

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 AMERICA'S SECOND HARVEST OF THE BIG BEND INC
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 4446 ENTREPOT BOULEVARD
 City or town, state or province, country, and ZIP or foreign postal code
 TALLAHASSEE, FL 323108740

D Employer identification number
 59-2610345

E Telephone number
 (850) 562-3033

F Name and address of principal officer:
 JOWANNA OATES

G Gross receipts \$ 26,901,097

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.FIGHTINGHUNGER.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1985 **M** State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 TO FEED THE HUNGRY IN THE BIG BEND AREA OF NORTH FLORIDA THROUGH THE ORGANIZATION'S NETWORK OF PARTNER AGENCIES, AND TO EDUCATE AND ENGAGE THE COMMUNITY IN THE FIGHT AGAINST HUNGER.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	38
6 Total number of volunteers (estimate if necessary)	6	1,682
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	19,478,871	26,754,727
9 Program service revenue (Part VIII, line 2g)	110,408	146,370
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-372,992	-4,106
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,817	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,225,104	26,896,991
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,528,049	21,598,985
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,167,093	1,238,421
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 327,541		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,400,244	1,866,125
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,095,386	24,703,531
19 Revenue less expenses. Subtract line 18 from line 12	1,129,718	2,193,460

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	5,477,911	7,870,597
21 Total liabilities (Part X, line 26)	2,004,385	1,848,034
22 Net assets or fund balances. Subtract line 21 from line 20	3,473,526	6,022,563

Part II Signature Block

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

Sign Here

 Signature of officer
 Date 2021-02-09
 MONIQUE ELLSWORTH CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2021-02-16 Check if self-employed PTIN P00025465
 Firm's name ▶ LAW REDD CRONA & MUNROE PA Firm's EIN ▶ 59-2221664
 Firm's address ▶ 2075 CENTRE POINTE BLVD SUITE 200 TALLAHASSEE, FL 323084893 Phone no. (850) 878-6189

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO FEED THE HUNGRY IN THE BIG BEND AREA OF NORTH FLORIDA THROUGH THE ORGANIZATION'S NETWORK OF PARTNER AGENCIES, AND TO EDUCATE AND ENGAGE THE COMMUNITY 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 No

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

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

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

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

4a (Code:) (Expenses \$ 23,891,950 including grants of \$ 21,598,985) (Revenue \$)
See Additional Data

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

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

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

4e Total program service expenses ▶ 23,891,950

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
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		No
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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
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		No
c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICK MINOR FORMER CEO	40.00			X			59,163	0	5,145	
(2) MONIQUE ELLSWORTH CEO	40.00			X			16,096	0	0	
(3) JAYME AGEE DIRECTOR	1.00	X					0	0	0	
(4) NIGEL ALLEN DIRECTOR	1.00	X					0	0	0	
(5) SAMANTHA BOGE DIRECTOR	1.00	X					0	0	0	
(6) JEFF EWALDT SECRETARY	5.00	X		X			0	0	0	
(7) KRISTIN HARRISON VICE PRESIDE	1.00	X					0	0	0	
(8) JUSTINE HICKS DIRECTOR	1.00	X					0	0	0	
(9) JENNIFER HINSON DIRECTOR	1.00	X					0	0	0	
(10) LEIGH JENKINS TREASURER	5.00	X		X			0	0	0	
(11) VELVA KNAPP DIRECTOR	1.00	X					0	0	0	
(12) MELANIE LEITMAN DIRECTOR	1.00	X					0	0	0	
(13) JOWANNA OATES PRESIDENT	10.00	X		X			0	0	0	
(14) DANIEL PETRONIO DIRECTOR	1.00	X					0	0	0	
(15) PAM RIDLEY DIRECTOR	1.00	X					0	0	0	
(16) RAMSAY SIMS DIRECTOR	1.00	X					0	0	0	
(17) DENISHA SWORD DIRECTOR	1.00	X					0	0	0	

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns, 1b Membership dues, 1c Fundraising events, 1d Related organizations, 1e Government grants, 1f All other contributions, 1g Noncash contributions, and 1h Total.

