| Form 8879-EO | |
|----------------------------|----------------|
| | For calendar y |
| Department of the Treasury | |

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

r year 2020, or fiscal year beginning JUL 1 , 2020, and ending JUN 30

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

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



Taxpayer identification number

59-2142315

, 20 **2 1**

Name of exempt organization or person subject to tax SECOND HARVEST FOOD BANK OF

L

CENTRAL FLORIDA, INC.

Name and title of officer or person subject to tax

DAWN KOFFARNUS

Internal Revenue Service

CHIEF FINANCIAL OFFICER

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, or **7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, **5b**, **6b**, or **7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | | al revenue, if any (Form 990, Part VIII, column (A), line 12) | - | 212,712,674. |
|-----------|--------------------------|---|---|----|--------------|
| 2a | Form 990-EZ check here | b | Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a | Form 1120-POL check here | | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a | Form 990-PF check here | b | Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a | Form 8868 check here | b | Balance due (Form 8868, line 3c) | 5b | |
| 6a | Form 990-T check here | b | Total tax (Form 990-T, Part III, line 4) | 6b | |
| <u>7a</u> | Form 4720 check here | b | Total tax (Form 4720, Part III, line 1) | 7b | |

Part IIDeclaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) , (EIN) and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

| PIN: | Check | one box | only | |
|------|-------|---------|------|--|
| | | | | |

| X I authorize | SCHAFER, | TSCHOPP, | WHITCOMB, | \mathbf{ET} | AL | to enter my PIN | 32805 | |
|---------------|----------|----------|---------------|---------------|----|-----------------|--|--|
| | | | ERO firm name | | | | Enter five numbers, bu do not enter all zeros | |

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

| Signature of officer or person subject to tax | Date 🕨 |
|--|---------------------------------------|
| Part III Certification and Authentication | |
| ERO's EFIN/PIN. Enter your six-digit electronic filing identification | |
| number (EFIN) followed by your five-digit self-selected PIN. | 50112532714 Do not enter all zeros |
| I certify that the above numeric entry is my PIN, which is my signature on that I am submitting this return in accordance with the requirements of Pu IRS <i>e-file</i> Providers for Business Returns. | 5 |
| ERO's signature 🕨 | Date 🕨 |

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service ► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

| Type o print | | | | | | on number (TIN) |
|---|--|---|--|----------------------------|--|-------------------------|
| • | CENTRAL FLORIDA, INC. | | | | | 42315 |
| File by th due date filing your return. Se | for Number, street, and room or suite no. If a P.O. box | k, see instruc | tions. | | | |
| instructio | | a foreign add | ress, see instructions. | | | |
| Enter t | ne Return Code for the return that this application is for | (file a separa | te application for each return) | | | 01 |
| Applic | ation | Return | Application | | | Return |
| ls For | s For Code Is For | | | | | Code |
| Form 9 | Form 990 or Form 990-EZ 01 Form 990-T (corporation) | | | | | 07 |
| Form 9 | 90-BL | 02 | Form 1041-A | | | 08 |
| Form 4 | 720 (individual) | 03 | Form 4720 (other than individual) | | | 09 |
| Form 9 | 90-PF | 04 | Form 5227 | | | 10 |
| Form 9 | 90-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 9 | Form 990-T (trust other than above) 06 Form 8870 DAWN KOFFARNUS | | | | | 12 |
| • If th box • 1 I t | e organization does not have an office or place of busin s is for a Group Return, enter the organization's four dig . If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until ne organization named above. The extension is for the c calendar year or ▶ | git Group Exe and atta MA prganization's | emption Number (GEN) uch a list with the names and TINs or Y 16, 2022 , to file s return for: d ending JUN 30, 2021 | f this is fo f all memb | r the whole goers the extension organization organization organization organization of the second seco | group, check this |
| | this application is for Forms 990-BL, 990-PF, 990-T, 47 ny nonrefundable credits. See instructions. | 20, or 6069, | enter the tentative tax, less | 3a | \$ | 0. |
| b li | this application is for Forms 990-PF, 990-T, 4720, or 60 | 069, enter an | y refundable credits and | | | - |
| - | stimated tax payments made. Include any prior year ov | | | 3b | \$ | 0. |
| | Balance due. Subtract line 3b from line 3a. Include your | | | | | 0. |
| | sing EFTPS (Electronic Federal Tax Payment System). n: If you are going to make an electronic funds withdrav tions. | | | 3c 453-EO a | \$ nd Form 887 | |
| | For Driveny Act and Denerwork Deduction Act Natio | | untions | | E a una d | 969 (Day 1 0000) |

