3ALACXFC4KDKH8853 2019 FREIGHTLINER TRUCK	Price:	\$89,450.00
	platinum 340/150k warranty	Sales Price:	\$93,737.00
		Total Price	\$375,624.00
		Dlr Prep Charge	\$2,750.00
		Title Fee	\$3,632.75
		Total	\$382,006.75
		Deposit On Order	-\$36,800.00
		Net Total	\$345,206.75

THIS AGREEMENT AND ANY DOCUMENTS WHICH ARE PART OF THIS TRANSACTION OR INCORPORATED HEREIN COMPRISE THE ENTIRE AGREEMENT AFFECTING THIS RETAIL PURCHASE AGREEMENT AND NO OTHER AGREEMENT OR UNDERSTANDING OF ANY NATURE CONCERNING THE SAME HAS BEEN MADE OR ENTERED INTO OR WILL BE RECOGNIZED. I HAVE READ AND ACCEPT ALL OF THE TERMS AND CONDITIONS OF THIS AGREEMENT, AND AGREE TO THEM AS IF THEY WERE PRINTED ABOVE MY SIGNATURE, I FURTHER ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT, THIS AGREEMENT SHALL NOT BECOME BINDING UNTIL SIGNED AND ACCEPTED BY AN AUTHORIZED DEALERSHIP REPRESENTATIVE.

	03/09/2021	Mark Fraser	
PURCHASER'S SIGNATURE	DATE	SALES REPRESENTATIVE	
	03/09/2021		03/09/2021
CO-PURCHASER'S SIGNATURE	DATE	MANAGER'S SIGNATURE	DATE

7/22/22



SOUTHPORT TRUCK GROUP 7528 US HWY 301 N **TAMPA FL 33637** (813) 262-0890

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	v	u	п	L	G

\$116 898 00

Contract Date:

Price.

Deal #: DE-06775 Customer #: 18938

Salesperson: Grant Butler

Bill To:	18938	
FEEDI	NG TAMPA	BAY

4702 TRANSPORT DR TAMPA FL 33605 P:(813) 258-5802

Ship To:

FEEDING TAMPA BAY 4702 TRANSPORT DR

TAMPA, FL 33605

VIN:	0	Price:	\$116,898.00
	26' Composite Refrigerated B	ody	\$60,927.00
	Thermo King Refrigeration U	Unit	\$24,947.29
		FET Net	\$24,332.67
		Sales Price:	\$227,104.96
		Total Price	\$202,772.29
		FET	\$24,332.67
		Dlr Prep Charge	\$550.00
		Total	\$227,654.96
	VIN:	26' Composite Refrigerated B	26' Composite Refrigerated Body Thermo King Refrigeration Unit FET Net Sales Price: Total Price FET Dlr Prep Charge

THIS AGREEMENT AND ANY DOCUMENTS WHICH ARE PART OF THIS TRANSACTION OR INCORPORATED HEREIN COMPRISE THE ENTIRE AGREEMENT AFFECTING THIS RETAIL PURCHASE AGREEMENT AND NO OTHER AGREEMENT OR UNDERSTANDING OF ANY NATURE CONCERNING THE SAME HAS BEEN MADE OR ENTERED INTO OR WILL BE RECOGNIZED. I HAVE READ AND ACCEPT ALL OF THE TERMS AND CONDITIONS OF THIS AGREEMENT, AND AGREE TO THEM AS IF THEY WERE PRINTED ABOVE MY SIGNATURE. I FURTHER ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT. THIS AGREEMENT SHALL NOT BECOME BINDING UNTIL SIGNED AND ACCEPTED BY AN AUTHORIZED DEALERSHIP REPRESENTATIVE.

		Grant Butler	
PURCHASER'S SIGNATURE	DATE	SALES REPRESENTATIVE	
CO-PURCHASER'S SIGNATURE	DATE	MANAGER'S SIGNATURE	DATE



Rush Truck Center, Tampa

8111 East Adamo Dr. Tampa, FL 33619 800-575-7383

Customer Proposal Letter

FEEDING AMERICA TAMPA BAY, INC. 4702 TRANSPORT DRIVE BLDG 6 TAMPA, FL 33605

Thank you for trusting us with your business. Please review the proposal below, and if you approve, sign and return to us at your convenience. We look forward to working with you and will continue to do our best to earn your trust now and in the future.

you and will continue to d	o our best to earn your	liust now an	u iii tile lutule.		
			VEHICLE INFOR	MATION	
Year <u>2018</u> Mal	ke <u>International</u>	Model	4300-4X2	Stock # <u>1445370</u>	Serial #_1HTMMMML6JH466474
Quantity Truck Price per	· Unit			\$ 160,000.00	Total \$ 160,000.00
F.E.T. (Factory	& Dealer Paid)			\$ 0.00	
Net Sales Price Optional Exten	e ded Warranty(ies)			\$ 160,000.00	\$ 160,000.00
State Sales Ta				\$ 9,619.50	\$ 9,619.50
Additional Taxe License / Title /				\$ 50.00 \$ 350.00	\$ 50.00 \$ 350.00
Documentary F	- ee			\$ 325.00	\$ 325.00
Total Sales Pri				\$ 170,344.50	\$ 170,344.50
Trade Allowand Deposit / Down	ce (see DISCLAIMER B n Payment	elow)			
Unpaid Balance	e Due on Delivery			\$ 170,344.50	\$ 170,344.50
s Representative	Signature			Christian Ecimovic	Date
haser					
epted by Sales Manager	Signature			Printed Name / Title	Date
eneral Manager	Signature			Printed Name	Date
te good until 8/21/2022	Note: The abo	ve Custome	er Proposal is a quot	ation only. Sale terms subject to a	approval of Sales Manager of Dealer.

DISCLAIMER: Any order based on this Proposal is subject to Customer executing Dealer's standard form Retail Sales Order and other required documents incorporating the above terms. Any documentary fees, FET, state tax, title, registration and license fees subject to adjustment and change. This Proposal is based upon Dealer's sturrent and expected inventory, which is subject to change. Dealer is not obligated to retain any specific vehicles in so in instain specific inventory levels. Dealer shall not be obligated to fulfill Proposal in event quoted vehicle(s) is not in stock or available within requested delivery schedule. Manufacturer has reserved the right to change the price to Dealer of any vehicle not currently in Dealer's stock, without notice to Dealer and Dealer reserves the right to change Quotation Total to reflect any price increases from Manufacturer. Dealer shall not be liable for any delay in providing or inability to provide Quoted Vehicle(s). Above listed Trade Value based upon current appraisal of Trade Vehicle(s). Dealer may adjust Trade Value of Trade Vehicle(s) to reflect changes in condition and/or mileage of Trade Vehicle(s) between date of current appraisal and acceptance of the Trade Vehicle by Customer.

(1) Includes subscription period for # of specified months. (2) Customer's use of RushCare Service is governed by the RushCare User Agreement located at https://www.rushtruckcenters.com/rushcare-user-agreement. (3) Customer's use of Telematics Services is governed by separate 3rd party license terms and Rush is not liable for the Telematics Service. (4) Gap Coverage is provided and administered by an independent 3rd party provider under a separate contract directly between Customer and the 3rd party provider.

2023 Freightliner M2 106 Refrigerated Truck - 26K GVW, NON-CDL, 22FT SUPREME KOLD KING WITH THERMO KING REEFER, LIFT GATE & RAMP, LED HEADLIGHTS



\$159,900 USD ³



Seller Information



Freightliner Northwest

277 Stewart Rd SW Pacific, WA 98047 United States

Contact:
Todd Tracy
or
Scott Cowger
+18559233184













Buyer Activity

♦ Viewed29 timesNot yetSavedNot yet

Year 2023

Category Refrigerated Trucks

Manufacturer Freightliner

Model M2 106

Condition New

Stock Number 366869

MLS Number 11562982

VIN 3ALACWFC6PDNZ3756

Weight & Dimensions

Weight Class 6

Duty Class Medium Duty

Engine

Horse Power260 HPEngine ManufacturerCummins

Engine Type b6.7

Drivetrain

Transmission Brand Name Allison RDS

Transmission Make Allison

Gear Ratio 5.13

Reefer

Reefer Manufacturer Thermo King

Body & Chassis

Exterior Color White

Front Axle Weight 10000 lbs.

Rear Axle Weight 19000 lbs.

Wheel Base 242.0 in.

Wheels & Brakes

Wheel Type All Aluminum

Tire Size 22.5

Addons & Attachments

Upfit Manufacturer HEISER

Additional Details

Website More information

2023 Freightliner M2 106 - 26K GVW, NON-CDL, 22 FOOT SUPREME KOLD KING WITH THERMO KING REEFER, 3300 LB LIFT GATE AND RAMP, LED HEADLIGHTS

STOCK #: 366869

YEAR: 2023

MAKE: FREIGHTLINER

MODEL: M2106 CONDITION: NEW PRICE: \$159,900

LOCATION: PACIFIC, WA ENGINE TYPE: B6.7 HORSEPOWER: 260 TANK SIZE: 1 X 80

MILEAGE: 4

TRANS: ALLISON 2500 RDS SUSPENSION: AIRLINER

RATIO: 5.13

TIRES: 275/80R22.5 WHEELS: ALUMINUM WHEELBASE: 242" REAR AXLES: 19,000 FRONT AXLES: 10,000



MV607 SBA

Feeding America Tampa Bay

Presented By:
SUN STATE INTL TRKS, LLC

INTERNATIONAL® September 07, 2022

Prepared For:

Feeding America Tampa Bay JASON PIPPENGER 4702 Transport Dr. Bldg. 6 Tampa, FL 33605-5940 (813)254 - 1190 Presented By: SUN STATE INTL TRKS, LLC Linda Barksdale 6020 ADAMO DRIVE TAMPA FL 33619 -(813)621-1331

Reference ID: CC 10345 G1395

Thank you for the opportunity to provide you with the following quotation on a new International truck. I am sure the following detailed specification will meet your operational requirements, and I look forward to serving your business needs.

Model Profile 2024 MV607 SBA (MV607)

AXLE CONFIG: 4X2 **APPLICATION:** Dry Van

MISSION: Requested GVWR: 33000. Calc. GVWR: 33000. Calc. GCWR: 33000

Calc. Start / Grade Ability: 21.84% / 1.49% @ 55 MPH

Calc. Geared Speed: 93.1 MPH

DIMENSION: Wheelbase: 272.00, CA: 204.90, Axle to Frame: 110.00

ENGINE, DIESEL: {Cummins B6.7 250} EPA 2021, 250HP @ 2400 RPM, 660 lb-ft Torque @ 1600 RPM, 2600 RPM

Governed Speed, 250 Peak HP (Max)

TRANSMISSION, AUTOMATIC: {Allison 2500 RDS} 6th Generation Controls, Wide Ratio, 6-Speed with Double Overdrive, with

PTO Provision, Less Retarder, with 33,000-lb GVW and GCW Max

CLUTCH: Omit Item (Clutch & Control)

AXLE, FRONT NON-DRIVING: {Meritor MFS-12-122A} I-Beam Type, 12,000-lb Capacity

AXLE, REAR, SINGLE: {Meritor MS-21-13X-4DFR} Single Reduction, 21,000-lb Capacity, R Wheel Ends Gear Ratio: 5.57

2

CAB: Conventional, Day Cab

TIRE, FRONT: (2) 11R22.5 Load Range G HSR2 (CONTINENTAL), 498 rev/mile, 75 MPH, All-Position TIRE, REAR: (4) 11R22.5 Load Range G HDL2 (CONTINENTAL), 493 rev/mile, 75 MPH, Drive 23,500-lb Capacity, Vari-Rate Springs, with 4500-lb Capacity Auxiliary Rubber Springs

PAINT: Cab schematic 100WP

Location 1: 9219, Winter White (Std)

Chassis schematic N/A

Proposal: 11141-01

<u>Code</u>	<u>Description</u>		Tot Wt
MV60700	Base Chassis, Model MV607 SBA with 272.00 Wheelbase, 204.90 CA, and 110.00 Axle to Frame.	(lbs) 5354/2774	(lbs) 8128
1570	TOW HOOK, FRONT (2) Frame Mounted	8/0	8
1ANA	AXLE CONFIGURATION {Navistar} 4x2	18/-35	-17
	Notes : Pricing may change if axle configuration is changed.		
1CAH	FRAME RAILS Heat Treated Alloy Steel (120,000 PSI Yield); 10.375" x 3.705" x 0.438" (263.5mm x 94.1mm x 11.1mm); 456.0" (11582mm) Maximum OAL	346/866	1212
1LEG	LICENSE PLATE HOLDER Includes Upper & Lower Mounting Plate Hardware, Mounted in Existing Holes in Front Bumper	3/0	3
1LNG	BUMPER, FRONT Contoured, Steel, Painted Gloss Black	0/0	0
1SAL	CROSSMEMBER, REAR, AF (1)	-4/24	20
1WEK	WHEELBASE RANGE 256" (650cm) Through and Including 311" (790cm)	416/-416	0
2ASC	AXLE, FRONT NON-DRIVING {Meritor MFS-12-122A} I-Beam Type, 12,000-lb Capacity	42/0	42
3770	SPRINGS, FRONT AUXILIARY Rubber	10/0	10
3ADC	SUSPENSION, FRONT, SPRING Parabolic Taper Leaf, Shackle Type, 12,000-lb Capacity, with Shock Absorbers	36/0	36
	<u>Includes</u> : SPRING PINS Rubber Bushings, Maintenance-Free		
4091	BRAKE SYSTEM, AIR Dual System for Straight Truck Applications	-38/-12	-50
	Includes : BRAKE LINES Color and Size Coded Nylon : DRAIN VALVE Twist-Type : GAUGE, AIR PRESSURE (2) Air 1 and Air 2 Gauges; Located in Instrument Cluster		
	: PARKING BRAKE CONTROL Yellow Knob, Located on Instrument Panel : PARKING BRAKE VALVE For Truck		
	: QUICK RELEASE VALVE On Rear Axle for Spring Brake Release: 1 for 4x2, 2 for 6x4 : SPRING BRAKE MODULATOR VALVE R-7 for 4x2, SR-7 with relay valve for		
4700	6x4/8x6	0.40	•
4732	DRAIN VALVE {Berg} with Pull Chain, for Air Tank	0/0	0
4AZJ	AIR BRAKE ABS {Bendix AntiLock Brake System} 4-Channel (4 Sensor/4 Modulator) Full Vehicle Wheel Control System, with Automatic Traction Control	4/1	5
4EDP	AIR DRYER {Bendix AD-9SI} with Heater, Includes Safety Valve, Integrated PuraGuard Coalescing Filtration	18/-1	17
4EXP	BRAKE CHAMBERS, FRONT AXLE {Bendix} 20 SqIn	16/0	16
4EXU	BRAKE CHAMBERS, REAR AXLE {Bendix EverSure} 30/30 Sqln Spring Brake	0/39	39
4EYD	AIR DRYER SHIELD to Protect from Debris	0/0	0
4GBM	BRAKE, PARKING Manual Push-Pull Pneumatic Parking Brake	0/0	0
4LAG	SLACK ADJUSTERS, FRONT {Gunite} Automatic	14/0	14

Proposal: 11141-01

<u>Code</u>	<u>Description</u>	F/R Wt	Tot Wt
4LGG	SLACK ADJUSTERS, REAR {Gunite} Automatic	0/14	14
4SPA	AIR COMPRESSOR {Cummins} 18.7 CFM	37/1	38
4VKH	AIR TANK LOCATION (2) Mounted Under Battery Box, Outside Right Rail, Under Cab	43/8	51
4VLE	AIR DRYER LOCATION Mounted Inside Engine Compartment, Right Side	0/0	0
4XDC	BRAKES, FRONT {Meritor 15X4 Q-PLUS CAST} Air S-Cam Type, Cast Spider, Fabricated Shoe, Double Anchor Pin, Size 15" X 4", 13,200-lb Capacity	77/0	77
4XDR	BRAKES, REAR {Meritor 16.5X7 Q-PLUS CAST} Air S-Cam Type, Cast Spider, Fabricated Shoe, Double Anchor Pin, Size 16.5" X 7", 23,000-lb Capacity per Axle	0/195	195
5708	STEERING COLUMN Tilting	15/1	16
5CAW	STEERING WHEEL 4-Spoke; 18" Dia., Black	0/0	0
5PSA	STEERING GEAR (Sheppard M100) Power	25/-3	22
6DGA	DRIVELINE SYSTEM {Dana Spicer} SPL100, for 4x2/6x2	0/0	0
7BME	EXHAUST SYSTEM Horizontal Aftertreatment System, Frame Mounted Under Right Rail Back of Cab, Includes Single Short Horizontal Tail Pipe	0/0	0
7SCP	ENGINE EXHAUST BRAKE for Cummins ISB/B6.7/ISL/L9 Engine with Variable Vane Turbo Charger	0/0	0
8000	ELECTRICAL SYSTEM 12-Volt, Standard Equipment	0/0	0
	Includes : DATA LINK CONNECTOR For Vehicle Programming and Diagnostics In Cab : HAZARD SWITCH Push On/Push Off, Located on Instrument Panel to Right of Steering Wheel : HEADLIGHT DIMMER SWITCH Integral with Turn Signal Lever : PARKING LIGHT Integral with Front Turn Signal and Rear Tail Light : STARTER SWITCH Electric, Key Operated : STOP, TURN, TAIL & B/U LIGHTS Dual, Rear, Combination with Reflector : TURN SIGNAL SWITCH Self-Cancelling for Trucks, Manual Cancelling for Tractors, with Lane Change Feature : TURN SIGNALS, FRONT Includes Reflectors and Auxiliary Side Turn Signals, Solid State Flashers; Flush Mounted : WINDSHIELD WIPER SWITCH 2-Speed with Wash and Intermittent Feature (5 Pre-Set Delays), Integral with Turn Signal Lever : WINDSHIELD WIPERS Single Motor, Electric, Cowl Mounted : WIRING, CHASSIS Color Coded and Continuously Numbered		
8518	CIGAR LIGHTER Includes Ash Cup	1/0	1
8540	HORN, ELECTRIC (2) Trumpet Style	0/0	0
8718	POWER SOURCE Cigar Type Receptacle without Plug and Cord	1/0	1
8GXD	ALTERNATOR {Leece-Neville AVI160P2013} Brush Type, 12 Volt, 160 Amp Capacity, Pad Mount, with Remote Sense	0/0	0
8MJP	BATTERY SYSTEM {Fleetrite} Maintenance-Free, (2) 12-Volt 1320CCA Total, Top Threaded Stud	0/0	0
8RMZ	SPEAKERS (2) 6.5" Dual Cone Mounted in Both Doors, (2) 5.25" Dual Cone Mounted in Both B-Pillars	7/1	8
8RPR	ANTENNA for Increased Roof Clearance Applications	1/0	1