Table for Program Service Revenue with 5 columns (A-D). Rows include 2a SHARED MAINTENANCE FEE INCOME with Business Code 624200, and 2b-2f All other program service revenue. Total 2g is 146,370.

Table for Other Revenue with 5 columns (A-D). Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6c Rental income, 7a-7c Gain or loss from sales of assets, 8a-8b Fundraising events, 9a-9b Gaming activities, 10a-10b Sales of inventory, 11a-11d Miscellaneous Revenue, and 12 Total revenue.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	21,598,985	21,598,985		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	107,083	43,155	42,512	21,416
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,009,073	762,859	147,325	98,889
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	20,786	15,714	3,035	2,037
9 Other employee benefits	16,167	12,223	2,360	1,584
10 Payroll taxes	85,312	64,496	12,456	8,360
11 Fees for services (non-employees):				
a Management				
b Legal	60,525	30,868	25,420	4,237
c Accounting	172,269	91,581	59,938	20,750
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	359,166	323,708		35,458
12 Advertising and promotion	45,040	24,322	14,413	6,305
13 Office expenses	200,036	152,409	15,975	31,652
14 Information technology	29,833	21,292	5,702	2,839
15 Royalties				
16 Occupancy	148,717	110,093	26,418	12,206
17 Travel	32,999	19,899	7,090	6,010
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	69,585	50,509	12,341	6,735
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	109,206	86,274	12,013	10,919
23 Insurance	218,017	164,821	32,049	21,147
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a AUTO EXPENSE	277,927	223,956	32,179	21,792
b MISCELLANEOUS	88,637	47,864	28,364	12,409
c BAD DEBT EXPENSE	39,139	39,139		
d DUES & SUBSCRIPTIONS	15,004	7,783	4,425	2,796
e All other expenses	25		25	
25 Total functional expenses. Add lines 1 through 24e	24,703,531	23,891,950	484,040	327,541
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	670,820	1	2,091,029
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,111,374	3	751,075
	4 Accounts receivable, net	14,218	4	14,481
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,540,282	8	2,354,347
	9 Prepaid expenses and deferred charges	13,643	9	21,627
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,979,727		
	b Less: accumulated depreciation	347,774		
	11 Investments—publicly traded securities	800	11	533
	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	5,552	15	5,552
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,477,911	16	7,870,597	
Liabilities	17 Accounts payable and accrued expenses	122,082	17	334,719
	18 Grants payable		18	
	19 Deferred revenue	3,375	19	128,512
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,878,928	23	1,384,803
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,004,385	26	1,848,034
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,403,104	27	5,842,756
	28 Net assets with donor restrictions	70,422	28	179,807
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	3,473,526	32	6,022,563	
33 Total liabilities and net assets/fund balances	5,477,911	33	7,870,597	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,896,991
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,703,531
3	Revenue less expenses. Subtract line 2 from line 1	3	2,193,460
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,473,526
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	350,131
9	Other changes in net assets or fund balances (explain in Schedule O)	9	5,446
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,022,563

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Additional Data

Software ID:

Software Version:

EIN: 59-2610345

Name: AMERICA'S SECOND HARVEST
OF THE BIG BEND INC

Form 990 (2019)

Form 990, Part III, Line 4a:

AMERICA'S SECOND HARVEST OF THE BIG BEND ACQUIRES, STORES AND DISTRIBUTES MORE THAN THIRTEEN AND A HALF MILLION POUNDS OF FOOD AND GROCERY ITEMS ANNUALLY TO THE COMMUNITY THROUGH PARTNERSHIPS WITH OVER 135 AGENCIES. THESE PARTNER AGENCIES OPERATE FOOD PANTRIES, SOUP KITCHENS AND RESIDENTIAL PROGRAMS SUPPORTING THE COMMUNITY AT LARGE, WITH A SPECIAL EMPHASIS ON CHILDREN AND THE ELDERLY. WE ALSO PARTNER WITH LOCAL RESTAURANTS AND REDISTRIBUTE PREPARED AND PERISHABLE FOOD THAT WOULD OTHERWISE GO TO WASTE. DONATIONS OF FRESH FRUITS AND VEGETABLES BY LOCAL, STATE, REGIONAL AND NATIONAL GROWERS AND FARMERS ARE ALSO REDISTRIBUTED TO PROVIDE HEALTHY FOOD FOR THE COMMUNITY. FINALLY, WE EDUCATE THE PUBLIC ABOUT THE NATURE OF AND SOLUTIONS TO THE PROBLEMS OF HUNGER.