| | | | EXTENDED TO MAY 16, 2 | 2022 | | | | | | |
|--|----------------------------|------------------|--|--------------|-------------------------------|--|--|--|--|--|
| | Ω | 00 | Return of Organization Exempt F | From I | Income Tax | OMB No. 1545-0047 | | | | |
| Form JJU Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) | | | | | | | | | | |
| Department of the Treasury Internal Revenue Service | | | | | | | | | | |
| Internal Revenue Service Form990 for instructions and the latest information. | | | | | | | | | | |
| AF | or th | | | ending C | <u>JUN 30, 2021</u> | | | | | |
| Bc | Check if | | organization | | D Employer identifi | cation number | | | | |
| _ | ⊐Addr | SECO | ND HARVEST FOOD BANK OF | | | | | | | |
| | _]chan ⊐Nam | | RAL FLORIDA, INC. | | 59-21423 | 1 5 | | | | |
| | _ chan ∏Initia | | usiness as | Doom/ouito | | | | | | |
| | _returi Final | 111 | and street (or P.O. box if mail is not delivered to street address) MERCY DRIVE | Room/suite | E Telephone numbe (407)295 | | | | | |
| | ⊥returı termi ated | n | pwn, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 225,325,345. | | | | |
| | Amer | | NDO, FL 32805 | | H(a) Is this a group re | | | | | |
| | _Ireturi _Appli tion | | nd address of principal officer: DAVID KREPCHO | | for subordinates | | | | | |
| | pend | | AS C ABOVE | | H(b) Are all subordinates in | | | | | |
| 11 | Tax-e> | empt status: | | or 527 | | list. See instructions | | | | |
| | | | FEEDHOPENOW.ORG | | H(c) Group exemptio | | | | | |
| κF | orm o | of organization: | X Corporation Trust Association Other ► | L Year | | A State of legal domicile: \mathbf{FL} | | | | |
| Pa | art I | | | | | | | | | |
| ė | 1 | Briefly describ | e the organization's mission or most significant activities: ${f DEDIC}$ | CATED | TO ALLEVIAT | ING HUNGER | | | | |
| anc | | | ACQUISITION AND DISTRIBUTION OF 1 | | | | | | | |
| Governance | 2 | | this box 🕨 📖 if the organization discontinued its operations or disposed of more than 25% of its net assets | | | | | | | |
| Š | 3 | | | | 3 | 25 | | | | |
| | 4 | | ependent voting members of the governing body (Part VI, line 1b) $_{\rm .}$ | 25 | | | | | | |
| Activities & | 5 | | of individuals employed in calendar year 2020 (Part V, line 2a) | | 169 | | | | | |
| tivi | 6 | | of volunteers (estimate if necessary) | | | 28410 | | | | |
| Ac | | | d business revenue from Part VIII, column (C), line 12 | | | 0. | | | | |
| | | Net unrelated | business taxable income from Form 990-T, Part I, line 11 | <u></u> | | Current Year | | | | |
| | 8 | Contributions | and grants (Part VIII, line 1h) | - 1 | L72,443,542. | | | | | |
| Revenue | 9 | | ce revenue (Part VIII, line 2g) | | 3,398,738. | | | | | |
| eve | 10 | - | come (Part VIII, column (A), lines 3, 4, and 7d) | | 180,850. | | | | | |
| Ř | 11 | | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 4,872,402. | 2,030,866. | | | | |
| | 12 | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 180,895,532. | 212,712,674. | | | | |
| | 13 | | nilar amounts paid (Part IX, column (A), lines 1-3) | 1 | L43,809,739. | 172,746,574. | | | | |
| | 14 | Benefits paid | to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | | |
| Se | 15 | Salaries, othe | compensation, employee benefits (Part IX, column (A), lines 5-10) | | 7,615,056. | 9,256,653. | | | | |
|) SUS | 16a | Professional f | undraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | | | |
| Expenses | b | Total fundrais | compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) | 80. | | | | | | |
| ш | 17 | Other expense | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | 9,403,868. | 29,959,529. | | | | |
| | 18 | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 60,828,663. | 211,962,756. | | | | |
| | 19 | Revenue less | expenses. Subtract line 18 from line 12 | | 20,066,869. | 749,918. | | | | |
| Net Assets or Fund Balances | | - | | | eginning of Current Year | End of Year | | | | |
| \sse Bala | 20 | Total assets (F | | | 40,061,470. 1,911,357. | <u>41,375,125.</u> 1,779,973. | | | | |
| let ⊿ und | 21 | | (Part X, line 26) | | 38,150,113. | 39,595,152. | | | | |
| | <u> 22</u> art II | | fund balances. Subtract line 21 from line 20 | | 50,150,115. | | | | | |
| | | 5 | declare that I have examined this return, including accompanying schedules | s and statem | ents, and to the best of m | v knowledge and belief it is | | | | |
| | | | Declaration of preparer (other than officer) is based on all information of wh | | | , | | | | |
| | | | , , | | | | | | | |