Code	<u>Description</u>		Tot Wt
8RPS	RADIO AM/FM/WB/Clock/Bluetooth/USB Input/Auxiliary Input	(lbs) 3/0	(lbs) 3
8THB	BACK-UP ALARM Electric, 102 dBA	0/3	3
8VUX	BATTERY BOX Steel, with Plastic Cover, 25" Wide, 2-3 Battery Capacity, Mounted Right Side Under Cab	0/0	0
8WPH	CLEARANCE/MARKER LIGHTS (5) {Truck Lite} Amber LED Lights, Flush Mounted on Cab or Sunshade	1/0	1
8WPZ	TEST EXTERIOR LIGHTS Pre-Trip Inspection will Cycle all Exterior Lamps Except Back-up Lights	0/0	0
8WWJ	INDICATOR, LOW COOLANT LEVEL with Audible Alarm	0/0	0
8XAH	CIRCUIT BREAKERS Manual-Reset (Main Panel) SAE Type III with Trip Indicators, Replaces All Fuses	0/0	0
8XHN	HORN, AIR Single Trumpet, Black, with Lanyard Pull Cord	3/0	3
8XHR	POWER SOURCE, ADDITIONAL Auxiliary Power Outlet (APO) with USB Port, Located in the Instrument Panel	1/0	1
8XKL	STARTING MOTOR {Mitsubishi Electric Automotive America 90P47} 12-Volt, with Soft-Start	0/0	0
8XPB	HEADLIGHTS LED, with Daytime Running Lights	3/0	3
9AAB	LOGOS EXTERIOR Model Badges	0/0	0
9AAE	LOGOS EXTERIOR, ENGINE Badges	0/0	0
9HCW	GRILLE Molded in Black	0/0	0
9WBN	FENDER EXTENSIONS Painted	0/0	0
9WBW	FRONT END Tilting, Fiberglass, with Three Piece Construction, Dual Air Intakes	0/0	0
10060	PAINT SCHEMATIC, PT-1 Single Color, Design 100	0/0	0
	Includes : PAINT SCHEMATIC ID LETTERS "WP"		
10761	PAINT TYPE Base Coat/Clear Coat, 1-2 Tone	0/0	0
10AGB	COMMUNICATIONS MODULE Telematics Device with Over the Air Programming; Includes Five Year Data Plan and International 360	1/0	1
10BAE	LABEL, DEF "DEF ONLY"	0/0	0
10SLV	PROMOTIONAL PACKAGE Government Silver Package	0/0	0
10WCY	SAFETY TRIANGLES	6/0	6
10WUE	MUD FLAPS, FRONT WHEELS (2) Rubber, Mounted on Fender Extension	12/0	12
10XAN	FIRE EXTINGUISHER 5 lb Class A B C	9/1	10
10XAP	FIRE EXTINGUISHER BRACKET Mounted Left Side Driver Seat	1/0	1
11001	CLUTCH Omit Item (Clutch & Control)	0/0	0
12703	ANTI-FREEZE Red, Extended Life Coolant; To -40 Degrees F/ -40 Degrees C, Freeze Protection	0/0	0
12EMZ	VENDOR WARRANTY, ENGINE {Cummins} B6.7 Engine, 3-Year Unlimited Miles Standard Warranty	0/0	0

Proposal: 11141-01

Code	<u>Description</u>	<u>F/R Wt</u> (lbs)	Tot Wt
12ERH	ENGINE, DIESEL {Cummins B6.7 250} EPA 2021, 250HP @ 2400 RPM, 660 lb-ft Torque @ 1600 RPM, 2600 RPM Governed Speed, 250 Peak HP (Max)	0/0	0
12TSY	FAN DRIVE {Borg-Warner SA85} Viscous Type, Screw On	0/0	0
	Includes : FAN Nylon		
12VCE	AIR CLEANER Single Element, Fire Retardant Media	0/0	0
12VJB	EMISSION, CALENDAR YEAR {Cummins B6.7} EPA, OBD and GHG Certified for Calendar Year 2022	0/0	0
12VXU	THROTTLE, HAND CONTROL Engine Speed Control for PTO; Electronic, Stationary Pre-Set, Two Speed Settings; Mounted on Steering Wheel	2/0	2
12WGK	ENGINE RE-RATE IDENTITY Engine Re-rate Capable. Additional Charge for Re- Rate May Be Applicable at Time of Re-Rate. Re-rate HP and Torque Dependent on Chassis Components.	0/0	0
12WPV	OIL PAN 15 Quart Capacity, For Cummins ISB/B6.7 Engines	0/0	0
12WZE	CARB IDLE COMPLIANCE Federal, Does Not Comply with California Clean Air Idle Regulations	0/0	0
12XBM	ENGINE CONTROL, REMOTE MOUNTED Provision for; Includes Wiring for Body Builder Installation of PTO Controls and Starter Lockout, with Ignition Switch Control, for Cummins B6.7 and L9 Engines	0/0	0
12XCC	RADIATOR Aluminum, 2-Row, Down Flow, Front to Back System, 640 Sqln Louvered, with 383 Sqln Charge Air Cooler, Includes In-Tank Oil Cooler	0/0	0
12XCS	CARB EMISSION WARR COMPLIANCE Federal, Does Not Comply with CARB Emission Warranty	0/0	0
13AWH	SWITCH, DISABLE OVERDRIVE OMIT	0/0	0
13BBK	TRANSMISSION, AUTOMATIC {Allison 2500 RDS} 6th Generation Controls, Wide Ratio, 6-Speed with Double Overdrive, with PTO Provision, Less Retarder, with 33,000-lb GVW and GCW Max	0/0	0
13WDH	WIRING, TRANSMISSION Installed Wiring for Transmission/PTO Controls, for Allison 1000, 2000, 2100, 2200, 2400, 2500 Series Transmission	1/0	1
13WLN	TRANSMISSION OIL Synthetic; 20 thru 28 Pints	0/0	0
13WVS	TRANSMISSION SHIFT CONTROL T-Handle	0/0	0
13WVV	NEUTRAL AT STOP Allison Transmission Shifts to Neutral When Service Brake is Depressed and Vehicle is at Stop; Remains in Neutral Until Service Brake is Released	0/0	0
13WYY	SHIFT CONTROL PARAMETERS {Allison} 1000 or 2000 Series Transmissions, Performance Programming	0/0	0
13XAL	PTO LOCATION Customer Intends to Install PTO at Left Side of Transmission	0/0	0
14APV	AXLE, REAR, SINGLE {Meritor MS-21-13X-4DFR} Single Reduction, 21,000-lb Capacity, R Wheel Ends . Gear Ratio: 5.57	0/168	168
14VAH	SUSPENSION, REAR, SINGLE 23,500-lb Capacity, Vari-Rate Springs, with 4500-lb Capacity Auxiliary Rubber Springs	0/66	66
14WMN	AXLE, REAR, LUBE {EmGard FE-75W-90} Synthetic Oil; 1 thru 29.99 Pints	0/0	0

Code	<u>Description</u>		Tot Wt
15LMN	FUEL/WATER SEPARATOR {Racor 400 Series,} 12 VDC Electric Heater, Includes Pre-Heater, with Primer Pump, Includes Water-in-Fuel Sensor	(lbs) -3/0	(lbs) -3
15LRE	LOCATION FUEL/WATER SEPARATOR Mounted Under Hood, Left Side, Above Front Axle	0/0	0
15SGD	FUEL TANK Top Draw, Non-Polished Aluminum, D-Style, 19" Tank Depth, 100 US Gal (379L), Mounted Left Side, Under Cab	41/19	60
15WDG	DEF TANK 7 US Gal (26L) Capacity, Frame Mounted Outside Left Rail, Under Cab	0/0	0
16030	CAB Conventional, Day Cab	0/0	0
	Includes : CLEARANCE/MARKER LIGHTS (5) Flush Mounted		
16ATC	AUTOMATIC CLIMATE CONTROL Automatically Maintains Cabin Comfort Based on Selected Temperature	0/0	0
16BAM	AIR CONDITIONER with Integral Heater and Defroster	56/0	56
16GEG	GAUGE CLUSTER Premium Level; English with English Electronic Speedometer	0/0	0
	Includes : GAUGE CLUSTER DISPLAY: Base Level (3" Monochromatic Display), Premium Level (5" LCD Color Display); Odometer, Voltmeter, Diagnostic Messages, Gear Indicator, Trip Odometer, Total Engine Hours, Trip Hours, MPG, Distance to Empty/Refill for : GAUGE CLUSTER Speedometer, Tachometer, Engine Coolant Temp, Fuel Gauge, DEF Gauge, Oil Pressure Gauge, Primary and Secondary Air Pressure or Auxiliary Air Pressure (if Air Equipped) : WARNING SYSTEM Low Fuel, Low DEF, Low Oil Pressure, High Engine Coolant Temp, Low Battery Voltage (Visual and Audible), Low Air Pressure, Primary and Secondary (if Air Equipped)		
16GHU	GRAB HANDLE, CAB INTERIOR (2) Safety Yellow	0/0	0
16HKT	IP CLUSTER DISPLAY On Board Diagnostics Display of Fault Codes in Gauge Cluster	0/0	0
16JNT	SEAT, DRIVER {National 2000} Air Suspension, High Back with Integral Headrest, Vinyl, Isolator, 1 Chamber Lumbar, with 2 Position Front Cushion Adjust, -3 to +14 Degree Angle Back Adjust	-15/-3	-18
16SED	GRAB HANDLE, EXTERIOR (2) Black, Aluminum, for Cab Entry Mounted Left and Right Side at B-Pillar	4/0	4
16SMH	SEAT, TWO-MAN PASSENGER {National} Fixed Back, Integrated Headrest in Both Occupant Positions, Vinyl, with Under Seat Storage Compartment	50/21	71
16SNT	MIRRORS (2) Aero Pedestal, Power Adjust, Heated, Turn Signals, Black Heads and Arms, 6.5" x 14" Flat Glass, Includes 6.5" x 6" Convex Mirrors, for 102" Load Width	0/0	0
	Notes : Mirror Dimensions are Rounded to the Nearest 0.5"		
16VCC	SEAT BELT All Orange; 1 to 3	0/0	0
16VKB	CAB INTERIOR TRIM Classic, for Day Cab	0/0	0
	Includes : CONSOLE, OVERHEAD Molded Plastic with Dual Storage Pockets, Retainer Nets and CB Radio Pocket; Located Above Driver and Passenger		

Vehicle Specifications 2024 MV607 SBA (MV607)

<u>Code</u>	Description	F/R Wt	Tot Wt
	: DOME LIGHT, CAB Door Activated and Push On-Off at Light Lens, Timed Theater Dimming, Integral to Overhead Console, Center Mounted : SUN VISOR (2) Padded Vinyl; 2 Moveable (Front-to-Side) Primary Visors, Driver Side with Toll Ticket Strap	(iDS)	(105)
16VLM	CAB REAR SUSPENSION Rubber Suspension, for Low Cab Height	0/0	0
16WBY	ARM REST, RIGHT, DRIVER SEAT	3/0	3
16WHJ	HOSE CLAMPS, HEATER HOSE {Breeze} Belleville Washer Type	0/0	0
16WJU	WINDOW, POWER (2) and Power Door Locks, Left and Right Doors, Includes Express Down Feature	5/0	5
16XCW	CAB, INTERIOR TRIM, CLOSEOUT Under IP, Driver Side	0/0	0
16XJN	INSTRUMENT PANEL Flat Panel	0/0	0
16XWD	SUNSHADE, EXTERIOR Aerodynamic, Painted Roof Color, with Integral Clearance/Marker Lights	16/1	17
16ZBT	ACCESS, CAB Steel, Driver & Passenger Sides, Two Steps per Door, for use with Day Cab and Extended Cab	0/0	0
27DUW	WHEELS, FRONT {Accuride 51408} DISC; 22.5x8.25 Rims, Powder Coat Steel, 2-Hand Hole, 10-Stud, 285.75mm BC, Hub-Piloted, Flanged Nut, with Steel Hubs	-10/0	-10
28DUW	WHEELS, REAR {Accuride 51408} DUAL DISC; 22.5x8.25 Rims, Powder Coat Steel, 2-Hand Hole, 10-Stud, 285.75mm BC, Hub-Piloted, Flanged Nut, with Steel Hubs	0/-20	-20
29ACD	TIRE VALVE CAP Flo-Thru Design	0/0	0
29WLK	WHEEL BEARING, FRONT, LUBE {EmGard FE-75W-90} Synthetic Oil	0/0	0
60AKG	BDY INTG, PTO ACCOMMODATION for (3) Latched Rocker Switches, (1) PTO Switch, (2) Generic Switches to Control (3) 30 amp relays, with Programmable Interlocks, for Body Builder Hook up in the Engine Compartment Left Side, Recommended for Automatic Transmissions	0/0	0
7372135415	(2) TIRE, FRONT 11R22.5 Load Range G HSR2 (CONTINENTAL), 498 rev/mile, 75 MPH, All-Position	54/0	54
7372135432	(4) TIRE, REAR 11R22.5 Load Range G HDL2 (CONTINENTAL), 493 rev/mile, 75 MPH, Drive	0/144	144
	Services Section:		
40129	WARRANTY Standard for MV Series, Effective with Vehicles Built July 1, 2017 or Later, CTS-2020A	0/0	0
.	Total Component Weight:	6694/3857	10551
Body/Allied Equipment Code	Description	F/R Wt	Tot Wt
1	26' Reefer Box with 3000 pound rail gate and cooling unit	0/0	0
	Total Body Allied:	0/0	0
Goods Purchased Code	Description	F/R Wt	Tot Wt

8

Proposal: 11141-01

INTERNATIONAL®

Vehicle Specifications 2024 MV607 SBA (MV607)

September 07, 2022

Code	Description New Truck PDI & D.O.T. Inspection, Includes: Fire Extiquisher & Reflector Kit	F/R Wt (lbs) 0/0	Tot Wt (lbs) 0
	Set Top Road Pedal Speed & Cruise Control Speed to Customer Spec	0/0	0
	Total Goods Purchased:	0/0	0

The weight calculations included in this proposal are an estimate of future vehicle weight. The actual weight as manufactured may be different from the estimated weight. Navistar, Inc. shall not be liable for any consequences resulting from any differences between the estimated weight of a vehicle and the actual weight.

9

Proposal: 11141-01

Financial Summary 2024 MV607 SBA (MV607)

September 07, 2022

(US DOLLAR)

<u>Description</u>	<u>Price</u>
Net Sales Price:	\$182,095.22
Please feel free to contact me regarding these specifications pleased with the quality and service of an International vehic	should your interests or needs change. I am confident you will be the.
Approved by Seller:	Accepted by Purchaser
Official Title and Date	Firm or Business Name
Authorized Signature	Authorized Signature and Date
This proposal is not binding upon the seller without Seller's Authorized Signature	
	Official Title and Date
The TOPS FET calculation is an estimate for reference pu and reporting/paying appropriate FET to the IRS.	rposes only. The seller or retailer is responsible for calculating
	ed herein are Navistar, Inc.'s standard printed warranties which ave been provided a copy and hereby agree to their terms and

ARPA Nonprofit Capital Project Fund – Small Purchases Budget

Organization Name: Feeding Tampa Bay

Proposal Name: Truck for Pinellas Food Relief

Α	В	С	D		E		F		G		н	
			Quantity of	Purchase		Purchase ARPA Grant Funds						
Line Item	Item (Description)	Price Per Item	Item		Total		Requested	Ар	Applicant Match		Funding Total	
1	Truck	\$ 227,772.29	1	\$	227,772	\$	199,999	\$	27,773.29	\$	227,772	
2	Operational costs (fuel, maintenan	\$ 19,777.07	1	\$	19,777	\$	-	\$	19,777.07	\$	19,777	
3	Driver salary and benefits	\$ 41,600.00	1	\$	41,600	\$	-	\$	41,600.00	\$	41,600	
		\$ -		\$	-	\$	-	\$	-	\$	-	
		\$ -		\$	-	\$	-	\$	-	\$	-	
		\$ -		\$	-	\$	-	\$	-	\$	-	
		\$ -		\$	-	\$	-	\$	-	\$	-	
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		\$ -		\$	-	\$	-	\$	-	\$	-	
		\$ -		\$	-	\$	-	\$	-	\$	-	
		\$ -		\$	-	\$	-	\$	-	\$	-	
		TOTAL	3	\$	289,149	\$	199,999	\$	89,150	\$	289,149	

THE "PURCHASE TOTAL" AND "FUNDING TOTAL" COLUMN SHOULD BE EQUAL Columns E, H, and the "TOTAL" row are locked and cannot be edited

Key

Item (Description)	Brief name/description of the purchase requested			
Price per item	The individual price of one unit of the proposed purchase			
Quantity of Item	The number of units of the proposed purchase you are requested			
Purchase Total	Total purchase cost of the proposed line item (quantity multipled by price)			
ARPA Grant Funds Requested	The amount of ARPA funding requested for this line item			
Applicant Match	The amount (if any) that you, the applicant, are contributing towards the purchase of the line item			
Funding Total	Total funding for proposed line item (ARPA grant request plus applicant match)			