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

2019

Open to Public Inspection

Name of the organization
AMERICA'S SECOND HARVEST OF THE BIG BEND INC

Employer identification number
59-2610345

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

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

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

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

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

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

Section A. Public Support

Calendar 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 grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	11,452,955	12,347,304	15,290,552	19,478,871	26,754,727	85,324,409
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	135,692	154,530	162,210	110,408	146,370	709,210
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	11,588,647	12,501,834	15,452,762	19,589,279	26,901,097	86,033,619
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.)						86,033,619

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	11,588,647	12,501,834	15,452,762	19,589,279	26,901,097	86,033,619
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	37,363	80,987	31,037	72,656		222,043
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	37,363	80,987	31,037	72,656		222,043
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	11,626,010	12,582,821	15,483,799	19,661,935	26,901,097	86,255,662

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	99.740 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99.680 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0 %

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable 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.			
e 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)			
j 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. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is 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:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 59-2610345

Name: AMERICA'S SECOND HARVEST
OF THE BIG BEND INC

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).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

Name of the organization
AMERICA'S SECOND HARVEST
OF THE BIG BEND INC

Employer identification number
59-2610345

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,552	5,552	5,552	5,552	5,889
b Contributions					
c Net investment earnings, gains, and losses					-337
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	5,552	5,552	5,552	5,552	5,552

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | | |
|--|---------------|-----------|
| | Yes | No |
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		447,810		447,810
b Buildings		1,771,752	54,533	1,717,219
c Leasehold improvements				
d Equipment		334,528	97,439	237,089
e Other		425,637	195,802	229,835
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,631,953

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (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.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

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 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	26,939,009
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	42,018	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	42,018
3	Subtract line 2e from line 1		3	26,896,991
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	26,896,991

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	24,740,103
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	42,018	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	42,018
3	Subtract line 2e from line 1		3	24,698,085
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	5,446	
c	Add lines 4a and 4b		4c	5,446
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	24,703,531

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-2610345

Name: AMERICA'S SECOND HARVEST
OF THE BIG BEND INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE ENDOWMENT FUNDS ARE USED AS ADDITIONAL OPERATING REVENUES TO COVER PROGRAM SERVICE EXPENSES.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	BOOK / TAX DEPRECIATION DIFFERENCE 5,446

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization AMERICA'S SECOND HARVEST OF THE BIG BEND INC

Employer identification number 59-2610345

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	TO ENSURE THAT GRANT FUNDS ARE USED AS INTENDED, AMERICA'S SECOND HARVEST OF THE BIG BEND EMPLOYS A DIRECTOR OF IMPACT, COMPLIANCE AND GRANTS. THE FOOD BANK TRACKS THE AWARD AMOUNT, GRANT PERIOD, FUNDING RESTRICTIONS, RECEIPT OF FUNDS AND SUPPORTED EXPENSE. DOCUMENTATION IS MAINTAINED BY THE DIRECTOR OF FINANCE AND REVIEWED MONTHLY.