| - | | | | | | | |
|--------------|---|---|--|--|--|--|--|
| Sign Here | Signature of officer DAWN KOFFARNUS, CHIEF FINANCIAL OFFICER Type or print name and title | Date | | | | | |
| Paid | Print/Type preparer's name Preparer's signature THOMAS V. WHITCOMB | Date Check PTIN if self-employed P00836897 | | | | | |
| Preparer | Firm's name SCHAFER, TSCHOPP, WHITCOMB, ET AL | Firm's EIN ▶ 26-1472386 | | | | | |
| Use Only | Firm's address 541 S. ORLANDO AVENUE, SUITE 312 | | | | | | |
| | MAITLAND, FL 32751 | Phone no. (407)875-2760 | | | | | |
| May the II | May the IRS discuss this return with the preparer shown above? See instructions | | | | | | |
| 032001 12-2 | LHA For Paperwork Reduction Act Notice, see the separate instructions. | Form 990 (2020) | | | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| | SECOND HARVEST FOOD BANK OF | |
|------|--|-----|
| Form | 990 (2020) CENTRAL FLORIDA, INC. 59-2142315 Page | 2 : |
| Pa | t III Statement of Program Service Accomplishments | _ |
| | Check if Schedule O contains a response or note to any line in this Part III | Χ |
| 1 | Briefly describe the organization's mission: | |
| - | DEDICATED TO ALLEVIATING HUNGER THROUGH ACQUISITION AND DISTRIBUTION | |
| | OF FOOD AND GROCERY PRODUCTS, COMMUNITY EDUCATION TO THE CAUSES AND | |
| | CONSEQUENCES OF HUNGER, AND MEANINGFUL ACTION ON BEHALF OF PEOPLE IN | |
| | NEED OF FOOD. | — |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | — |
| 2 | | 1 |
| | | 10 |
| • | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? | |
| 3 | 3 3 3 3 3 3 3 3 | 10 |
| | 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 \$ 183,750,379. including grants of \$ 172,746,574.) (Revenue \$ 3,785,230. | •) |
| | GENERAL FOOD DISTRIBUTION: COLLECTION, WAREHOUSING, AND DISTRIBUTION | |
| | OF PRODUCT FROM LOCAL AND NATIONAL FOOD INDUSTRY DONORS, COMMUNITY FOOD |) |
| | DRIVES, AND PURCHASES TO NON-PROFIT AGENCIES WITH FEEDING AND/OR FOOD | |
| | DISTRIBUTION PROGRAMS. THE FOOD IS PROVIDED TO PARTNER AGENCIES AT A | |
| | GREATLY REDUCED COST. THE PARTNER AGENCIES PROVIDE THE FOOD TO PEOPLE | |