Feeding Tampa Bay 2022-23 Operating Budget

Operating Revenue

Agencies	\$404,000
Government	\$4,539,616
Unrestricted Contributions	\$6,410,855
Direct Mail	\$1,552,413
Events	\$502,500
Grants	\$7,750,000
Purchase Product/Agencies	\$316,800
Programs	\$150,000
Other Income	\$45,000
Total Operating Revenue	\$21,671,184

Operating Expense

Salaries & Benefits	\$9,384,454
FreshForce Salaries & Benefits	\$124,124
Transportation	\$1,673,596
Warehouse	\$1,553,611
Administrative	\$1,627,199
Grants	\$100,000
Direct Mail	\$661,185
Events	\$142,500
Marketing & Communications	\$349,076
Purchase Product/Agencies	\$285,120
Sales & Programs	\$703,580
Procurement	\$1,717,900
Government	\$2,583,247
Depreciation	\$764,592
Other Expenses	\$1,000
Total Operating Expenses	\$21,671,184

Net Operating Income	\$0
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Board of Directors

a/o 7/01/222 Board Committees Board Sub-Committees Board Term **Board Position** assistant Executive Committee Marc Spencer* Chair Executive Building/Capital 6/30/2023 marc.a.spencer@bofa.com (813) 225-8474 101 E. Kennedy Blvd (813) 205-7594 cell Tampa, FL 33602 Bank of America Energize Vice-Chair 6/30/2023 (813) 273-6677 201 North Franklin Street, Suite 2700 Krista Hall Building/Capital kspratling@bmolaw.com Kareem Spratling* Executive Bryant, Miller, Olive Governance Culture (850) 212-6535 Cell ampa, FL 33602 khall@bmolaw.com 6/30/2023 c: 813-743-8715 Anna Wiand* Secretary Executive Building/Capital annawiand@gmail.com 118 Jasmine Way Clearwater FL 33756 Governance PO Box 10279 6/30/2024 Ralph Garcia* Treasurer Executive ralph@rgaadvisory.com p: 813-629-7153 RGA Advisory inance Tampa FL 33679 Keri Higgins-Bigelow Culture/People Building/Capital 6/30/2023 keri@livinghr.com Office: 813-514-6999 ext:102 1810 W. Kennedy Blvd Executive Гатра, FL 33606 Living HR Cell: 813-857-7101 alexandra@livinghr.com ulture Strategic Chris Hagemo Data/Research Date/Research Strategic /30/2023 Chris.Hagemo@mosaicco.com 813-781-9732 115902 Layton Court Mosaic ampa, FL 33647 Tim Merrick* Past Chair Building / Capital 6/30/2025 w: 813-983-5277 18201 Crane's Nest Drive. merrick@metlife.com Executive Tampa FI 33647 MetLife Finance / Audit Trinity Café c: 813-857-3621 * denotes officer 6/30/2025 813-387-6388 Tara Battiato tbattiato@buccaneers.nfl.com Advent Health Training Center One Buccaneer Place Tampa Bay Buccaneers Tampa, FL 33607 6/30/2023 c: 479- 426-0852 485 Yacht Harbor Drive Michelle Azel Belaire Building/Capital Michelle.Azel@walmart.com Walmart Osprey Fl. 34299 10 April Butterfield 727-512-5930 10560 Dr. Martin Luther King Jr. Blvd. Jabi/ t Petersburg Fl 33716 11 Chris Cascaes Finance 6/30/2024 chriscascaes@gmail.com p: 908-489-5762 5007 Landstar Way Tampa FL. 33647 Tampa FL 33647 Citi 12 Marie Chinnici-Everitt DTCC Development 6/30/2021 Mchinnici-everitt@dtcc.com 813-470-2200 18301 Bermuda Green Drive Maria ampa, FL 33647 6/30/2024 mariechinnici@yahoo.com 917-678-0031 mcarballo@dtcc.com Colleen Chappell 6/30/2023 (813) 281-0088 x306 1600 E. 8th Ave., Suite A-133 Development CChappell@chappellroberts.com Marwa Chappell Roberts Building/Capital (813) 404-1010 Cell ampa, FL 33605 mhijazi@chappellroberts.com 14 Noemi Cruz 6/30/2025 (904)238-3722 4350 W. Cypress St., Suite 400 Noemi.Cruz@bcbsfl.com Florida Blue Osprey, FL 33429 Jeff Darrey Trinity Café 6/30/2021 jeff@jeffdarrey.com 813-382-7984 855 S Church. Ave. Community volunteer 6/30/2024 Tampa, FL 33629 5/30/2023 1313 S. Dale Mabry Hwy. Steve Ellis Steve.ellis98@gmail.com (813) 258-9801 (813) 817-8939 cell Publix Tampa, FL 33629 Dave Finkel Building/Capital 6/30/2021 davefinkel@outlook.com (813) 784-1818 2404 W. Jetton Ave Community volunteer Trinity Café 30/2024 Tampa, FL 33729 6/30/2024 160 Osceola Rd Kate Fisher Finance kgfisher@deloitte.com Deloitte Belleair FL. 33756 Howard Grosswirth Development 6/30/2024 hgrosswirth@yankees.com 813-875-7753 1 Steinbrenner Dr NY Yankees Tampa, FL 33614 20 Dr. David Himmelgreen 6/30/2025 Research/Data (813) 974-2138 Strategic dhimmelg@USF.edu 4202 E. Fowler Ave., SOC107 USF (813) 417-1501 Cell Tampa, FL 33620 21 Linda Hague 100 S. Ashley Drive, 10th Floor Development 6/30/2025 Linda.D.Hague@wellsfargo.com Cell: 813-508-3445 Wells Fargo Tampa, FL 33602 22 Lauren Key 6/30/2024 auren.Key@AdventHealth.com o: 813-803-4088 14055 Riveredge Drive, Suite 250 Cassie Sandridge Advent Health Tampa, FL 33637 Cassie.Sandridge@adventhealth.com Strategic Clara Lawhead 6/30/2025 clara@lawhead.us (813) 920-4097 Home 7340 Colley Road Odessa, Florida 33556 Community volunteer (813) 376-0474 Cell 24 Laura Lay 6/30/2023 Building/Capital lauralay@csioftampa.com (813) 532-4506 1907 West Kennedy Blvd. CSI Inc (813) 362-3121 Cell ampa, FL 33606 Strategic 25 Drew Marshall 6/30/2025 People/Culture dmarshall@the-cigroup.com Office: (813) 341 3413 511 North Franklin St CI Group Mobile: (727) 251 2818 Tampa, FL 33602 6/30/2023 2813 Sunset Way Jeanne Milkey Building/Capital milkeyway@rocketmail.com St. Petersburg, FL 33706 Milkey foundation Mark Pitts Amalie Arena 401 Channelside Dr. Tampa Fl. 33602 Tampa Bay Lightning 28 Woodrow "Woody" Pollack wpollack@shutts.com (o) 813-463-4894 4301 West Boy Scout Blvd suite 300 Shutts & Bowen 6/20/2025 ©727-409-4369 Tampa, FL. 33607 Jennifer Ransford 6/30/2024 ennifer.ransford@baycare.com Morton Plant Hospital - MS 22 300 Pinellas Street Sandra Geisel BayCare Clearwater FL. 33756 sandra.Geisel@baycare.org 6/30/2025 (813) 760-3209 Lisa Ross Building/Capital Lisa.Ross@cushwake.com 201 N Franklin St, Suite 3300 Cushman & Wakefield ampa FL. 33602 Tori Simmons Governance Trinity Café 6/30/2021 tsimmons@hwhlaw.com (813) 222-8719 101 E Kennedy Blvd # 3700 31 Hill, Ward, Henderson 6/20/2024 Tampa, FL 33602 Building/Capital

	Norwood Smith		Development	6/30/2023	nsmith@mainsailhotels.com	813 243-2634	4602 Eisenhower Blvd.
32	Mainsail Lodging					813 433-6170 Cell	Tampa, FL 33634
	Shannon Smith			6/30/2025	shsmith@cocacolaflorida.com	c. 813.523.7546	10117 Princess Palm Avenue, Suite 400
33	Coca-Cola						Tampa, Florida 33610
	Mike Suarez			6/30/2023	mike.suarez520@gmail.com	(813) 274-7072	1304 West Plymouth St
34	Suarez Insurance					(813) 453-9403	Tampa, FI 33605
	Roberto Torres	Finance	Building/Capital	6/30/2025	roberto@blackanddenim.com	850-264-6439	7201 Northbridge Blvd
35	Blind Tiger Café						Tampa, FL 33615
20	Jenn Tran	Culture	Development	6/30/2024	jtran@raysbaseball.com	727-656-3554	Tropicana Field St. Pete,
31	Tampa Bay Rays						St Pete Fl.
2.	Todd Wickner			6/30/2025	tfwickner@gmail.com	813-240-2622	915 S Himes Avenue
3.	Community Volunteer						Tampa FI 33629
39	Monica Wilson		Trinity Café	6/30/2021	monica@thecommunityfoodpantry.com	(813)- 294-5103	4008 Braesgate Lane
30	Community Food Pantry			6/30/2024			Tampa, FL 33624

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2020

Prepared For:

Feeding America Tampa Bay, Inc. DBA Feeding Tampa Bay 4702 Transport Drive, Building 6 Tampa, FL 33605-5940

Prepared By:

Marcum LLP 201 E. Kennedy Blvd. #1500 Tampa, FL 33602-5865

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. To have it transmitted electronically to the IRS, please sign, date and return Form 8879-EO to our office. We will then submit your electronic return.

If your tax return(s) are being electronically filed, we cannot release them until we have your signed authorization(s). After reviewing your return(s) for accuracy and completeness, please sign and email your authorization(s) to 8879.Tampa@marcumllp.com or fax to (813) 397-4801. Our mailing address is 201 East Kennedy Boulevard, Suite 1500 Tampa, FL 33602.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

calendar year 2019, or fiscal year beginning	JUL	1	, 2019, and ending	JUN	30	, 20 <u>2</u>	
▶ Do not send to the IRS. Keep for your records.							

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization

Employer identification number

FEEDING AMERICA TAMPA BAY, INC. DBA FEEDING TAMPA BAY

59-2116576

Name and title of officer

THOMAS MANTZ

PRESIDENT & CEO

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

1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	155,209,329.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ b Balance Due (Form 8868, line 3c)	5b	

Declaration and Signature Authorization of Officer Part II

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

Officer's	PIN:	check	one	box	only
-----------	------	-------	-----	-----	------

X I authorize MARCUM LLP	to enter my PIN 98765
ERO firm name	Enter five numbers, b
as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also au enter my PIN on the return's disclosure consent screen.	uthorize the aforementioned ERO to
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chaprogram, I will enter my PIN on the return's disclosure consent screen.	•
per's signature ▶ Date ▶	
A III Contification and Authoritication	

Certification and Authentication

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

61293112345

Do not enter all zeros

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

ERO's signature Date -**ERO Must Retain This Form - See Instructions**

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

Offic

EXTENDED TO MAY 17, 2021

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury

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

Α	For the	2019 calendar year, or tax year beginning JUL 1, 2019 and ending	JUN 30, 2020	•
	Check if	C Name of organization	D Employer identifi	cation number
	applicable:	FEEDING AMERICA TAMPA BAY, INC.	, ,	
	Address change			
	Name	Doing business as	59-21165	76
	change Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/su		
	return Final	4702 TRANSPORT DRIVE, BUILDING 6	(813) 25	
	return/ termin-	-		156,078,333.
	ated Amende	City or town, state or province, country, and ZIP or foreign postal code TAMPA, FL 33605-5940		
	return Applica-	·	H(a) Is this a group re	
	tion pending	4702 TRANSPORT DRIVE, TAMPA, FL 33605	for subordinates	
-	T		H(b) Are all subordinates in If "No." attach a	
		: ► WWW.FEEDINGAMERICATAMPABAY.ORG	H(c) Group exemption	list. (see instructions)
				M State of legal domicile: FL
		Summary	sai oi ioiilialioli. ±502 1	VI State of legal domicile, 1 1
•		riefly describe the organization's mission or most significant activities: THE ORGAN	ITZATION WAS	ESTART.TSHED
ď	3 ' 7	O COLLECT, WAREHOUSE AND DISTRIBUTE SALVAGAB		
Governance	2 0	theck this box if the organization discontinued its operations or disposed of the	_	
ē	3 1			32
ć	4 1	lumber of voting members of the governing body (Part VI, line 1a) lumber of independent voting members of the governing body (Part VI, line 1b)		32
				129
i	6 T	otal number of individuals employed in calendar year 2019 (Part V, line 2a)	,	46752
Activities &	70 7	otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12		0.
Ą	l /a i	let unrelated business taxable income from Form 990-T, line 39		
_	51	let difference business taxable income from Form 990-1, fille 39	Prior Year	Current Year
	8 0	contributions and grants (Part VIII, line 1h)		154,418,325.
9	9 P		968,415.	
Revenue	40	rogram service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	55,864.	
ă	10 lr	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-163,036.	
		otal revenue - add lines 8 through 11 (must equal Par VIII, column (A), line 12)		155,209,329.
_			0.	0.
			0.	·
	45 0	enefits paid to or for members (Part IX, column (A), line 4) alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,355,044.	
Expenses	162	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
e de	h T	otal fundraising expenses (Part IX, column (D), line 25) 1,227,640.	<u> </u>	<u> </u>
X	17 (ottal fulfulaising expenses at 11x, column (A), lines 11a-11d, 11f-24e)	111 798 792.	139,609,778.
	" ~	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		145,537,698.
		evenue less expenses. Subtract line 18 from line 12	2,549,579.	9,671,631.
<u></u> ;	13 7	invented 1000 experiences. Output determine 10 month little 12	Beginning of Current Year	End of Year
ets c	20 T	otal assets (Part X, line 16)	7,997,413.	21,010,861.
Assi	21 T	otal liabilities (Part X, line 26)	1,137,326.	3,621,134.
Net Assets or	22 N	let assets or fund balances. Subtract line 21 from line 20	6,860,087.	17,389,727.
P	art II	Signature Block	, ,	, ,
		ies of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, and to the best of m	knowledge and belief, it is
true	e, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge.	· · · · · · · · · · · · · · · · · · ·
Sig	ın	Signature of officer	Date	
He		THOMAS MANTZ, PRESIDENT & CEO		
		Type or print name and title		
		Print/Type preparer's name Print/Type preparer's signature Preparer's signature VIMOTHY W. DONOVAN, CPA	Date Check	PTIN
Pai	d I	IMOTHY W. DONOVAN, CPA	5/17/2021 self-employ	P00043971
Pre		Firm's name MARCUM LLP	Firm's EIN ▶	11-1986323
Use	Only	Firm's address 201 E. KENNEDY BLVD. #1500		
		TAMPA, FL 33602-5865	Phone no. (8	13) 397-4800
Ma	v the IRS	S discuss this return with the preparer shown above? (see instructions)		X Yes No

May the IRS discuss this return with the preparer shown above? (see instructions)

Form	1 990 (2019) DBA FEEDING TAMPA BAY	59-2116576	Page 2
Pai	rt III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: "WE CHANGE LIVES ONE MEAL AT A TIME BY LEADING OUR COMMU	NITY IN THE	
	FIGHT AGAINST HUNGER."	-	
_			
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		77
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
_	revenue, if any, for each program service reported.	70	702
4a	(Code:) (Expenses \$143,480,656. including grants of \$) (Reverope OPERATE A FOOD BANK THAT RECEIVES, STORES AND DISTRIBUTE		792.
	TO MANY CHARITIES THAT GIVE/SERVE FOOD TO NEEDY PEOPLE.	D DOMATED TO	<u> </u>
	TO MAKE CHARTELED THAT CIVE/PERIOR TOOD TO MILEDE FEDERAL.		
4b	(Code:) (Expenses \$	iue \$)
			_
4-			
4c	(Code:) (Expenses \$ including grants of \$) (Rever	ue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 143,480,656.	,	

Form **990** (2019)

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?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 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, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	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? <i>If</i> "Yes," <i>complete</i>	- '-		1
0				x
_	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 debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Light of the Control of the Co	14a		Х
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u></u> -
D	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	שדו		
13		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		1
16		46		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	
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		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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FEEDING AMERICA TAMPA BAY, INC. DBA FEEDING TAMPA BAY

Form 990 (2019)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		_X_
	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		
	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			37
	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? If "Yes," complete			37
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			х
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? F	00-	Х	
	"Yes," complete Schedule L, Part IV	28a	Λ	Х
	A family member of any individual described in line 28a? If Ves, " complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		х
20	"Yes," complete Schedule L, Part IV	29	Х	- 25
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	21	
30		30		х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization riquidate, terminate, or dissolve and cease operations: If "Yes," complete Scriedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		- 21
32		32		х
33	Schedule N, Part II	J2		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
٠.	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes." complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
			$\Omega\Omega\Omega$	

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

	The state of the s				Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1			162	NO
Zu	filed for the calendar year ending with or within the year covered by this return	2a	129			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
За		,		За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		Х
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 A	ccount	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?	1		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		_X_
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	iired			37
	to file Form 8282?	 I – .	 I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		r?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file Fo			7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file ro			7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
Ŭ	sponsoring organization have excess business holdings at any time during the year?	i by till		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the approxima againstica make any toyable distributions under section 10662			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	í	12a		
	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.			13a		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			ısa		
h	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	13b				
С	Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incon	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 32			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 32			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		х
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	Pid the association have marked as a death aldow	6		X
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		
1 a		7a		х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	r a		- 21
b		7b		х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		21
8		0-	Х	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8a		Х
a		_8b_		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	NI-
10-	Did the examination have level charters branches as effiliates?	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b		10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? 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.	Па	21	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·		12c	х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written whistleblower policy? 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	14	21	
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	Х	
		15b	X	
J	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104		16a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		
	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		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶FL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availal	hle
.5	for public inspection. Indicate how you made these available. Check all that apply.	, or my)	avana	~10
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	rial	
13	statements available to the public during the tax year.	miail	nai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	THOMAS MANTZ - (813) 254-1190			
	4702 TRANSPORT DRIVE, TAMPA, FL 33605-5940			

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DBA FEEDING TAMPA BAY

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

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

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

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

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

See instructions for the order in which to list the persons above.