Additional Data

Software ID:
Software Version:
EIN: 59-2610345
Name: AMERICA'S SECOND HARVEST
OF THE BIG BEND INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A NEW DAY INITIATIVE 1317 HIGH RD TALLAHASSEE, FL 32301	45-4524078	501C3		289,864	FMV	FOOD	FIGHT HUNGER
A NEW DAY INITIATIVE 1599 WAUKEENAH HWY MONTICELLO, FL 32344	45-4524078	501C3		64,195	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALARM COMMUNITY DEVELOPMENT CENTER 2532 WEST THARPE STREET TALLAHASSEE, FL 32303	59-3636164	501C3		84,238	FMV	FOOD	FIGHT HUNGER
ANDERSON CHAPEL AME CHURCH 1307 HARLEM ST TALLAHASSEE, FL 32304		501C3		100,272	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHLEHEM AME 3100 LOVEMOOD RD COTTONDALE, FL 32431		501C3		18,351	FMV	FOOD	FIGHT HUNGER
BIG BEND HOMELESS COALITION 2729 W PENSACOLA STREET TALLAHASSEE, FL 32304	59-2898810	501C3		47,657	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTICK TEMPLE CHRISTIAN CENTER 3795 PAT THOMAS PARKWAY QUINCY, FL 32351	73-1682431	501C3		1,454,841	FMV	FOOD	FIGHT HUNGER
BRADFORDVILLE FIRST BAPTIST CHURCH 6494 THOMASVILLE ROAD TALLAHASSEE, FL 32312	59-2484989	501C3		135,929	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALHOUN-LIBERTY MINISTRY CENTER 21754 STATE ROAD 20 EAST BLOUNTSTOWN, FL 32424	27-0817036	501C3		104,617	FMV	FOOD	FIGHT HUNGER
CAREERSOURCE GULF COAST 401 PETERS STREET PORT SAINT JOE, FL 32456	59-3659026	501C3		130,935	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARRABELLE FOOD PANTRY 102 NE AVE B CARRABELLE, FL 32322	26-3356138	501C3		52,748	FMV	FOOD	FIGHT HUNGER
CATHOLIC CHARITIES 1380 BLOUNTSTOWN HWY TALLAHASSEE, FL 32304	55-0900157	501C3		31,730	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CESC INC 3203 WESTGATE COURT TALLAHASSEE, FL 32304	47-4589916	501C3		279,465	FMV	FOOD	FIGHT HUNGER
CHIPOLA COMMUNITY CHURCH 16555 NE JIM GODWIN RD ALTHA, FL 32421	59-6205643	501C3		109,519	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST EPISCOPAL CHURCH 425 N CHERRY STREET MONTICELLO, FL 32344		501C3		62,048	FMV	FOOD	FIGHT HUNGER
CHRISTTOWN MINISTRIES INC 2121 W JEFFERSON STREET QUINCY, FL 32353	55-0800144	501C3		10,565	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CARES OUTREACH 118 SW THIRD STREET HAVANA, FL 32333	47-5431066	501C3		385,248	FMV	FOOD	FIGHT HUNGER
COMMUNITY CHURCH OF PERRY 2317 DENNIS HOWELL RD PERRY, FL 32348	59-3217541	501C3		236,678	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSOLIDATED CHRISTIAN MINISTRY 799 SW PINCKNEY ST UNIT C MADISON, FL 32340	31-1630103	501C3		22,808	FMV	FOOD	FIGHT HUNGER
CRAWFORDVILLE UNITED METHODIST CHUR 176 OCHLOCKONEE STREET CRAWFORDVILLE, FL 32327	59-3362769	501C3		660,169	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DESTINY CHURCH 5554 CAPITAL CIRCLE NW TALLAHASSEE, FL 32303	80-0112069	501C3		25,481	FMV	FOOD	FIGHT HUNGER