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	not c	Posi			one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week		l an	u a u	recto	i / ii us	(66)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsateo		(W-2/1099-MISC)	(** 2/ 1000 141100)	organization
	organizations	trust	nal tru		эуее	om pe				and related
	below	vidual	Institutional trustee	ser	Key employee	Highest compensated employee	Former			organizations
	line)	lndi	Inst	Officer	Key	High	Forr			
(1) RICK BENNETT	0.00									_
DIRECTOR		Х						0.	0.	0.
(2) COLLEEN CHAPPELL	0.00									_
DIRECTOR		Х						0.	0.	0.
(3) MARIE CHINNICI-EVERITT	0.00	<								
DIRECTOR	2 22	X						0.	0.	0.
(4) JEFFREY DARREY	0.00	_							•	•
DIRECTOR	0.00	X						0.	0.	0.
(5) STEVE ELLIS	0.00									0
DIRECTOR	2 00	X						0.	0.	0.
(6) DAVE FINKEL	0.00	37							0	0
OIRECTOR (7) DAVID FREITAS	0.00	Х						0.	0.	0.
(7) DAVID FREITAS TREASURER	0,00	Х						0.	0.	0.
(8) TIM GUIDRY	0.00	Λ						0.	0.	<u> </u>
DIRECTOR	0.00	Х						0.	0.	0.
(9) CHRIS HAGEMO	0.00								0.	<u></u>
DIRECTOR	0.00	Х						0.	0.	0.
(10) DR. DAVID HIMMELGREEN	0.00	22							0.	<u> </u>
DIRECTOR		х						0.	0.	0.
(11) CLARA LAWHEAD	0.00							•		
DIRECTOR		х						0.	0.	0.
(12) JOLYNN LOKEY	0.00							<u> </u>	<u> </u>	
SECRETARY		Х						0.	0.	0.
(13) TIM MERRICK	0.00									
CHAIRMAN		Х						0.	0.	0.
(14) JENNA NELSON	0.00									
DIRECTOR		Х						0.	0.	0.
(15) MARK PITTS	0.00									
DIRECTOR		Х						0.	0.	0.
(16) NORWOOD SMITH	0.00									
DIRECTOR		Х						0.	0.	0.
(17) TORI SIMMONS	0.00									
DIRECTOR		Х						0.	0.	0.

Form 990 (2019)

Form 990 (2019) DBA FEEL	ING TAME	.'A	BA	·Υ					59-2116	5/6 Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unles cer an	heck ss pe	rson i	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) MARC SPENCER	0.00									
VICE-CHAIRMAN		Х						0.	0.	0.
(19) MIKE SUAREZ	0.00									
DIRECTOR		Х						0.	0.	0.
(20) ANNA WIAND	0.00									
DIRECTOR		Х						0.	0.	0.
(21) MICHELLE BELAIRE	0.00									
DIRECTOR		Х						0.	0.	0.
(22) LINDA HAGUE	0.00									
DIRECTOR		Х						0.	0.	0.
(23) TODD WICKNER	0.00									
IMMEDIATE PAST CHAIRMAN		Х						0.	0.	0.
(24) KERI HIGGINS-BIGELOW	0.00									
DIRECTOR		Х						0.	0.	0.
(25) MONICA WILSON	0.00									
DIRECTOR		Х						0.	0.	0.
(26) LAURA LAY	0.00									
DIRECTOR		Х	L					0.	0.	0.
1b Subtotal		4						0.	0.	0.
c Total from continuation sheets to Part \								866,256.	0.	35,270.
d Total (add lines 1b and 1c)								866,256.	0.	35,270.
2 Total number of individuals (including but		_	$\overline{}$	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	
compensation from the organization				-						5
			· _							Yes No

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization If "Yes." complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
METZ CULINARY MANAGEMENT		
1201 HAYS STREET, TALLAHASSEE, FL 32301	FOOD PROVIDER	1,142,519.
NU VISTA FOODS GROUP		
8329 N. ARMENIA AVENUE, TAMPA, FL 33604	FOOD PROVIDER	649,294.
SAVE-A-LOT, 400 NORTHWEST PLAZA DRIVE, ST.		
ANN, MO 63074	FOOD PROVIDER	575,968.
CHAPPEL ROBERTS MEDIA GROUP, 1600 E. 8TH	PUBLIC RELATIONS	
AVE SUITE A-133, TAMPA, FL 33605	FIRM	524,193.
PENSKE TRUCK LEASING CO., L.P.	TRUCK RENTAL AND	
2675 MORGANTOWN RD, READING, PA 19607	LEASING	461,452.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization > 5		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2019)

Color Colo	Form 990 DBA FEED	ING TAME	PA	BA	Y					59-211	6576
Name and title	Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
DRUGUES Procession Cheek all that apply) Compensation Co										,	(F)
Per Week (list any) Per Week (list any) Per Week (list any) Per	Name and title	Average							Reportable	Reportable	Estimated
week (list any hours for related organizations with plants of the program of th			(c	heck	all t	that	app	ly)	1 '	•	
27) DREW MARSHALL URRECTOR 28) JEANNE MILKEY 0.00 URRECTOR 29) LISA ROSS 0.00 URRECTOR 30) KARREM SPRATLING 100 URRECTOR 31) ROBERTO TORRES 31) JEANNIFRE TOWNSEND 0.00 URRECTOR 32) JEANNIFRE TOWNSEND 0.00 URRECTOR 33) KATHY WHETSELL HEFF ADMINISTRATIVE OFFICE 34) KELLEY SIMS HIEFF ADMINISTRATIVE OFFICER 35) MATTIEM SPENCE 40.00 HIEF FROGAMS OFFICER 36) FATA MCLURE HIEF FINANCIAL OFFICER 37) THOMAS MANYZ 40.00 HIEF FINANCIAL OFFICER 38) MANDY CLONINGER HIEF MACCUNER 40.00 HIEF FINANCIAL OFFICER 38) MANDY CLONINGER HIEF MACCUNER 40.00 HIEF MACCUNE 40.00 N 100 N 117,915. N 106,300. N 107,114 N 105,600. N 1,985 N 105,600. N 1,985 N 1,		week (list any hours for related organizations below	ndividual trustee or director	nstitutional trustee	Officer	eakord was papers and which was a second with the organization (W-2/1099-MISC)		the organization	organizations	compensation	
28) JEANNE MILKEY	(27) DREW MARSHALL	0.00									
X	DIRECTOR		X						0.	0.	0
129 LISA ROSS	(28) JEANNE MILKEY	0.00									
ARRECTOR	DIRECTOR		Х						0.	0.	0
30) KAREEM SPRATLING	(29) LISA ROSS	0.00									
IRECTOR	DIRECTOR		Х						0.	0.	0
10 10 10 10 10 10 10 10	(30) KAREEM SPRATLING	0.00									
X	DIRECTOR		Х						0.	0.	0
32) JENNIFER TOWNSEND IRECTOR X 186CTOR X 10.00 X 33, SATHW WHETSELL HIEF ADMINISTRATIVE OFFIC 34) KELLEY SIMS 40.00 KILLEY SIMS 40.00	(31) ROBERTO TORRES	0.00									
X	DIRECTOR		Х						0.	0.	0
33) KATHY WHETSELL 40.00	(32) JENNIFER TOWNSEND	0.00									
HIEF ADMINISTRATIVE OFFICE	DIRECTOR		Х						0.	0.	0
34) KELLEY SIMS	(33) KATHY WHETSELL	40.00									
34) KELLEY SIMS HIEF DEVELOPMENT OFFICER X 124,427. 0. 7,502 35) MATTHEW SPENCE HIEF PROGAMS OFFICER X 117,915. 0. 3,375 36) RYAN MCCLURE HIEF FINANCIAL OFFICER X 106,300. 0. 4,034 37) THOMAS MANTZ HIEF EXECUTIVE OFFICER 38) MANDY CLONINGER HIEF IMPACT OFFICER 39) RHONDA GIDLESPERGER HIEF OPERATING OFFICER X 99,166. 0. 1,985	CHIEF ADMINISTRATIVE OFFIC				Х				93,571.	0.	1,871
35) MATTHEW SPENCE 40.00 HIEF PROGAMS OFFICER 20.00 HIEF PROGAMS OFFICER 40.00 HIEF FINANCIAL OFFICER 20.00 HIEF EXECUTIVE OFFICER 20.00 HIEF MANDY CLOUNINGER 40.00 HIEF MAD CLOUNINGER 20.00 HIEF OPERATING OFFICER 20.00	(34) KELLEY SIMS	40.00									
35) MATTHEW SPENCE 40.00	CHIEF DEVELOPMENT OFFICER				Х				124,427.	0.	7,502
36) RYAN MCCLURE HIEF FINANCIAL OFFICER 37) THOMAS MANTZ 40.00 X 219,277. 0. 9,385 38) MANDY CLONINGER HIEF IMPACT OFFICER 39) RHONDA GINDLESPERGER HIEF OPERATING OFFICER X 99,166. 0. 1,985	(35) MATTHEW SPENCE	40.00									
HIEF FINANCIAL OFFICER	CHIEF PROGAMS OFFICER		L		X				117,915.	0.	3,375
37) THOMAS MANTZ HIEF EXECUTIVE OFFICER X 219,277. 0. 9,385 38) MANDY CLONINGER HIEF IMPACT OFFICER X 105,600. 0. 7,114 39) RHONDA GINDLESPERGER HIEF OPERATING OFFICER X 99,166. 0. 1,985	(36) RYAN MCCLURE	40.00									
37) THOMAS MANTZ HIEF EXECUTIVE OFFICER 38) MANDY CLONINGER HIEF IMPACT OFFICER 39) RHONDA GINDLESPERGER HIEF OPERATING OFFICER X 99,166. 0. 7,114	CHIEF FINANCIAL OFFICER				Х				106,300.	0.	4,034
38) MANDY CLONINGER HIEF IMPACT OFFICER 39) RHONDA GINDLESPERGER HIEF OPERATING OFFICER X 105,600. 0. 7,114 99,166. 0. 1,989	(37) THOMAS MANTZ	40.00									
HIEF IMPACT OFFICER X 105,600. 0. 7,114 39) RHONDA GINDLESPERGER	CHIEF EXECUTIVE OFFICER				X				219,277.	0.	9,385
39) RHONDA GINDLESPERGER HIEF OPERATING OFFICER X 99,166. 0. 1,989	(38) MANDY CLONINGER	40.00									
Name	CHIEF IMPACT OFFICER				Х				105,600.	0.	7,114
	(39) RHONDA GINDLESPERGER	40.00									
Total to Part VII. Section A. line 1c 866 . 256 . 35 . 270	CHIEF OPERATING OFFICER				Х				99,166.	0.	1,989
Total to Part VII. Section A. line 1c 866 . 256 . 35 . 270			_								
Total to Part VII. Section A. line 1c 866 . 256 . 35 . 270											
Total to Part VII. Section A. line 1c 866 . 256 . 35 . 270											
Fotal to Part VII. Section A. line 1c 866 . 256 . 35 . 270			<u> </u>								
Total to Part VII. Section A. line 1c 866 . 256 . 35 . 270											
Total to Part VII. Section A, line 1c 866 . 256 . 35 . 270			\vdash	\vdash			\vdash				
Total to Part VII. Section A, line 1c 866 . 256 . 35 . 270											
Total to Part VII. Section A, line 1c 866 . 256 . 35 . 270	-										
Total to Part VII. Section A, line 1c 866 . 256 . 35 . 270		+									
Total to Part VII. Section A, line 1c 866 . 256 • 35 . 270											
OLD TO THE VII. COULDITE. HID TO 1 J.J. 27 C.	Total to Part VII. Section Δ line 1c								866.256.		35.270

		Check if Schedule O contains a response or note to any	line in this Part VIII			
			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
				lunction revenue	business revenue	sections 512 - 514
ω ω	1 4	Federated campaigns 1a				
ar t						
يج ق			-			
Contributions, Gifts, Grants and Other Similar Amounts			<u>'-</u>			
를		Related organizations 1d				
in,		Government grants (contributions) 1e 3,387,005	<u>'-</u>			
r io	f	All other contributions, gifts, grants, and				
ig #		similar amounts not included above 1f 150696114				
함	ç	Noncash contributions included in lines 1a-1f 1g \$134532037				
a C	r	Total. Add lines 1a-1f	<u> 154418325.</u>			
		Business Co	de			
o	2 a	SHARED EXPENSES & FEES 424000	795,264.	795,264.		
Program Service Revenue	k					
Ser	c					
E S						
gra Re					·	
Š	6					
-		All other program service revenue	705 264-			
\longrightarrow		Total. Add lines 2a-2f	795,264			
	3	Investment income (including dividends, interest, and	207			005
		other similar amounts)	897.			897.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	· 1			
		(i) Real (ii) Persona				
	6 a	Gross rents 6a 93,000.				
		Less: rental expenses 6b 14,105.	7			
		Rental income or (loss) 6c 78,895.				
		Net rental income or (loss)	78,895.			78,895.
		Gross amount from sales of (i) Securities (ii) Other	70,000			,
	, ,	3. 355 a a a a a a a.	₹			
		assets other than inventory 7a				
	r	Less: cost or other basis				
ğ		and sales expenses 7b				
ther Revenue		Gain or (loss) 7c				
æ		Net gain or (loss)	<u> </u>			
þer	8 8	Gross income from fundraising events (not				
ŏ		including \$312,006.				
		contributions reported on line 1c). See				
		Part IV, line 18 8a C				
	b	Less: direct expenses 8b	•			
		Net income or (loss) from fundraising events	0.			
		Gross income from gaming activities. See				
		Part IV, line 19				
	r	Less: direct expenses 9b				
		Net income or (loss) from gaming activities				
	10 8	Gross sales of inventory, less returns				
		and allowances 10a 770,847				
		Less: cost of goods sold 10b854,899		04.050		
		Net income or (loss) from sales of inventory	-84,052.	-84,052.		
ω		Business Co	de			
o o	11 a					
ane	k					
eve	c					
Miscellaneous Revenue	c	All other revenue				
2		·	>			
	12	Total revenue. See instructions	▶ 155209329.	711,212.	0.	79,792.
932009	01-2			· · · · · · · · · · · · · · · · · · ·		Form 990 (2019)

2019.05094 FEEDING AMERICA TAMPA BAY 55196001

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 766,300. 901,529. 45,076. 90,153. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,349,356. 3,696,952. 217,468. 434,936. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 31,621. 316,213. 268,781 15,811. Other employee benefits 9 360,822. 306,699. 18,041. 36,082. 10 Payroll taxes Fees for services (nonemployees): Management Legal 39,912. 39,912. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 6,040. 30,198. column (A) amount, list line 11g expenses on Sch O.) 187,936. 555,637. 817,113. 73,540. 12 Advertising and promotion 997,146. 777,774. 159,543. 59,829 Office expenses 13 Information technology 14 15 Royalties 517,462. 486,414. 31,048. Occupancy 16 81,027. 17,826. 55,098. 8,103. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 71,509. 71,509. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 10,974. 365,804. 354,830. Depreciation, depletion, and amortization 22 66,746. 53,397. 10,679. 2,670. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 131,137,077.131,137,077. DONATED GOODS DISTRIBUT OTHER PROGRAM EXPENSES 5,254,494. 5,254,494. 177,473. COMPUTER EXPENSE 141,978. 28,396. 7,099. 46,267. 46,267. OTHER SERVICES All other expenses 145,537,698.143,480,656. 829,402. 1,227,640. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2019)

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2019)

Part X Balance Sheet

		Chack if Schedule O contains a response or note to	o any line	in thic Dart V			
		Check if Schedule O contains a response or note to	o arry nne	THE HIS FAIL A	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			570,532.	1	5,295,625.
	2	Savings and temporary cash investments			994,531.	2	4,000,826.
	3	Pledges and grants receivable, net	943,709.	3	2,158,130.		
	4	Accounts receivable, net			3 2 3 7 7 6 3 7	4	2,200,200
	5	Loans and other receivables from any current or for					
	•	trustee, key employee, creator or founder, substant					
		controlled entity or family member of any of these p		5			
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described in				6	
G	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			2,284,549.	8	6,035,458.
As	9	B			185,747.	9	275,431.
		Land, buildings, and equipment: cost or other			Î		•
		basis, Complete Part VI of Schedule D	10a	4,946,013.			
	b	Less: accumulated depreciation 1	2,534,160.	10c	2,769,424.		
	11	Investments - publicly traded securities	458,726.	11	449,508.		
	12	Investments - other securities. See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			25,459.	15	26,459.
	16	Total assets. Add lines 1 through 15 (must equal lines 1)			7,997,413.	16	21,010,861.
	17	Accounts payable and accrued expenses			1,054,437.	17	2,734,146.
	18	Grants payable			18		
	19	Deferred revenue	82,889.	19	73,881.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part	t IV of So	chedule D		21	
S	22	Loans and other payables to any current or former	officer, o	lirector,			
≝		trustee, key employee, creator or founder, substant	_	ibutor, or 35%			
Liabilities		controlled entity or family member of any of these p				22	
_	23	Secured mortgages and notes payable to unrelated				23	813,107.
	24	Unsecured notes and loans payable to unrelated th				24	
	25	Other liabilities (including federal income tax, payab					
		parties, and other liabilities not included on lines 17	7-24). Co	mplete Part X			
		of Schedule D			1 127 226	25	2 (21 124
	26	Total liabilities. Add lines 17 through 25		77	1,137,326.	26	3,621,134.
S		Organizations that follow FASB ASC 958, check	here P	· A			
၁င		and complete lines 27, 28, 32, and 33.			E 402 000		15 074 540
alai	27				5,402,908. 1,457,179.	27	15,074,540.
Ä	28	Net assets with donor restrictions			1,457,179.	28	2,315,187.
Ĕ		Organizations that do not follow FASB ASC 958,	, check r	nere >			
Net Assets or Fund Balances		and complete lines 29 through 33.			00		
)ts	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or equip				30	
et A	31	Retained earnings, endowment, accumulated incon			6,860,087.	31 32	17,389,727.
ž	32	Total liabilities and not assets/fund balances			7,997,413.	33	21,010,861.
	J	Total liabilities and net assets/fund balances			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JJ	Form 990 (2019)