DISC VILLAGE INC 2967 NATURAL BRIDGE ROAD TALLAHASSEE, FL 32305	59-1491338	501C3		7,075	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNTOWN COMMUNITY CHURCH OF TALLAH 231 PALMER AVE TALLAHASSEE, FL 32304		501C3		12,071	FMV	FOOD	FIGHT HUNGER
EAGLES WINGS (FOOD PANTRY) 290 E DOGWOOD STREET MONTICELLO, FL 32344	59-3534500	501C3		64,015	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECHO 1707 S GADSDEN STREET TALLAHASSEE, FL 32301	59-2290628	501C3		36,724	FMV	FOOD	FIGHT HUNGER
ELDER CARE SERVICES (JACKSON COUNTY) 2979 DANIELS ST MARIANNA, FL 32446	59-1426079	501C3		298,316	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELDER CARE SERVICES (LEON COUNTY) 2518 W TENNESSEE STREET TALLAHASSEE, FL 32304	59-1426079	501C3		47,965	FMV	FOOD	FIGHT HUNGER
ETERNAL HOPE CONNECTION 1506 BANNERMAN ROAD TALLAHASSEE, FL 32312	80-0241038	501C3		45,447	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILIES RESTORING THE HOME FRONT I 3927 CRAWFORDVILLE RD SUITE F3 TALLAHASSEE, FL 32305	41-2037767	501C3		6,342	FMV	FOOD	FIGHT HUNGER
FELLOWSHIP MIDWAY CHURCH 32319 BLUE STAR HIGHWAY MIDWAY, FL 32343	61-1533417	501C3		28,186	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FELLOWSHIP BAPTIST CHURCH 1997 NE COLIN KELLY HWY MADISON, FL 32340		501C3		33,063	FMV	FOOD	FIGHT HUNGER
FERNWOOD BAPTIST CHURCH 1324 FERNWOOD ROAD TALLAHASSEE, FL 32304	59-6531158	501C3		39,575	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST BAPTIST CHURCH EASTPOINT 447 AVENUE A EASTPOINT, FL 32328	59-2900266	501C3		299,040	FMV	FOOD	FIGHT HUNGER
FIRST PRESBYTERIAN CHURCH 4437 CLINTON STREET MARIANNA, FL 32446	59-0651083	501C3		127,499	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA A&M UNIVERSITY 1700 LEE HALL DRIVE FHAC 116 TALLAHASSEE, FL 32307	59-0977035	501C3		337,540	FMV	FOOD	FIGHT HUNGER
FRANKLINS PROMISE COALITION 192 14TH STREET SUITE 301 APALACHICOLA, FL 32320	30-0115977	501C3		472,836	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREEDOM CHURCH (FAOG) 2801 THOMASVILLE ROAD TALLAHASSEE, FL 32308	59-1226474	501C3		130,363	FMV	FOOD	FIGHT HUNGER
GEORGIA BELL DICKENSON (WESTMINSTER) 301 E CAROLINA STREET TALLAHASSEE, FL 32301	59-1300852	501C3		45,836	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD NEWS OUTREACH 347 OFFICE PLAZA DRIVE TALLAHASSEE, FL 32301	59-3293598	501C3		309,615	FMV	FOOD	FIGHT HUNGER
GOOD SAMARITAN NETWORK 2820 SHARER RD TALLAHASSEE, FL 32312	26-0263297	501C3		636,863	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE MISSION CHURCH 303 WEST BREVARD ST TALLAHASSEE, FL 32302	59-3140007	501C3		186,092	FMV	FOOD	FIGHT HUNGER
GREATER LOVE COGIC 524 EAST ORANGE AVE TALLAHASSEE, FL 32301	56-2614392	501C3		577,853	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER MT ZION PRIM BAPTIST 2344 LAKE BRADFORD ROAD TALLAHASSEE, FL 32310		501C3		15,881	FMV	FOOD	FIGHT HUNGER
GREENVILLE UNITED METHODIST CHURCH 174 SW CHURCH AVENUE GREENVILLE, FL 32331	59-3404928	501C3		161,505	FMV	FOOD	FIGHT HUNGER

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

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HOLY COMFORTER EPISCOPAL 2015 FLEISCHMANN ROAD TALLAHASSEE, FL 32308	59-3325917	501C3		142,785	FMV	FOOD	FIGHT HUNGER
HOLY COMMUNITY CHURCH 944 STRONG ROAD APT 7 QUINCY, FL 32351	59-2997551	501C3		62,700	FMV	FOOD	FIGHT HUNGER

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

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HOPE HARVEST FOOD PANTRY 1110 RICH BAY ROAD HAVANA, FL 32350	59-1949767	501C3		192,217	FMV	FOOD	FIGHT HUNGER
IAM FELLOWSHIP MINISTRIES 1514 FLORIDA AVENUE QUINCY, FL 32351	80-0421519	501C3		29,834	FMV	FOOD	FIGHT HUNGER

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

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IMITATORS OF GOD 4750 CAPITAL CIRCLE SE TALLAHASSEE, FL 32311	90-0650055	501C3		34,579	FMV	FOOD	FIGHT HUNGER
INNOVATIVE CHARITIES 1994 HWY 71 SOUTH MARIANNA, FL 32448	35-2476682	501C3		455,925	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INNOVATIVE CHARITIES CALHOUN 12122 SR 20 W CLARKSVILLE, FL 32340	35-2476682	501C3		222,756	FMV	FOOD	FIGHT HUNGER
INNOVATIVE CHARITIES LIBERTY 10405 NW THEO JACOBS WAY BRISTOL, FL 32321	35-2476682	501C3		74,683	FMV	FOOD	FIGHT HUNGER

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

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JACOB CHAPEL BAPTIST CHURCH 2333 LAKE BRADFORD RD TALLAHASSEE, FL 32310	59-2491229	501C3		14,156	FMV	FOOD	FIGHT HUNGER
KILLEARN U METHODIST CHURCH 2800 SHAMROCK SOUTH TALLAHASSEE, FL 32309	59-1486348	501C3		186,934	FMV	FOOD	FIGHT HUNGER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKE JACKSON UMC 4423 N MONROE STREET TALLAHASSEE, FL 32303	59-1943123	501C3		238,453	FMV	FOOD	FIGHT HUNGER
LIFE DELIVERANCE MINISTRIES 3377 JIM LEE ROAD TALLAHASSEE, FL 32301	59-3236193	501C3		27,511	FMV	FOOD	FIGHT HUNGER

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

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MALONE UNITED METHODIST CHURCH 5182 9TH AVENUE MALONE, FL 32445	59-2863453	501C3		35,431	FMV	FOOD	FIGHT HUNGER
MARANATHA SDA CHURCH 3121 JIM LEE ROAD TALLAHASSEE, FL 32301		501C3		257,145	FMV	FOOD	FIGHT HUNGER

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

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MARIANNA CHURCH OF NAZARENE 4439 KELSON AVE MARIANNA, FL 32446		501C3		44,146	FMV	FOOD	FIGHT HUNGER
MT PISGAH AME CHURCH 2009 TRAM ROAD TALLAHASSEE, FL 32314	59-3516046	501C3		59,625	FMV	FOOD	FIGHT HUNGER

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

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MT ZION UNITED PENTECOSTAL 17177 NE SR 65 HOSFORD, FL 32334		501C3		191,790	FMV	FOOD	FIGHT HUNGER
NEW BETHEL AME CHURCH 26496 ASHVILLE HIGHWAY MONTICELLO, FL 32344		501C3		122,825	FMV	FOOD	FIGHT HUNGER

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

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NEW BROOKLYN 817 HAMPTON SPRING PERRY, FL 32348	26-3210128	501C3		13,562	FMV	FOOD	FIGHT HUNGER
OUR FATHER'S STOREHOUSE 402 EAST ASH STREET PERRY, FL 32347	83-2038600	501C3		82,066	FMV	FOOD	FIGHT HUNGER

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

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PHILADELPHIA FOUNDATION FOR CHANGE 840 DUNN ST TALLAHASSEE, FL 32304	27-1396348	501C3		56,580	FMV	FOOD	FIGHT HUNGER
PROMISE LAND MINISTRIES-WATCH 20 CHURCH RD CRAWFORDVILLE, FL 32327	59-3555581	501C3		144,232	FMV	FOOD	FIGHT HUNGER