Form 990 (2019)

Form	1990 (2019) DBA FEEDING TAMPA BAY	59-	-2116	5576	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,20		
2	Total expenses (must equal Part IX, column (A), line 25)	2	14	5,53	7,6	98.
3	Revenue less expenses. Subtract line 2 from line 1	3		9,67	1,6	31.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		5,86	0,0	87.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		85	8,0	09.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1	7,38	9,7	<u> 27.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	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					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				_	
	Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FEEDING AMERICA TAMPA BAY, INC. Name of the organization

	DBA FEEDING TAMPA BAY	59-2116576
Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions	•
The organ	ization is not a private foundation because it is: (For lines 1 through 12, check only one box.)	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)	
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)	(iii). Enter the hospital's name,
	city, and state:	
5	An organization operated for the benefit of a college or university owned or operated by a governmental un	it described in
	section 170(b)(1)(A)(iv). (Complete Part II.)	
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).	
7 X	An organization that normally receives a substantial part of its support from a governmental unit or from the	e general public described in
	section 170(b)(1)(A)(vi). (Complete Part II.)	
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)	
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a	and-grant college
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of t	he college or
	university:	
10	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membersh	ip fees, and gross receipts from
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its	s support from gross investment
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organized	anization after June 30, 1975.
	See section 509(a)(2). (Complete Part III.)	
11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).	
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to car	ry out the purposes of one or
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 5	09(a)(3). Check the box in
	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and	12g.
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), ty	pically by giving
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustee	s of the supporting
	organization. You must complete Part IV Sections A and B.	
b	Type II. A supporting organization supervised or controlled in connection with its supported organization	n(s), by having
	control or management of the supporting organization vested in the same persons that control or management	e the supported
	averagination (a). Vary moved a complete Post IV. Continue A and O	

- organization(s). You must complete Part IV, Sections A and C. Type III functionally integraled. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V.
- Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f	Enter the number of supported of	organizations					
g	Provide the following information	n about the supporte	ed organization(s).				
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Γota	al						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	79955851.	<u>69956645.</u>	85010589.	117821099	<u> 155165972</u>	507910156
2	Tax revenues levied for the organ-						
	ization'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	F00FF0F1	60056645	05010500	115001000	155165050	505010156
	Total. Add lines 1 through 3	79955851.	69956645.	85010589.	117821099	155165972	507910156
5	The portion of total contributions				4		
	by each person (other than a				\ \		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						 156019319
_	· · · · · · · · · · · · · · · · · · ·						351890837
	Public support. Subtract line 5 from line 4.						D31030037
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(4) 2019	(e) 2019	(f) Total
	Amounts from line 4	(a) 2015 79955851	(b) 2016 69956645	85010589.	(d) 2018 1 1 7 8 2 1 0 9 9	155165972	(f) Total 507910156
	Gross income from interest,	73333311	0000040.	03010303.	117021055	133103372	507510130
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		17,517.	76,220.	148,864.	93,897.	336,498.
9	Net income from unrelated business		73-	,		23,3211	000,000
·	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						508246654
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12 3	,196,606.
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	
	organization, check this box and sto	p here					
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2019 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	69.24 %
15	Public support percentage from 2018	3 Schedule A, Part	II, line 14			15	50.22 %
16a	33 1/3% support test - 2019. If the	organization did no	ot check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2018. If the						
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	t - 2019. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	ınd line 14 is 10%	or more,
	and if the organization meets the "fac			=	· · · · · · · · · · · · · · · · · · ·		
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						9
	organization meets the "facts-and-circ		-	•			
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2019

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

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

qualify under the tests listed be Section A. Public Support	elow, please comp	olete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and	(4) 2010	(6) 2010	(6) 2011	(4) 2010	(6) 2013	(i) rotai
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organization's benefit and either paid to				4		
or expended on its behalf				I		
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge				<i>()</i>	1	
·						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						<u> </u>
	(-) 2045	(1) 2010	(-) 0047	(-1) 0040	(-) 0040	(0) Tabal
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources				+		
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975				+		
c Add lines 10a and 10b						
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.)				1		
14 First five years. If the Form 990 is for	•			•	. , . ,	•
check this box and stop here	a Cumpart Day	······································)
Section C. Computation of Publi			. (6)		T .= I	
15 Public support percentage for 2019 (I					15	<u>%</u>
16 Public support percentage from 2018 Section D. Computation of Inves					16	<u>%</u>
-					1	
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 3					18	%
19a 33 1/3% support tests - 2019. If the						
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19	9a, or 19b, check t	his box and see ins	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
- CE		
3с		
4a		
4b		
12		
4c		
70		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			<u>-</u>
	(55), (65), (Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
b	A family member of a person described in (a) above?	11b		
С	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		
	tion 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		
Sec	tion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "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? F"Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the me hod that the organization used to satisfy the Integral Part Test during the year (see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	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	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	A1		
	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 Organizations

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

	other Type III non-functionally integrated supporting organizations must comp	olete S	ections A through E.	T
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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-functionally i	ntegra	ted Type III supporting oras	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V │ Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.	•		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
_	Evenes from 2010			

Schedule A (Form 990 or 990-EZ) 2019

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 II, SHORT YEAR EXPLANATION THE EXEMPT ORGANIZATION HAS CHANGED ITS ACCOUNTING YEAR FROM A CALENDAR YEAR BASIS TO A FISCAL YEAR BASIS USING JUNE AS THE TAX YEAR-END. AS A RESULT, A SHORT-PERIOD RETURN WAS REQUIRED FOR THE SIX MONTHS ENDED 06/30/15. AS A RESULT, THE TAX YEARS SHOWN ON SCHEDULE A, PART II ARE INCORRECT. COLUMN BY COLUMN, THE PERIODS SHOWN ARE AS FOLLOWS: TAX YEAR END COLUMN (A) 06/30/2015 06/30/2016 (B) (C) 06/30/2017 06/30/2018 (D) 06/30/2019 (E) OTHER THAN THE SIX MONTHS ENDED 06/30/2015, ARE 12 ALL TAX PERIODS, MONTHS.

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2019

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
MASTRONARDIS/ SUNSET GROWERS	12,786,649.	2,621,716.
WALMART/SAMS	77,121,447.	66,956,514.
PUBLIX	83,085,080.	72,920,147.
WINN DIXIE/SWEETBAY/BILO/SOUTHEASTERN GROCERS	23,685,875.	13,520,942.
	7	
, ()		
Total Excess Contributions to Schedule A, Part II, Line 5		156,019,319.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

0040

2019

OMB No. 1545-0047

Name of the organization

FEEDING AMERICA TAMPA BAY, INC. DBA FEEDING TAMPA BAY

Employer identification number

59-2116576

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ X 501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ \bigsim \frac{1}{2} \int \frac{

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

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

Employer identification number

59-2116576

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WAL-MART STORES, INC. 702 S.W. 8TH STREET BENTONVILLE, AR 72716	\$ <u>19,673,207.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	C&S WHOLESALE GROCERS 7 CORPORATE DRIVE	\$_3,564,380.	Person Payroll Noncash X (Complete Part II for
(a)	KEENE, NH 03431 (b)	(c)	noncash contributions.)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	GORDON FOOD SERVICE 333 50TH STREET SW GRAND RAPIDS, MI 49501	\$3,270,387.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d)
4	PUBLIX SUPER MARKETS INC. 3300 PUBLIX CORPORATE PKWY LAKELAND, FL 33811	\$ 28,428,846.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	WINN DIXIE STORES, INC. (SUB OF BI-LO HOLDINGS) 5050 EDGEWOOD CT JACKSONVILLE, FL 32254	\$ 6,143,717.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	TARGET 1544 N DALE MABRY HWY TAMPA, FL 33607	\$ <u>3,493,607</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Employer identification number

59-2116576

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HARRY CHAPIN FOOD BANK 3760 FOWLER ST FORT MYERS, FL 33901	\$ <u>4,842,591.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 59-2116576

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I FOOD INVENTORY - CONTRIBUTIONS MADE THROUGHOUT THE YEAR 1 19,673,207. 06/30/20 (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I FOOD INVENTORY - CONTRIBUTIONS MADE THROUGHOUT THE YEAR 2 564,380. 06/30/20 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I FOOD INVENTORY - CONTRIBUTIONS MADE THROUGHOUT THE YEAR 3 3,270,387. 06/30/20 (a) (c) No. (d) FMV (or estimate) Description of noncash property given from **Date received** (See instructions.) Part I FOOD INVENTORY - CONTRIBUTIONS MADE THROUGHOUT THE YEAR 4 28,428,846. 06/30/20 (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I FOOD INVENTORY - CONTRIBUTIONS MADE THROUGHOUT THE YEAR 5 6,143,717. 06/30/20 (a) No. (b) (d) FMV (or estimate) from **Date received** Description of noncash property given (See instructions.) Part I FOOD INVENTORY - CONTRIBUTIONS MADE THROUGHOUT THE YEAR 6

59-2116576

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	FOOD INVENTORY - CONTRIBUTIONS MADE THROUGHOUT THE YEAR			
7		\$ <u>4,842,591.</u>	06/30/20	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		*		
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		

Name of organization **Employer identification number** FEEDING AMERICA TAMPA BAY, INC. DBA FEEDING TAMPA BAY 59-2116576 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FEEDING AMERICA TAMPA BAY, INC. DBA FEEDING TAMPA BAY

Employer identification number 59-2116576

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds			
	ire the organization's property, subject to the organization's exclusive legal control?					
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only					
	or charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring					
	impermissible private benefit?					
Par	Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply).					
	Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area					
	Protection of natural habitat Preservation of a certified historic structure					
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ed 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			
а	Total number of conservation easements		2a			
b			2b			
С	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic struct	ure			
	listed in the National Register		2d			
3		umber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax				
	year >					
4	Number of states where property subject to conservation easement is located					
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it holds?					
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year					
	>					
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year					
	▶ \$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and					
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the					
	organization's accounting for conservation easements.					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works					
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public					
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
	rt, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	provide the following amounts relating to these items:	rovide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
			. .			
2	the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide					
	e following amounts required to be reported under FASB ASC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		> \$			
b	Assets included in Form 990, Part X					

932051 10-02-19

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

Schedule D (Form 990) 2019

Par	t III Organizations Maintaining Co	ollections of Art,	, Histo	rical Trea	asures, o	r Other	Simila	r Asset	s (contin	ued)
	Using the organization's acquisition, accession									
	collection items (check all that apply):									
а	Public exhibition	d	L	oan or exch	nange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how the	ey further the	e organizatio	n's exen	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or	receive donations of	art, his	torical treas	ures, or othe	er similar	assets			
	to be sold to raise funds rather than to be ma	intained as part of the	e organ	ization's coll	ection?				Yes	☐ No
Par	t IV Escrow and Custodial Arrang	jements. Complet	te if the	organization	answered '	'Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ary for c	ontributions	or other ass	sets not i	ncluded			
	on Form 990, Part X?							[Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
d	Additions during the year					1	1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo					unt liabili	ty?		Yes	□ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation	n has been p	provided on I	Part XIII				
Par	t V Endowment Funds. Complete if	the organization ans	wered '	'Yes" on For	m 990, Part	IV, line 1	0.			
	·	(a) Current year		rior year	(c) Two year		(d) Three y	vears back	(e) Four	years back
1a	Beginning of year balance	35,000.	` '	35,000.		5,000.		35,000.		35,000.
b	Contributions							-		
c	Net investment earnings, gains, and losses			1						-
d	Grants or scholarships									
	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
g	End of year balance	35,000.		35,000.	35	5,000.		35,000.		35,000.
2	Provide the estimated percentage of the curre	ent year end balance	lline 1a		held as:	, ,				
_ a	Board designated or quasi-endowment		%	,						
b	Permanent endowment ► 100.00	%	_, ,							
	Term endowment									
Ū	The percentages on lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posses		ion that	are held an	d administer	ed for th	e organiza	ation		
- Cu	by:	A Trib organizat	ion that	aro mora am	a aariiiiiotoi	04 101 111	o organizi	41011	Γ	Yes No
	(i) Unrelated organizations								3a(i)	X
	(**) D. I.								3a(ii)	Х
b	If "Yes" on line 3a(ii), are the related organizat									
4	Describe in Part XIII the intended uses of the								. [32]	
Par										
	Complete if the organization answered		Part IV	line 11a Se	ee Form 990	Part X	line 10			
	Description of property	(a) Cost or otl		(b) Cost			ccumulate	ed le	(d) Book	. value
	bescription of property	basis (investme		basis (oreciation		(a) Door	value
19	Land	,	· · · - /		8,382.	2.5			338	3,382.
_	Land	I			5,572.	1	L36,9	13.	968	3,659.
b	Buildings Leasehold improvements				9,477.		287,1			2,302.
d					2,582.		752,5			0,081.
	Equipment Other			2,,00	2,302.	+ ,,	, 52, 5	<u>•</u>	<u> </u>	,,001.
	. Add lines 1a through 1e. (Column (d) must ed		' colum	n (R) line 10)c)				2.769	,424.

Schedule D (Form 990) 2019

DBA FEEDING TAMPA BAY

Part VII Investments - Other Securities.			J
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value		l of year market yelve
	(b) Book value	(c) Method of valuation: Cost or end	i-oi-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Tatal (Col. (b) must equal Form 000, Port V, col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	Tra. Gee Form Goo, Farex, line To.	(b) Book value
(1)			(4)
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990 Part X. col. (B) line	<u> </u>	·····	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide		_	•
organization's liability for uncertain tax positions under	FASB ASC 740. Check he	ere if the text of the footnote has been pro	ovided in Part XIII

Schedule D (Form 990) 2019

Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	156,078,333.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	869,004.		
е	Add lines 2a through 2d			2e	869,004. 155,209,329.
3	Subtract line 2e from line 1			3	<u> 155,209,329.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	155,209,329.
Pai	t XII Reconciliation of Expenses per Audited Financial State		Expenses per H	tetur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				
1	Total expenses and losses per audited financial statements			1	146,406,701.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities				
b	Prior year adjustments	2b			
С	Other losses		252 224		
d	Other (Describe in Part XIII.)		869,004.		0.50 004
е	Add lines 2a through 2d			2e	869,004.
3	Subtract line 2e from line 1			3	145,537,697.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	·			0
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form \$90, Part), line 18.) † XIII Supplemental Information.			5	145,537,697.
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; P			; Part :	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	idditional inform	nation.		
ם א ב	RT V, LINE 4:				
PAL	AI V, DINE 4:				
тип	E ENDOWMENT FUNDS ARE TO BE USED ONLY FOR	DTDECT	CEDVICE DE	T. T \7	FDV
1111	E ENDOWMENT FONDS ARE TO BE USED UNDI FOR	DIRECT	SERVICE DE	шт v	EKI
ΣСП	VIVITIES, SUCH AS DIFECT DISTRIBUTION OF		ACENCIES O	р т	O NEEDY
1101	IVITIED, BOCK AS BILLET BIBIRIDOTION OF	1000 10	ACHICIDO O	10 1	O MUDDI
TNI	DIVIDUALS.				
	71 4 1 1 0 0 1 1 1 0 0 1				
PAF	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
SPF	CIAL EVENTS EXPENSES				
COS	T OF GOODS SOLD				854,899.
REN	ITAL EXPENSES				14,105.
					,
TOT	AL TO SCHEDULE D, PART XI, LINE 2D				869,004.
	,				, -
PAF	T XII LINE 2D - OTHER ADJUSTMENTS:				

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization FEEDING AMERICA TAMPA BAY, INC. **Employer identification number** 59-2116576 DBA FEEDING TAMPA BAY Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2019

Fundraicina Evante	Consolite if the approximation approximately as Four COO. Doct IV. line	40
(Form 990 or 990-EZ) 2019	DBA FEEDING TAMPA BAY	59-21165/6 Page 2

		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	T .
			(a) Event #1	(b) Event #2	NONE	(d) Total events
			FORK FIGHT		1,01,1	(add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue			242 225			242 224
Rev	1	Gross receipts	312,006.			312,006.
	2	Less: Contributions	312,006.			312,006.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Exp	_	Food and beverages				
Direc	′	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				
Pa	ırt I	II Gaming. Complete if the organization a		990. Part IV line 19. or r		
		\$15,000 on Form 990-EZ, line 6a.		, , , , , , , , , , , , , , , , , , , ,		
_			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
anne			(a) billigo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c)
Revenue	1	Gross revenue				
Se	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		_	
	0	Net garning income summary. Subtract line 7	from line 1, column (a)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming ac		states?		Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:		rminated during the tax y	ear?	Yes No
	_					
9320	32 09)-11-19			Schedule G (For	rm 990 or 990-EZ) 2019

FEEDING AMERICA TAMPA BAY, INC.

Sch	edule G (Form 990 or 990-EZ) 2019 DBA FEEDING TAMPA BAY	59-2116	576	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amo	unt		
	of gaming revenue retained by the third party \$\bigs\\$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_			Yes	No
b	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in			
_	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental In ormation. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III. lin	es 9. 9	b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	•	,	, ,

FEEDING AMERICA TAMPA BAY, INC.

Schedule G	i (Form 990 or 990-EZ)	DBA FEEDING TAM	<u>IPA BAY</u>		59-2116576	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)				
				4		
				77		
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			<u> </u>			
	<u> </u>		3	<u> </u>		
		X/_				
		1				
						
			<u> </u>	<u> </u>		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

2019

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

FEEDING AMERICA TAMPA BAY, INC.

DBA FEEDING TAMPA BAY

 $Employer\ identification\ number \\ 59-2116576$

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

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) THOMAS MANTZ	(i)	219,277.	0.	0.	4,385	5,000	228,662.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)					*		
	(ii)							
	(i)							
	(ii)			_	\longrightarrow		+	
	(i) (ii)							
	(i)				1			
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)						1	
	(i) (ii)							
	(i)	_						
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							1 1/5 200) 2010

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
4

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019 Open To Public

Inspection

Name of the organization

FEEDING AMERICA TAMPA BAY, INC.
DBA FEEDING TAMPA BAY

Employer identification number 59-2116576

		<i>'DE</i> 1 DD											103	70		
Part I	Excess Bene	fit Transa	ctions	(section 50	01(c)(3), secti	ion 501	c)(4), and se	ction	501(c)(29) orga	nizatio	ns on	y).			
	Complete if the c															
1	Complete il tile e							10 200 01 202	, 01	, om ooo <u>LL</u> , r	Z. C V , 11	110 10	<u>. </u>	(4)	Corro	otod2
' (a) Nan	ne of disqualified p	erson \	(b) Relationship between disqualified person and organization				illeu	(c) Description of transaction					(d) Corrected?			
				213011 4114 01	garnze									Ye	es	<u>No</u>
														\top		
														+	\dashv	
														—		
2 Enter t	the amount of tax is	ncurred by th	ie organ	ization man	agers (or disq	qualified	persons dur	ing t	he year under						
												▶ \$				
3 Enter t	the amount of tax,	if any, on line	2, abov	e, reimburs	ed by	the org	ganizatio	on				> \$				
Part II	Loans to and	l/or From	Intere	sted Pers	sons.				~							
	Complete if the c	raanization a	noworo	d "Voo" on [Form 0	00 EZ	Dort V	line 20e er	- vm	000 Port IV lin	o 26. c	v if th	o orga	nizotio	_	
	· ·	-					, ran v,	III le 36a Ui T	OILII	1990, Part IV, IIII	e 20, C	יוו וו	e orgai	iizatio	"	
	reported an amo								_				(h) Apı	nroved		
	Name of	(b) Relations) Purpose		an to or		Original	(f	Balance due	(g)	In	l by boa	ard or	(i) W	ritten
intere	ested person	with organiza	tion	of loan		zation?	princi	pal amount			defa	ult'?	cómm	ittee?	agree	ment?
					То	From					Yes	No	Yes	No	Yes	No
			-		-											_
			_		-				_					\vdash		
							_									
							l .									
Total	Overde ev Ac)	Lina Inda				> \$								
Part III	Grants or As	sistance E	senem	ting inter	estec	Per	sons.									
	Complete if the c	organization a	nswere	d "Yes" on F	orm 9	90, Pa	art IV, lir	ie 27.								
(a) Na	ame of interested p	person	(b) F	Relationship	betwe	en	(c	Amount of		(d) Type	of		(e)) Purp	ose of	:
, ,	·			erested pers			`a	ssistance		assistan	ce		` 6	assista	nce	
				the organiza	ation											
							-					_				
												-				
												T				
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												\dashv				

 ${\it LHA} \ \ \ \mbox{For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990-EZ) 2019 DBA	DING AMERICA TAMPA BAY, FEEDING TAMPA BAY	INC.	59-2116	576	Page 2	
Part IV Business Transactions Inv	olving Interested Persons.					
Complete if the organization answ		3b, or 28c.		1 (-) Ob		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
			RESTED PERSONS:	Yes	No	
CHAPPELL ROBERTS	ENTITY OWNED BY COL	524,193.	PAYMENT FOR		X	
	Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. Name of interested person (b) Relationship between interested person transaction transaction					
				 		
					-	
					-	
-					+	
Part V Supplemental Information						
		t				
Provide additional information for i	responses to questions on Schedule L (see ii	nstructions).				
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVIN	G INTEREST	D PERSONS:			
(A) NAME OF DEDCOM. CUAR						
(A) NAME OF PERSON: CHAP	FEDD ROBERTS					
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORCANIZATI	ON:			
ENTITY OWNED BY COLLEEN	CHAPPELL, A BOARD MEMB	ER				
(C) AMOUNT OF TRANSACTIO	N \$ 524,193.					
(D) DESCRIPTION OF TRANS	ACTION: PAYMENT FOR PR	AND MARKET	ING SERVICE	s		
(E) SHARING OF ORGANIZAT	ION REVENUES? = NO					
	Y					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

FEEDING AMERICA TAMPA BAY, INC. DBA FEEDING TAMPA BAY

Employer identification number 59-2116576

Par	t I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu	etermini		s
	A		items contributed	Form 990, Part VIII, line 1	9			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7 8	Boats and planes				 			
9	Intellectual property Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or				•			
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other			1				
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	36,000	134,532,037	FAIR MARKET	' VAI	LUE	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other							
26	Other ()							
27	Other (
28	Other ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	83, Part IV, [Donee Acknowledg	gement 29				
				=			Yes	No
30a	During the year, did the organization receive by		*		-			
	must hold for at least three years from the date		•	•				v
	exempt purposes for the entire holding period?	?				30a		X
	If "Yes," describe the arrangement in Part II.			-£ ,	±:0	0.1		v
31	Does the organization have a gift acceptance p				***************************************	31		X
32a	Does the organization hire or use third parties contributions?		~			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is ch	ecked,			
	describe in Part II.							
	For Denominade Dedication Act Notice and				0 - 1 1- 1 - 1			

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

Schedule M (Form 990) 2019

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FEEDING AMERICA TAMPA BAY, INC. DBA FEEDING TAMPA BAY

Employer identification number 59-2116576

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AGENCIES WHICH SERVE THE NEEDY. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES THAT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE COMPANY FINANCIAL OFFICER AND THE EXECUTIVE DIRECTOR FIRST, FOLLOWED BY THE AUDITING FIRM'S PEPRESENTATIVE AND THE TREASURER OF THE BOARD OF DIRECTORS. IN ADDITION, AN ELECTRONIC COPY IS FORWARDED TO ALL BOARD MEMBERS. FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS ARE REQUIRED TO SIGN AND FILE OUR CONFLICT OF INTEREST THE SIGNED CONFLICT OF INTEREST FORMS ARE REVIEWED FORM ON A ANNUAL BASIS. BY OUR BOARD GOVERNANCE COMMITTEE CHAIR FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION USES A SALARY SURVEY FROM FEEDING AMERICA AND OTHER NON-PROFIT SOURCES TO DETERMINE A COMPENSATION PROGRAM.

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

IF INFORMATION IS REQUESTED VIA THE ORGANIZATION'S EMAIL OR WEBSITE, A COPY

IS MAILED. IN ADDITION, THE INFORMATION IS ON WEBSITES SUCH AS CHARITY

NAVIGATOR, WHICH DOES COMPARISONS OF NON-PROFIT ORGANIZATIONS.

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

Schedule O (Form 990 or 990-EZ) (2019)

SCHEDULE R (Form 990)

Part I

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information. FEEDING AMERICA TAMPA BAY, INC.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 59-2116576

(a)		(b)		(c)	(d)	(e)) [((f)	
Name, address, and I	EIN (if applicable)	Primary activ	/ity	Legal domicile (state o	r Total inco	me End-of-yea	r assets	Direct c	ontrolling	ı
of disregarde				foreign country)					ntity	
				3						
		7								
		_			Ĭ					
		-								
		-								
		7								
Part II Identification of Rela organizations during	ated Tax-Exempt Organizathe tax year.	ations. Complete if the o	rganization answ	vered "Yes" on Form 990	, Part IV, line 34, b	pecause it had one	or more	related tax-exer	mpt	
(a)		(b)		(c)	(d)	(e)		(f)	Section 5	1)
Name, addres	s, and EIN	Primary activ	ty	_egal domicile (state or	Exempt Code	Public charity	Direc	ct controlling	Section 5	
of related org				foreign country)	section	status (if section		entity	ent	
				3		501(c)(3))			Yes	No
FEEDING AMERICA NETWORK	- 36-3673599									
35 EAST WACKER DRIVE, #20	000	PROVIDE FOOD THROU	GH							
CHICAGO, FL 60601		MEMBERS OF FOOD BA	nks Ili	LINOIS	501(C)(3)	CHARITABLE	N/A			X
-										
		7								
		7								
		1								
		_								
		-								

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

DBA FEEDING TAMPA BAY

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

Schedule R (Form 990) 2019

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Legal micile entity Direct controlling entity Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income end-of-year assets Disproprior income Share of total income end-of-year assets Yes		ortionate	Code V-UBI	General o	Percentage ownership			
of related organization		(state or foreign	entity	excluded from tax under	income	assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner?	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
						4					
						7					
	1										
	1										
	1										
	1										
											<u> </u>
	1				7						
	1										
	-										

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

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage	Sec 512(t	tion b)(13) rolled
Name, address, and EIN of related organization		(state or foreign country)	entity	Type of entity (C corp, S corp, or trust)	income	end-of-year assets	Percentage ownership	ent	rólled tity?
								100	110
	U [*]								

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

1a

X

Yes No

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	b Gift, grant, or capital contribution to related organization(s)			1b		X
С				1c		X
d	d Loans or loan guarantees to or for related organization(s)			1d		X
е	e Loans or loan guarantees by related organization(s)			1e		X
f	f Dividends from related organization(s)			1f		X
g	g Sale of assets to related organization(s)			1g		X
h	h Purchase of assets from related organization(s)			1h		X
i	i Exchange of assets with related organization(s)			1i		X
j	j Lease of facilities, equipment, or other assets to related organization(s)			1j		X
k	k Lease of facilities, equipment, or other assets from related organization(s)			1k		X
ı	Performance of services or membership or fundraising solicitations for related organization(s)			11		X
m	m Performance of services or membership or fundraising solicitations by related organization(s)			1m		X
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		X
0	o Sharing of paid employees with related organization(s)			10		X
р	p Reimbursement paid to related organization(s) for expenses			1 p		X
q	q Reimbursement paid by related organization(s) for expenses			1q		X
r	r Other transfer of cash or property to related organization(s)			1r	X	
S				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complet	te this line, including covered	I relationships and transaction thresholds.			
	(a) Name of related organization (b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	olved		
1)						
2))					
3)						
4)						
5)	ı					
6)	<u> </u>					
3216	2163 09-10-19		Schedule F	₹ (Forr	n 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec 501(c)(3) orgs.?	Share of	Share of	Dispro tiona allocati	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	(related, ulfrelated, lexcluded from tax under	orgs.?	total	end-of-year	allocati	ons?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Yes N	ю
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Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form4562 for instructions and the latest information.

	snown on return			Busine	ess or activity to which	n this form relates		identifying number
FEE	DING AMERICA TAMPA	BAY, INC.						
DBA	FEEDING TAMPA BAY				M 990 PA			59-2116576
Part	Election To Expense Certain Proper	ty Under Section 179	9 Note: If yo	u have any lis	sted property, c	omplete Part	V before yo	ou complete Part I.
1 M	aximum amount (see instructions)						1	1,020,000.
2 To	otal cost of section 179 property place	ed in service (see in	nstructions)				2	
3 Tr	nreshold cost of section 179 property	before reduction in	n limitation					2,550,000.
	eduction in limitation. Subtract line 3 f							
	llar limitation for tax year. Subtract line 4 from line							
6	(a) Description of pro			(b) Cost (busin		(c) Elected of		
7 l i	sted property. Enter the amount from	line 29			7			
	otal elected cost of section 179 prope						8	
	entative deduction. Enter the smaller							
	arryover of disallowed deduction from							
	usiness income limitation. Enter the sr						10	
	ection 179 expense deduction. Add lir							
							12	
	arryover of disallowed deduction to 20 Don't use Part II or Part III below for I				13			
Part		,			o listed proports	,)		
	Operation 2 operations and the		•	_		•		
	pecial depreciation allowance for qual	, .				•		
	e tax year							
	roperty subject to section 168(f)(1) ele							265 004
16 O		Construction Production					16	365,804.
I all	MACRS Depreciation (Don't	include listed prop						
				ction A			T 1	
	ACRS deductions for assets placed in			•			17	
18 If y	rou are electing to group any assets placed in servi							
	Section B - Assets		 	depreciation	Jsing the Gene	rai Deprecia	tion Syster	<u>n</u>
	(a) Classification of property	(b) Month and year placed in service	(business/in	vestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
e	15-year property							
f	20-year property							
g	25-year property				25 yrs.		S/L	
		/			27.5 yrs.	ММ	S/L	
h	Residential rental property	,			27.5 yrs.	ММ	S/L	
		,			39 yrs.	MM	S/L	
i	Nonresidential real property	,			00 yrs.	MM	S/L	
	Section C - Assets P	laced in Service I	Durina 2019	Tax Year Us	ing the Alterna			em
200			Juning 2010	Tux Tour O				
<u>20a</u>	Class life				12 yrs.		S/L S/L	
b_	12-year	,			30 yrs.	NANA		
	30-year	/ /				MM	S/L	
Par	40-year	/			40 yrs.	MM	S/L	
	,						1 1	
21 Li	sted property. Enter amount from line	28					21	

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

365,804.

23

22

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

Section A. Depreciation and Other Information (Caution: Sec the information for parts for passenger automobiles) 28 a Duy pate who the besiness/investment subcliminary 1 yes No 26 bit 1 Yes, 1 is the evidence surport of the passenger automobiles 19 a Duy part of property Dubt Section A. Depreciation Duy parts				c) of Section A,												
(g) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c							ition: S	See the i	nstruc	1						
Type of property (list vehicles (rist) placed in the precision (list vehicles (rist) placed in the precision of the precision	24a Do you	have evidence to			t use cla	imed?	<u> </u>	es	No	24b If "Y	es," is th	ne evide	nce writ	ten?		
used more than 50% in a qualified business use: Property used more than 50% in a qualified business use:	Type ((list ve	of property	Date placed in	Business/ investment	e ot	Cost or		sis for depre siness/inve	stment	Recovery	Me	thod/	Depre	eciation	Elec sectio	cted n 179
Property used more than 50% in a qualified business use:	25 Special	depreciation all	owance for q	ualified listed p	roperty	placed ir	n servic	e during	the ta	x year and	t c					
Property used more than 50% in a qualified business use:	used m	ore than 50% in	a qualified b	usiness use								25				
1																
27 Property used 50% or less in a qualified business use:			: :	%												
27 Property used 50% or less in a qualified business use:			: :	%	,											
36 Add amounts in column (h), lines 26 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26 through 27. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% source," to related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (d) (e) (f) Total business/investment miles driven during the year (don't include commuting miles) 30 Total husiness/investment miles driven during the year 31 Total continuiting miles driven during the year 32 Total other personal (noncommuting) miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle available for personal use for year of the year (and year) and year of the year (and year) and year of the year (and year) and year of your present an exception to completing Section B for vehicles used by employees who aren't more than 5% owner or related person? 36 Is another vehicle available for personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 37 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? 42 Amortization of costs that began befo			: :	%	,											
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Form **4562** (2019)

FEEDING AMERICA TAMPA BAY, INC. dba FEEDING TAMPA BAY FINANCIAL STATEMENTS FOR THE YEARS ENDED JUNE 30, 2020 AND 2019

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INDEPENDENT AUDITORS' REPORT

Board of Directors Feeding America Tampa Bay, Inc. dba Feeding Tampa Bay

Report on the Financial Statements

We have audited the accompanying financial statements of Feeding America of Tampa Bay, Inc. dba Feeding Tampa Bay (the "Food Bank"), which comprise the statement of financial position as of June 30, 2020, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, the 2020 financial statements referred to above present fairly, in all material respects, the financial position of Feeding America of Tampa Bay, Inc. dba Feeding Tampa Bay as of June 30, 2020, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Prior Period Financial Statements

The 2019 financial statements of Feeding America of Tampa Bay, Inc. dba Feeding Tampa Bay, as of and for the year ended June 30, 2019, were audited by Skoda Minotti & Co., whose practice combined with Marcum LLP as of December 1, 2019, and whose report dated March 31, 2020, expressed an unmodified opinion on those statements.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated December 14, 2021 on our consideration of Feeding America of Tampa Bay, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Feeding America of Tampa Bay, Inc.'s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Feeding America of Tampa Bay, Inc.'s internal control over financial reporting and compliance.