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

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REFUGE HOUSE PO BOX 20910 TALLAHASSEE, FL 32316	59-1869324	501C3		18,974	FMV	FOOD	FIGHT HUNGER
REVIVAL CENTER PO BOX 1530 WOODVILLE, FL 32362	59-3088724	501C3		32,874	FMV	FOOD	FIGHT HUNGER

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SAINTS IN UNITY MT MORIAH COGIU 2719 LAKE MARY ST TALLAHASSEE, FL 32304	27-0803562	501C3		65,676	FMV	FOOD	FIGHT HUNGER
SALVATION ARMY 2410 ALLEN RD TALLAHASSEE, FL 32312	58-0660617	501C3		38,957	FMV	FOOD	FIGHT HUNGER

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

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SEMINOLE MANOR 1563 MARCIA AVE TALLAHASSEE, FL 32310	02-0587005	501C3		103,325	FMV	FOOD	FIGHT HUNGER
SENIOR CITIZENS COUNCIL MADISON PO BOX 204 MADISON, FL 32341	23-7097794	501C3		45,383	FMV	FOOD	FIGHT HUNGER

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

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SERVE TALLAHASSEE ELEMENT 3 CHURC 1184 CAPITAL CIRCLE NE SUITE E TALLAHASSEE, FL 32301	59-3175184	501C3		74,186	FMV	FOOD	FIGHT HUNGER
SHADY SEA MISSIONARY BAPTIST CHURCH 47 SHADY SEA ST CRAWFORDVILLE, FL 32327	02-0531022	501C3		194,943	FMV	FOOD	FIGHT HUNGER

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

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SHISA INC 418 W VIRGINIA ST TALLAHASSEE, FL 32301	59-3335437	501C3		82,948	FMV	FOOD	FIGHT HUNGER
SOWERS OF THE SEED 804 1ST AVE SE STEINHATCHEE, FL 32359	59-0766980	501C3		130,984	FMV	FOOD	FIGHT HUNGER

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ST JOHN COGIC 3490 BAINBRIDGE HWY QUINCY, FL 32353	59-3453342	501C3		14,354	FMV	FOOD	FIGHT HUNGER
ST LUKE'S EPISCOPAL CHURCH 4362 LAFAYETTE STREET MARIANNA, FL 32446		501C3		12,615	FMV	FOOD	FIGHT HUNGER

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ST PAUL AME CHURCH-TALLAHASSEE 9469 ROAD TO THE LAKE TALLAHASSEE, FL 32317		501C3		53,667	FMV	FOOD	FIGHT HUNGER
ST PAUL AME CHURCH-CAMPBELLTON PO BOX 40 CAMPBELLTON, FL 32426		501C3		180,591	FMV	FOOD	FIGHT HUNGER

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TABERNACLE MISSIONARY BAPTIST CHURC 615 TUSKEGE ST TALLAHASSEE, FL 32305	59-2138602	501C3		28,900	FMV	FOOD	FIGHT HUNGER
TABERNACLE OF PRAISE 6315 BLOUNTSTOWN STE D TALLAHASSEE, FL 32310	68-0674325	501C3		1,309,249	FMV	FOOD	FIGHT HUNGER

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TALLAHASSEE HOUSING AUTHORITY 2940 GRADY ROAD TALLAHASSEE, FL 32312	80-0144886	501C3		664,308	FMV	FOOD	FIGHT HUNGER
TALLAHASSEE SPANISH SDA CHURCH 4823 N MONROE STREET TALLAHASSEE, FL 32303	52-0643036	501C3		654,439	FMV	FOOD	FIGHT HUNGER

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TAUNTON FAMILY CHILDREN'S HOME INC PO BOX 870 WEWAHITCHKA, FL 32465	59-2335556	501C3		9,825	FMV	FOOD	FIGHT HUNGER
TAYLOR COUNTY LEADERSHIP COUNCIL 1201 MARTIN LUTHER KING AVE PERRY, FL 32348	59-2482011	501C3		36,454	FMV	FOOD	FIGHT HUNGER