Tampa, FL

December 14, 2021

Marcun LLP

STATEMENTS OF FINANCIAL POSITION

JUNE 30, 2020 AND 2019

	 2020	2019
Assets		
Current Assets		
Cash and cash equivalents	\$ 9,202,767	\$ 1,348,768
Cash, with restrictions	93,684	181,294
Cash, endowment	35,000	35,000
Beneficial interest in assets held by Community Foundation	449,508	458,726
USDA receivables	1,115,489	546,649
Grant receivables	743,608	65,885
Other receivables	137,425	170,975
Agency receivables, net	161,608	160,200
Donated food inventory	5,623,920	2,228,960
Purchased food inventory	408,655	55,589
Prepaid expenses	 275,431	 185,747
Total Current Assets	 18,247,095	 5,437,793
Property and Equipment, Net	2,769,424	2,534,160
Other Assets	 26,459	 25,459
Total Assets	\$ 21,042,978	\$ 7,997,412
Liabilities and Net Assets		
Current Liabilities		
Accounts payable and accrued expenses	\$ 2,210,105	\$ 949,881
Agency deposits	224,041	104,556
Current portion of Paycheck Protection Program Loan	 135,518	
Total Current Liabilities	 2,569,664	 1,054,437
Non-Current Liabilities		
Paycheck Protection Program Loan, net of current portion	677,589	
Other liabilities	73,881	82,889
Total Non-Current Liabilities	751,470	82,889
Total Liabilities	 3,321,134	 1,137,326
Net Assets		
Without donor restrictions	15,371,657	5,402,908
With donor restrictions	2,350,187	1,457,178
Total Net Assets	17,721,844	6,860,086
Total Liabilities and Net Assets	\$ 21,042,978	\$ 7,997,412

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

YEAR ENDED JUNE 30, 2020

	WITHOUT DONOR RESTRICTIONS			WITH I	OONOR RES	TRICTIONS					
	-		Γ	Oonated Food	Trinity	Kids'	Mobile				
	Other			Inventory	Café	Programs	Pantry	Other	End	owment	Total
Public Support and Revenue											
Public Support											
Fundraising											
Contributions	\$ 14,193	248	\$		\$	\$ 253,920	\$ 10,000	\$	\$		\$ 14,457,168
Grants								3,364,012			3,364,012
Special events	312	,006									312,006
Total fundraising	14,505	254				253,920	10,000	3,364,012			18,133,186
Donated food received				134,532,037							134,532,037
Total Public Support	14,505	254		134,532,037		253,920	10,000	3,364,012			152,665,223
Revenue											
Shared maintenance fees	795	264									795,264
Membership fees	23	200									23,200
Investment income, net		897									897
Other revenues	99	753									99,753
USDA & other governmental revenue	3,387	,005									3,387,005
Net assets released from restriction -											
satisfied by payments	2,734	923		<u></u>	(96,828)	(271,768)	(42,000)	(2,324,327)			
Total Public Support and Revenue	21,546	296		134,532,037	(96,828)	(17,848)	(32,000)	1,039,685			156,971,342
Expenses											
Program services											
Product distribution - other	10,471	170									10,471,170
Product distribution and waste - donated food				130,989,922							130,989,922
Trinity Café	1,705	130									1,705,130
Kids' Programs	154	515		117,253							271,768
Mobile Pantry	12	,098		29,902							42,000
Total program services	12,342	913		131,137,077							143,479,990
Supporting services											
Administrative	1,102	640									1,102,640
Fundraising	1,526	954									1,526,954
Total Expenses	14,972	507		131,137,077							146,109,584
Change in Net Assets	6,573	789		3,394,960	(96,828)	(17,848)	(32,000)	1,039,685			10,861,758
Net Assets, July 1, 2019	3,173	,948		2,228,960	640,020	36,242	48,000	697,916		35,000	6,860,086
Net Assets, June 30, 2020	\$ 9,747	737	\$	5,623,920	\$ 543,192	\$ 18,394	\$ 16,000	\$ 1,737,601	\$	35,000	\$ 17,721,844

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS

YEAR ENDED JUNE 30, 2019

	WITHOUT DONG	OR RESTRICTIONS		WITH D	OONOR RES	TRICTIONS		
		Donated Food	Trinity	Kids'	Mobile			
	Other	Inventory	Café	Programs	Pantry	Other	Endowment	Total
Public Support and Revenue		·						
Public Support								
Fundraising								
Contributions	\$ 4,724,178	\$	\$	\$ 155,329	\$ 65,000	\$	\$	\$ 4,944,507
Contributions - Trinity Café acquisition	937,934		659,243					1,597,177
Grants						1,251,904		1,251,904
Special events	608,169							608,169
Total fundraising	6,270,281		659,243	155,329	65,000	1,251,904		8,401,757
Donated food received		108,087,182						108,087,182
Total Public Support	6,270,281	108,087,182	659,243	155,329	65,000	1,251,904		116,488,939
Revenue								
Shared maintenance fees	968,414							968,414
Membership fees	21,073							21,073
Investment income, net	55,864							55,864
Other revenues	98,817							98,817
USDA & other governmental revenue	2,262,704							2,262,704
Net assets released from restriction -								
satisfied by payments	1,196,464		(19,223)	(261,540)	(46,500)	(869,201)		
Total Public Support and Revenue	10,873,617	108,087,182	640,020	(106,211)	18,500	382,703		119,895,811
Expenses								
Program services								
Product distribution - other	7,431,569							7,431,569
Product distribution and waste - donated food		106,687,028						106,687,028
Trinity Café	602,656							602,656
Kids' Programs	148,700	112,840						261,540
Mobile Pantry	13,395	33,105						46,500
Total program services	8,196,320	106,832,973						115,029,293
Supporting services								
Administrative	921,573							921,573
Fundraising	1,395,367							1,395,367
Total Expenses	10,513,260	106,832,973						117,346,233
Change in Net Assets	360,357	1,254,209	640,020	(106,211)	18,500	382,703		2,549,578
Net Assets, July 1, 2018	2,813,591	974,751		142,453	29,500	315,213	35,000	4,310,508
Net Assets, June 30, 2019	\$ 3,173,948	\$ 2,228,960	\$ 640,020	\$ 36,242	\$ 48,000	\$ 697,916	\$ 35,000	\$ 6,860,086

The accompanying notes are an integral part of these financial statements.

STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED JUNE 30, 2020

	PROGRAM SERVICES				SUPPO				
	Product Distribution	Trinity Café	Kids' Programs	Mobile Pantry	Total	Administrative	Fundraising	Total	Total Expenses
Donated food	\$ 130,989,922	\$	\$ 117,253	\$ 29,902	\$ 131,137,077	\$	\$	\$	\$ 131,137,077
Salaries and related expenses	3,714,087	537,975	150,067	8,769	4,410,898	784,666	732,355	1,517,021	5,927,919
Food purchasing	2,985,737	792,187			3,777,924				3,777,924
USDA distributors	693,112				693,112				693,112
Transportation	1,179,660	336		692	1,180,688				1,180,688
Fundraising expense							428,486	428,486	428,486
Office and warehouse expenses	658,901	228,132	3,852	2,637	893,522	110,953	103,556	214,509	1,108,031
Public relations and development	376,968				376,968	11,659		11,659	388,627
Depreciation and amortization	314,603	54,470	596		369,669	20,081		20,081	389,750
Utilities	40,841	51,504			92,345	15,980	120,746	136,726	229,071
Rent	243,217	29,650			272,867	15,524		15,524	288,391
Professional expenses	8,318				8,318	83,182	74,864	158,046	166,364
Travel	48,616				48,616	16,206	16,205	32,411	81,027
Computer expense	122,993	4,245			127,238	25,982	24,253	50,235	177,473
Membership fees	26,801				26,801	5,662	5,285	10,947	37,748
Insurance	47,390				47,390	10,012	9,344	19,356	66,746
Postage	1,318	632			1,950	1,318	10,539	11,857	13,807
Telephone	6,700	5,999			12,699	1,415	1,321	2,736	15,435
Loss on sale of assets	1,908				1,908				1,908
	\$ 141,461,092	\$ 1,705,130	\$ 271,768	\$ 42,000	\$ 143,479,990	\$ 1,102,640	\$ 1,526,954	\$ 2,629,594	\$ 146,109,584

STATEMENT OF FUNCTIONAL EXPENSES

YEAR ENDED JUNE 30, 2019

	PROGRAM SERVICES				SUP				
	Product Distribution	Trinity Café	Kids' Programs	Mobile Pantry	Total	Administrative	Fundraising	Total	Total Expenses
Donated food	\$ 106,687,028	\$	\$ 112,840	\$ 33,105	\$ 106,832,973	\$	\$	\$	\$ 106,832,973
Salaries and related expenses	2,629,736	310,905	144,419	9,709	3,094,769	588,128	672,146	1,260,274	4,355,043
Food purchasing	1,962,548	168,334			2,130,882				2,130,882
Other program expenses									
USDA distributors	508,424				508,424				508,424
Transportation	907,530	148		766	908,444				908,444
Fundraising expense							459,809	459,809	459,809
Office and warehouse expenses	431,939	45,738	3,707	2,920	484,304	85,225	31,960	117,185	601,489
Public relations and development	189,248				189,248	5,853		5,853	195,101
Depreciation and amortization	316,177	27,139	574		343,890	21,915		21,915	365,805
Utilities	18,916	24,034			42,950	16,806	126,980	143,786	186,736
Rent	262,807	4,800			267,607	17,081		17,081	284,688
Professional expenses	28,860	4,971			33,831	36,537	36,537 64,956		135,324
Travel						105,039		105,039	105,039
Computer expense	81,835	12,279			94,114	23,187	19,095	42,282	136,396
Membership fees	38,931				38,931	7,786	1,947	9,733	48,664
Insurance	49,720	1,110			50,830	10,166	2,542	12,708	63,538
Postage	833	893			1,726	1,726	13,808	15,534	17,260
Telephone	4,065	2,305			6,370	2,124	2,124	4,248	10,618
	\$ 114,118,597	\$ 602,656	\$ 261,540	\$ 46,500	\$ 115,029,293	\$ 921,573	\$ 1,395,367	\$ 2,316,940	\$ 117,346,233

STATEMENTS OF CASH FLOWS

YEARS ENDED JUNE 30, 2020 AND 2019

		2020		2019
Cash Flows From Operating Activities				
Net income	\$	10,861,758	\$	2,549,578
Adjustments to reconcile net income to net cash				
provided by (used in) operating activities:				
Donated food contributions		(134,532,037)		(108,087,182)
Donated food distributions		131,137,077		106,832,973
Depreciation and amortization		389,750		365,805
Loss on disposal of property and equipment		1,908		
Net assets contributed in acquisition, net of cash (see note 2)				(1,532,887)
Net investment loss (income) from beneficial interest in				
assets held by Community Foundation		9,218		(49,159)
(Increase) decrease in operating assets, net of acquisition				
USDA receivables		(568,840)		(303,586)
Grant receivables		(677,723)		(65,885)
Other receivables		33,550		(43,723)
Agency receivables		(1,408)		(72,135)
Purchased food inventory		(353,066)		(24,994)
Prepaid expenses		(89,684)		(42,448)
Other assets		(1,000)		1,462
Increase (decrease) in operating liabilities, net of acquisition		1.0.00.001		206 ==2
Accounts payable and accrued expenses		1,260,224		396,773
Agency deposits		119,485		11,803
Other liabilities		(9,008)		49,281
Net Cash Provided by (Used in) Operating Activities		7,580,204		(14,324)
Cash Flows From Investing Activities				
Purchases of property and equipment		(626,922)		(437,227)
Withdrawals from beneficial interest in assets held				
by Community Foundation				220,000
Net Cash Used in Investing Activities	_	(626,922)		(217,227)
Cash Flows From Financing Activities				
Proceeds from Paycheck Protection Program Loan	_	813,107		
Net Cash Provided by Financing Activities		813,107		
Net Change in Cash and Restricted Cash		7,766,389		(231,551)
Cash and Cash Equivalents and Restricted Cash - Beginning		1,565,062		1,796,613
Cash and Cash Equivalents and Restricted Cash - Ending	\$	9,331,451	\$	1,565,062
Reconciliation of Cash and Cash Equivalents and Restricted Cash				
Cash	\$	9,202,767	\$	1,348,768
Cash, with restrictions		93,684		181,294
Cash, endowment		35,000	_	35,000
Total Cash and Cash Equivalents and Restricted Cash - Ending	\$	9,331,451	\$	1,565,062

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2020 AND 2019

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

NATURE OF BUSINESS

Feeding America Tampa Bay, Inc. dba Feeding Tampa Bay is a non-profit organization established to collect, warehouse and distribute salvageable food to social agencies which serve the needy. The organization (the "Food Bank" or "Feeding Tampa Bay") is a member of Feeding America Network. During the year ended June 30, 2019, the Food Bank acquired Trinity Café ("Trinity") (See Note 2). Subsequently, Trinity continues as a program of Feeding Tampa Bay providing free, hot, healthy meals for those in need of a healthy meal, with a goal of restoring a sense of dignity to lives of those in need through nutritious meals and compassion.

BASIS OF ACCOUNTING

The Food Bank's financial statements have been prepared using the accrual basis of accounting whereby all revenues are recorded when earned and all expenses are recorded when incurred.

BASIS OF PRESENTATION

The Food Bank has presented its financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") for not-for-profit organizations. Under this guidance, the Food Bank is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

- Net Assets Without Donor Restrictions Net assets that are not subject to donor-imposed stipulations.
- Net Assets With Donor Restrictions Net assets subject to donor-imposed stipulations that may or will be met by actions of the Food Bank and/or the passage of time or that must be maintained by the Food Bank in perpetuity.

REVENUE RECOGNITION

Unconditional contributions received are recorded as net assets without donor restrictions or net assets with donor restrictions, depending on the existence and/or nature of any donor restrictions. All donor-restricted contributions are reported as an increase in net assets with donor restrictions. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities and changes in net assets as net assets released from restriction.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2020 AND 2019

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

REVENUE RECOGNITION (CONTINUED)

The Food Bank charges a small handling fee for donated food distributed to its network of agencies and records this revenue as shared maintenance fees at the point in time the performance obligation is completed. The Food Bank receives and distributes food under contractual agreements with the U.S. Department of Agriculture ("USDA") and receives a fee from the USDA based on pounds distributed. Agency receivables are presented net of an allowance for doubtful accounts of \$6,904 and \$1,904 for the years ended June 30, 2020 and 2019, respectively.

The Food Bank reports gifts of goods and equipment as support without restrictions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as support with restrictions. Absent explicit donor stipulation about how long those long-lived assets must be maintained, the Food Bank reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Income earned on the Food Bank's endowment (see Note 9) and beneficial interest in assets held by Community Foundation of Tampa Bay ("Community Foundation" or "Foundation")(see Note 3), which includes interest, dividends, unrealized gains and losses, and realized gains and losses, is recognized in the statements of activities and changes in net assets and reported as an increase or decrease in net assets without donor restrictions, unless their use is restricted by a donor to a specified purpose, future period, or by law that extends donor restrictions.

CASH

The Food Bank considers all highly-liquid instrument purchases with a maturity of three months or less to be cash equivalents. The Food Bank maintains cash balances at various financial institutions and each is insured by the Federal Deposit Insurance Corporation's general deposit insurance coverage of up to \$250,000 per depositor. From time to time, cash balances in these accounts could exceed federally insured limits. The Food Bank has not experienced any losses on its deposits with financial institutions.

DONATED FOOD INVENTORY

Donated food inventory is recorded at estimated fair value as net assets without donor restrictions in the accompanying statements of financial position. Estimated fair value of donated food inventory as of June 30, 2020 and 2019 is based on the most recent Product Valuation Survey Methodology prepared by Feeding America (report as of December 31, 2019 and 2018, respectively).

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2020 AND 2019

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

DONATED FOOD INVENTORY (CONTINUED)

The Product Valuation Survey Methodology calculates the estimated fair value of donated food inventory utilizing the average wholesale price as determined by the *Spartan Nash Electronic Reference Catalogs* for *Grocery, Bakery, Frozen, Dairy, General Merchandise, Health and Beauty, Processed Meat, Non-Department, and Produce* price catalogs for identical or similar food items. The value of donated food inventory as of June 30, 2020 and 2019 was \$5,623,920 and \$2,228,960, respectively.

DONATED GOODS AND SERVICES

Donated professional services (which include accounting and legal services) are reflected in the statements of activities and changes in net assets at their fair value, if material. There were no significant professional services donations reflected in the accompanying financial statements for the years ended June 30, 2020 and 2019. Volunteer services not requiring specialized skills are not reflected in the financial statements since no objective basis exists for assigning values to many of these services. For the years ended June 30, 2020 and 2019, volunteer hours totaled approximately 140,000 and 84,000, respectively. Materials and other assets received as donations are recorded and reflected in the accompanying financial statements at their fair values at the date of receipt. There were no donations of materials and other assets for the years ended June 30, 2020 and 2019.

AGENCY DEPOSITS

Funds received by the Food Bank on behalf of other agencies for handling charges on future distributions of salvageable food are recorded as agency deposits.

USE OF ESTIMATES

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosures of contingent assets and liabilities, at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

IMPAIRMENT OF LONG-LIVED ASSETS

The Food Bank reviews its long-lived assets for impairment as events or changes in circumstances indicate that the carrying amount of such assets may not be fully recoverable. The Food Bank evaluates the recoverability of long-lived assets by measuring the carrying amounts of assets against their estimated undiscounted future cash flows. If such evaluations indicate that future undiscounted cash flows of certain long-lived assets are not sufficient to recover the carrying value of such assets, the assets are adjusted to their fair values. No impairment losses were recorded for the years ended June 30, 2020 and 2019.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2020 AND 2019

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

PROPERTY AND EQUIPMENT

Property and equipment are recorded at cost, or estimated fair value for items donated. Maintenance and repairs, which do not improve efficiency or extend useful lives, are charged to operations as incurred. Depreciation and amortization is computed on the straight-line basis over the following estimated useful lives of the assets:

Building	39 years
Automobiles and trucks	5 years
Refrigeration equipment	7 years
Warehouse equipment	3-7 years
Furniture and fixtures	3-7 years
Kitchen equipment	7 years
Other equipment	3-7 years

Leasehold improvements are amortized over the lesser of the useful life of the asset or the remaining life of the lease.

INCOME TAXES

The Food Bank qualifies as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue code and therefore has no provision for federal or state income taxes on tax-exempt activities. There were no significant non-exempt business activities during the years ended June 30, 2020 and 2019.

GAAP requires management to evaluate tax positions taken by the Organization. The Organization has adopted the authoritative guidance relating to accounting for uncertainty in income taxes included in FASB ASC Topic 740, *Income Taxes*. These provisions provide consistent guidance for the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribe a threshold of "more likely than not" for recognition and derecognition of tax positions taken or expected to be taken in a tax return. Management has analyzed its uncertainty in income taxes for the year ended June 30, 2020, and concluded that there was no uncertainty in income taxes that would require recognition in the financial statements or that may have any effect on its tax-exempt status, and no provision for income taxes is required for the year ended June 30, 2020.

RECLASSIFICATION

Certain reclassifications have been made to the 2019 financial statements to conform to the 2020 financial statement presentation. Such reclassifications had no effect on changes in net assets as previously reported.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2020 AND 2019

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

EXPENSE CLASSIFICATION

The financial statements report certain categories of expenses that are attributable to program services, administrative, and fundraising. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses include salaries and related expenses and public relations and development, which are allocated on the basis of estimated time each department and job classification spent in each category. Expenses associated with office and warehouse supplies, rent, and utilities have been allocated to the respective functional area based on square footage utilized by each department and job classification.

NEW ACCOUNTING PRONOUNCEMENTS

In February 2016, the FASB issued Accounting Standards Update (ASU) 2016-02, Leases. The ASU requires all leases with lease terms greater than 12 months to be capitalized as a right-of-use asset and lease liability on the statement of financial position at the date of lease commencement. Leases will be classified as either finance leases or operating leases. This distinction will be relevant for the pattern of expense recognition in the statement of activities and changes in net assets. This ASU will be effective for the Food Bank for the year ending June 30, 2023. The Food Bank is currently in the process of evaluating the impact of adoption of this ASU on the financial statements.

In June 2016, FASB issued ASU 2016-13, Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments. The standard's main goal is to improve financial reporting by requiring earlier recognition of credit losses on financing receivables and other financial assets in scope. The standard is effective for fiscal years beginning after December 31, 2022. The Organizaton is evaluating the impact this will have on financial statements for the fiscal year ending June 30, 2024, the first year in which the standard is effective.

In September 2020, the FASB issued ASU 2020-07, "Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets (Topic 958)". This ASU requires nonprofits to change their financial statement presentation and disclosure of contributed nonfinancial assets, or gifts-in-kind. The FASB issued the update in an effort to improve transparency in reporting nonprofit gifts-in-kind. This ASU requires the new standard to be applied retrospectively, with amendments taking effect for annual reporting periods beginning after June 15, 2021, and interim periods within annual reporting periods beginning after June 15, 2022. This ASU does allow for early adoption. The Organization is evaluating the impact on its financial statements upon adoption.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2020 AND 2019

NOTE 2 – ACQUISITION OF TRINITY

Effective January 1, 2019, the Food Bank acquired Trinity, as described in Note 1. As of the date of the acquisition, the Food Bank became the surviving organization and acquired certain assets and assumed certain liabilities for no consideration. The Food Bank recorded the fair value of the assets and liabilities of Trinity as an inherent contribution in the accompanying statement of activities and changes in net assets

In accordance with the agreement, the Food Bank was initially required to reserve \$659,243, which was the amount of Trinity's cash plus liquid, marketable assets, plus receivables less all liabilities as of the effective date of the acquisition, for the purpose of purchasing or leasing of assets to operate new Trinity Cafés, funding pre-opening and start-up operating costs, and funding costs incurred to maintain existing Trinity Cafés.

The following table summarizes the estimated fair values of the assets contributed and liabilities assumed and the calculation of net assets reported in the accompanying statements of financial position.

Assets Contributed	
Cash	\$ 64,290
Beneficial interest in assets held by Community	
Foundation of Tampa Bay	629,567
Accounts receivable	60,079
Property and equipment	937,934
Total Assets Contributed	1,691,870
Liabilities Assumed	
Accounts payable	67,347
Accrued expenses	27,346
Total Liabilities Assumed	94,693
Net assets contributed	1,597,177
Contributions with donor restrictions	(659,243)
Contributions Without Donor Restrictions	<u>\$ 937,934</u>

NOTE 3 – BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY FOUNDATION OF TAMPA BAY

The Food Bank holds an interest in the Trinity Café Reserve Fund (the "Fund") with Community Foundation of Tampa Bay. When Trinity Café merged with the Food Bank on January 1, 2019, this fund had a balance of \$629,567.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2020 AND 2019

NOTE 3 – BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY FOUNDATION OF TAMPA BAY (CONTINUED)

The Food Bank's investment in the Fund is stated at the fair value of the investments within the Fund. The Community Foundation of Tampa Bay holds the Fund unless and until a withdrawal is made by the Food Bank for purposes allowed for in the acquisition agreement. The Food Bank holds a beneficial interest in assets held by the Community Foundation of Tampa Bay of \$449,508 and \$458,726 at June 30, 2020 and 2019, respectively, all of which are classified as net assets with donor restrictions in the accompanying statements of financial position.

Returns on beneficial interest in assets held by Community Fund of Tampa Bay, which are included in investment income in the accompanying statement of activities and changes in net assets for the year ended June 30, 2020, are as follows:

Interest and dividends	\$ 10,220
Net realized and unrealized losses	(14,673)
Less: investment fees	 (4,764)
	\$ (9,217)

Returns on beneficial interest in assets held by Community Fund of Tampa Bay, which are included in investment income in the accompanying statement of activities and changes in net assets for the year ended June 30, 2019, are as follows:

Interest and dividends	\$ 3,519
Net realized and unrealized gains	47,656
Less: investment fees	 (2,016)
	\$ 49,159

NOTE 4 – FAIR VALUE MEASUREMENTS

FAIR VALUE HIERARCHY

Feeding America follows the guidance of ASC Topic 820 for fair value measurements of financial assets and financial liabilities and for fair value measurements of nonfinancial items that are recognized or disclosed at fair value in the financial statements on a recurring basis. ASC Topic 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2020 AND 2019

NOTE 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

FAIR VALUE HIERARCHY (CONTNUED)

- Level 1: Inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that Feeding Tampa Bay has the ability to access at the measurement date.
- Level 2: Inputs are observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3: Inputs are unobservable and significant to the fair value measurement of the asset or liability.

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

At June 30, 2020 and 2019, fair value for beneficial interest in assets held by Community Foundation are classified as Level 2 because fair value is readily determinable from statements published by the Community Foundation.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2020 AND 2019

NOTE 5 - PROPERTY AND EQUIPMENT, NET

Property and equipment, net, consisted of the following at June 30:

	2020	2019
Land	\$ 338,382	\$ 338,382
Building	1,105,572	1,105,572
Automobiles and trucks	1,822,408	1,560,718
Refrigeration equipment	449,443	449,443
Warehouse equipment	471,504	312,654
Furniture and fixtures	27,043	21,043
Leasehold improvements	599,477	454,048
Kitchen equipment	46,143	46,784
Other equipment	86,041	86,928
	4,946,013	4,375,572
Less: Accumulated depreciation and amortization	(2,176,589)	(1,841,412)
	<u>\$2,769,424</u>	<u>\$2,534,160</u>

Depreciation and amortization expense was \$389,750 and \$365,805 for the years ended June 30, 2020 and 2019, respectively.

NOTE 6 – LINE OF CREDIT

The Food Bank maintains an agreement for a revolving line of credit in the amount of \$500,000 with a financial institution, which bears interest at one-month LIBOR plus 3.00% (3.16% and 5.40% at June 30, 2020 and 2019, respectively) and is collateralized by substantially all assets. There was no outstanding balance on the line of credit at June 30, 2020 and 2019.

NOTE 7 – PAYCHECK PROTECTION PROGRAM LOAN

On May 1, 2020, the Food Bank received a loan (the "initial PPP Loan") from a financial institution in the amount of \$813,107 under the Paycheck Protection Program ("PPP") established by the Coronavirus Aid, Relief and Economic Security Act ("CARES Act"). The PPP provides for loans to qualifying businesses for amounts up to 2.5 times of the average monthly payroll expenses of the qualifying business. Subject to potential

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2020 AND 2019

NOTE 7 – PAYCHECK PROTECTION PROGRAM LOAN (CONTINUED)

forgiveness, as described below, the initial PPP Loan matures in two years on May 1, 2022, bears interest at a rate of 1.00% per year. Monthly payments of principal and interest are deferred until after any application for forgiveness submitted by the Food Bank has been acted upon, as described below.

The initial PPP Loan is unsecured, federally guaranteed and contains customary events of default relating to, among other things, failure to make payments of principal and interest and breaches of representations and warranties. The Food Bank may prepay the initial PPP Loan at any time prior to maturity with no penalty.

All or a portion of the initial PPP Loan is eligible to be forgiven by the U.S. Small Business Administration ("SBA") and the lender upon application by the Food Bank, provided that the Food Bank shall have used the loan proceeds for eligible purpose, including the payment of payroll, benefits, rent, mortgage interest and utilities, during the 24 week covered period beginning on the date of funding of the loan (the "covered period"). Not more than 40% of the amount forgiven may be for non-payroll costs. The Food Bank will be eligible to submit an application for forgiveness of the initial PPP Loan for a period of up to ten months after the end of the covered period. Consistent with the requirements for loan forgiveness, the Food Bank has been using the loan proceeds solely for payment of payroll and otherwise in a manner which it believes satisfy the requirements for loan forgiveness. At June 30, 2020, the outstanding balance was \$813,107, of which \$135,518 is due in the next twelve months and is classified as current in the accompanying 2020 statement of financial position. In June 2021, the Paycheck Protection Program loan was forgiven in full.

NOTE 8 – COMMITMENTS

OPERATING LEASES

The Food Bank leases its warehouse, office, and a portion of its restaurant space under non-cancellable operating leases expiring at various times, with the last lease expiring in January 2024. In May 2020, one of the leases was modified to extend the lease term, expand the amount of leased space, and increase the minimum annual future lease payments. Tenant improvements are recorded by the Food Bank when funded by the landlord, recorded as deferred rent liability, and amortized over the life of the lease as a reduction in rent expense. The Food Bank records rent expense on a straight-line basis over the lease term.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2020 AND 2019

NOTE 8 – COMMITMENTS (CONTINUED)

OPERATING LEASES (CONTINUED)

Minimum annual future lease payments (including sales tax) on the leases noted above are as follows:

Year Ending June 30,		
2021	\$	366,147
2022		284,304
2023		10,272
2024		5,992
Total	<u>\$</u>	666,715

Rental expense under all operating leases for the years ended June 30, 2020 and 2019 was approximately \$288,400 and \$284,700, respectively.

The Food Bank leases two buildings under a non-cancellable operating lease expiring in December 2021 to an unrelated third-party. Minimum annual future lease rentals (including sales tax) on the leases noted above is \$46,500 for the year ending June 30, 2022. Rental income under this operating lease for the years ended June 30, 2020 and 2019 was \$93,000.

PINELLAS COUNTY EXPANSION

In 2020, the Food Bank expanded services in Pinellas County through the opening of an Empowerment Center with a third Trinity Café location, a leased premise ("Project"). As of June 30, 2020, the Organization incurred approximately \$84,000 in build-out costs. These costs are included within property and equipment, net, in the accompanying statement of financial position. At June 30, 2020, estimated remaining costs of the Project are approximately \$305,000. The Organization expects to fund the Project through donations received to begin and operate the program.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2020 AND 2019

NOTE 9 – NET ASSETS WITH RESTRICTIONS

Net assets with donor restrictions consisted of the following at June 30, 2020:

	2020			2019		
With donor restrictions - Trinity Café	\$	543,192	\$	640,020		
With donor restrictions - Kids' Programs		18,394		36,242		
With donor restrictions - Mobile Pantry		16,000		48,000		
With donor restrictions - other		1,737,601		697,916		
With donor restrictions - endowment		35,000		35,000		
With donor restrictions - total	\$	2,350,187	\$	1,457,178		

TRINITY CAFÉ

At June 30, 2020 and 2019, net assets restricted for the Trinity Café were \$543,192 and \$640,020, respectively. This balance is restricted for costs relating to improvements at the cafes, expanding operations at current café locations, and/or operating and adding new café locations.

KIDS' PROGRAMS

At June 30, 2020 and 2019, net assets restricted for the Kids' Programs were \$18,394 and \$36,242, respectively. This balance is restricted for salaries and wages and direct costs for operating the Kids' Programs portion of the Food Bank. Expenses included for Kids' Programs were the cost of food and salaries for associates to assemble packages of food for distribution.

MOBILE PANTRIES

At June 30, 2020 and 2019, net assets restricted for the Mobile Pantries were \$16,000 and \$48,000, respectively. This balance is restricted for costs relating to operating mobile pantries, such as cost of food and delivery and distribution services.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2020 AND 2019

NOTE 9 – NET ASSETS WITH RESTRICTIONS (CONTINUED)

OTHER

As of June 30, 2020 and 2019, other net assets with restrictions consisted of:

	2020	2019
Agency capacity building	\$ 9,958	\$ 65,720
Employee salary and benefits	39,801	40,000
Employee training		4,000
Epic Chef program		26,600
Fleet expansion		6,000
Food pharmacy	833,330	
Food procurement	94,142	204,570
Fork Fight program	61,830	
Hunger relief		21,393
Mobile Pantry support	2,000	7,475
Nutrition research	48,945	
Other	48,363	1,200
Senior grocery delivery		127,486
Trailers for food collection		193,472
Trinity 3	477,003	
Warehouse equipment	20,000	
Workforce Training	102,229	
-		
	<u>\$ 1,737,601</u>	<u>\$ 697,916</u>

ENDOWMENT

In 2009, the Food Bank received a \$15,000 restricted endowment from the Ted Fyffe Endowment Fund (the "Fund"). Proceeds from the endowment are to be held and administered by the Community Foundation. The Foundation shall make annual grants from the Fund to the Food Bank equal to the actual earnings on the Fund during the current year up to 5%. These funds are to be used only for direct service delivery activities, such as direct distribution of food to agencies or to needy individuals. During 2010, the Food Bank received a payment from the donor for an additional permanent endowment of \$20,000. As of June 30, 2020 and 2019, the balance was \$35,000, which is unavailable for general expenditure.

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2020 AND 2019

NOTE 10 - SUBSEQUENT EVENTS

SALE OF PASCO COUNTY PROPERTY

In December 2020, the Food Bank sold the property and building located in Pasco County. This property was not used for operational purposes and was leased to a third party. Proceeds from the sale of the property and building were approximately \$890,000. In 2021, the Food Bank recognized approximately \$413,000 in gain from the sale.

LAND PURCHASE

In June 2021, the Food Bank purchased land located in Tampa, FL for \$6,996,000. The land was funded entirely through capital campaign funds raised during the year. The Food Bank intends to use the land to ultimately build a new warehouse and office facility. Timing of the beginning of the construction is not yet known.

COVID-19

The COVID-19 outbreak in the United States has caused business disruption through mandated and voluntary closings of businesses across the country for non-essential services. While the disruption is currently expected to be temporary, there is considerable uncertainty about the duration of closings.

The Food Bank considers itself to be a first responder and as a result has continued operations including operating its food distribution warehouse under a modified structure to provide food to its partners and families. In response to the COVID-19 crisis that impacted the Food Bank's community during the fiscal year ended June 30, 2020, the Food Bank was the beneficiary of an increased level of donations and grants to mitigate the increased level of expense necessary to provide increased services to the community. Additionally, the PPP loan funding had a direct impact on the year over year increase in net assets and cash as of and for the year ended June 30, 2020. As the Food Bank's response to the COVID-19 crisis continues, the Food Bank expects to expend funds raised in subsequent periods at a rate greater than that of new contributions being received. However, at this point, the extent to which COVID-19 may impact the Food Bank's financial condition or results of operations cannot be predicted.

In preparing these financial statements, the Food Bank has evaluated events and transactions for potential recognition or disclosure through December 14, 2021, the date the financial statements were issued. Except for the forgiveness of PPP loan (Note 7) and matters described above, there were no subsequent events that require recognition or disclosure in these financial statements.



INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Board of Directors Feeding America Tampa Bay, Inc. dba Feeding Tampa Bay

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Feeding America Tampa Bay, Inc. dba Feeding Tampa Bay (the "Food Bank," a Florida not-for-profit corporation), which comprise the statement of financial position as of June 30, 2020, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated December 14, 2021.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Food Bank's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Food Bank's internal control. Accordingly, we do not express an opinion on the effectiveness of the Food Bank's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Food Bank's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.



Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Food Bank's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Food Bank's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Food Bank's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Tampa, FL

December 14, 2021

Marcun LLP



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/16/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
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INSR		TYPE OF INSURANCE	ADDL	SUBR		DELIVI	POLICY FFF	POLICY EXP	LIMIT	<u> </u>	
LTR B	Х	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER GL2510BP		(MM/DD/YYYY) 3/17/2022	3/17/2023	EACH OCCURRENCE	\$ 2,000	000
		CLAIMS-MADE X OCCUR					0/11/2022	0/11/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	,
									MED EXP (Any one person)	\$ 5,000	
									PERSONAL & ADV INJURY	\$ 1,000	
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000	,000
	Х	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$2,000	,000
		OTHER:								\$	
В	AUT	TOMOBILE LIABILITY			BA0000002512BP		3/17/2022	3/17/2023	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	,000
	Х	ANY AUTO							BODILY INJURY (Per person)	\$	
		OWNED AUTOS ONLY HIRED SCHEDULED AUTOS NON-OWNED								\$	
	Х	HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									PIP	\$ 10,00	٥
С	Х	UMBRELLA LIAB X OCCUR			CMB0000002509BP		3/17/2022	3/17/2023	EACH OCCURRENCE	\$ 1,000	,000
		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$1,000	,000
		DED RETENTION \$								\$	
		RKERS COMPENSATION EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mar	ndatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	DES	s, describe under CRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Dire	ctors and Officers			107061262		3/17/2022	3/17/2025	Each Occurrence Aggregate	3,000 3,000	
DES	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (4	CORD	101. Additional Remarks Schedu	le, mav h	e attached if more	space is require	 ed)		
			(,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.o,a,		opass is require			
CE	CERTIFICATE HOLDER CANCELLATION										
						THE	EXPIRATION	I DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.		
		For Informational Purposes	•			AUTHORIZED REPRESENTATIVE					
							J. P				