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

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TEEN CHALLENGE 4141 APALACHEE PARKWAY TALLAHASSEE, FL 32311	59-2479228	501C3		23,611	FMV	FOOD	FIGHT HUNGER
THE BODY OF CHRIST 6909 HAVANA HIGHWAY HAVANA, FL 32333	59-3048427	501C3		107,186	FMV	FOOD	FIGHT HUNGER

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

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THE CENTER FOR HEALTH EQUITY 231 E JEFFERSON ST QUINCY, FL 32351	59-3690403	501C3		16,880	FMV	FOOD	FIGHT HUNGER
THE CHURCH OF JESUS CHRIST HOLY MIS 4067 ATTAPULGUS HWY QUINCY, FL 32352		501C3		56,992	FMV	FOOD	FIGHT HUNGER

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THE FRONTLINE PROJECT 1215 W THARPE ST TALLAHASSEE, FL 32303	46-3804910	501C3		32,973	FMV	FOOD	FIGHT HUNGER
THE LIBERTY CENTER 613 CHATTAHOOCHEE STREET CHATTAHOOCHEE, FL 32324	26-3260639	501C3		11,954	FMV	FOOD	FIGHT HUNGER

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VICTORY HOUSE 2589 CHAIRES CROSS RD TALLAHASSEE, FL 32317	82-1849597	501C3		470,550	FMV	FOOD	FIGHT HUNGER
WATSON TEMPLE 665 W BREVARD ST TALLAHASSEE, FL 32304		501C3		88,109	FMV	FOOD	FIGHT HUNGER

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WELL OF GRACE CHURCH 1616 CRAWFORDVILLE HWY STE D CRAWFORDVILLE, FL 32327		501C3		23,705	FMV	FOOD	FIGHT HUNGER
WHISPERING PINES 5096 TENNESSEE CAPITAL BLVD 2 TALLAHASSEE, FL 32303	46-4917249	501C3		153,478	FMV	FOOD	FIGHT HUNGER

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **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 the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICA'S SECOND HARVEST
OF THE BIG BEND INC

Employer identification number
59-2610345

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1	10,193,838	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()	X	3	11,404,039	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization
AMERICA'S SECOND HARVEST
OF THE BIG BEND INC

Employer identification number

59-2610345

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE EXECUTIVE DIRECTOR REVIEWS THE FORM 990 AND ALL ACCOMPANYING SCHEDULES WITH THE INDEPENDENT ACCOUNTING FIRM THAT PREPARES THE RETURN AND ACCOMPANYING SCHEDULES. ANY ISSUES OR QUESTIONS ARE RESOLVED. THE ORGANIZATION THEN PROVIDES A COPY OF THE FORM 990 TO THE BOARD OF DIRECTORS. DISTRIBUTION TO THE BOARD MAY INCLUDE A PHYSICAL OR ELECTRONIC COPY. ONCE ALL QUESTIONS OR ISSUES RAISED BY THE BOARD ARE RESOLVED THE FORM 990 AND SCHEDULES ARE FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY HAVING DISCUSSIONS WITH BOARD MEMBERS REGARDING POSSIBLE CONFLICTS OF INTEREST DURING BOARD MEETINGS. BOARD MEMBERS AND STAFF UPDATE THEIR STATEMENTS ANNUALLY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE PROCESS FOR DETERMINING COMPENSATION INCLUDES A REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS. THE BOARD COMPLETES AN EVALUATION OF THE EXECUTIVE DIRECTOR AND DISCUSSES COMPENSATION AT A BOARD MEETING. THE EVALUATION IS SHARED WITH THE CHIEF EXECUTIVE OFFICER BY THE BOARD PRESIDENT. THE BOARD LAST REVIEWED COMPARABLE SALARIES FOR ALL POSITIONS IN SEPTEMBER, 2014. THE CHIEF EXECUTIVE OFFICER HAS THE AUTHORITY TO SET SALARIES FOR ALL OTHER EMPLOYEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AND THROUGH WWW.GUIDESTAR.ORG .

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	BOOK / TAX DEPRECIATION DIFFERENCE 5,446