| | IN NEED AT NO COST. 77,681,951 POUNDS OF FOOD WERE DISTRIBUTED WHICH | |
| | PROVIDED APPROXIMATELY 51,787,967 MEALS. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4b | (Code:) (Expenses \$ 8,971,948 • including grants of \$) (Revenue \$ |) |
| | COMMUNITY KITCHEN: THE SECOND HARVEST COMMUNITY KITCHEN PROVIDES A | - ' |
| | 16-WEEK CULINARY TRAINING PROGRAM FOCUSED ON FOOD SERVICE-BASED | |
| | TECHNICAL, LIFE, AND EMPLOYABILITY SKILLS TRAINING FOR ADULTS. | |
| | THE PROGRAM GRADUATES APPROXIMATELY 55 CENTRAL FLORIDA ADULTS ANNUALLY. | • |
| | | |
| | THE COMMUNITY KITCHEN ALSO PROVIDES FULL-SERVICE CATERING TO GENERATE | |
| | REVENUE THAT SUPPORTS THE CULINARY PROGRAM, ALLOWING STUDENTS TO ATTEND | 5 |
| | CLASSES AT NO COST TO THEM. | |
| | ADDITIONALLY, THE COMMUNITY KITCHEN PREPARED AND DELIVERED OVER 5.5 | |
| | MILLION MEALS TO THE CENTRAL FLORIDA COMMUNITY AS FOLLOWS: | |
| | 3,272,053 MEALS TO NON-PROGRAM COMMUNITY PARTNERS SERVING CHILDREN. | |
| | 1,166,200 MEALS TO SENIORS AND HOUSEHOLDS. | |
| 4c | (Code:) (Expenses \$ 1,522,771. including grants of \$) (Revenue \$ | |
| 10 | BRING HOPE HOME IS SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA'S NEWEST | ē ′ |
| | INNOVATION IN RESPONSE TO THE HIGH DEMAND FOR HOME-DELIVERED FOOD DUE | - |
| | TO THE COVID-19 PANDEMIC. THE PROGRAM UTILIZES EXTERNAL DELIVERY | — |
| | PARTNERS AS WELL AS VOLUNTEER DRIVERS TO SAFELY TRANSPORT PERISHABLE | |
| | AND NONPERISHABLE FOOD ITEMS DIRECTLY TO THOSE IN NEED IN A | |
| | | |
| | CONTACT-FREE MANNER. THE TARGET POPULATIONS FOR THIS PROGRAM ARE | |
| | SENIORS, HOMEBOUND INDIVIDUALS, INDIVIDUALS WITH A DISABILITY, | |
| | VETERANS, AND THOSE IN THE HIGH-RISK GROUP FOR CONTRACTING CORONAVIRUS. | • |
| | | |
| | IN THE 20/21 FY BHH COMPLETED 64,068, EQUATING 1,348,741 MEALS | |
| | IN THE 20/21 FY BHH COMPLETED 64,068, EQUATING 1,348,741 MEALS DELIVERED. | |
| | | |
| | | |

| 4d | Other program services (Describe on Sch | edule O.) | | |
|----|---|------------------------|---------------|---|
| | (Expenses \$ 13,803,546. | including grants of \$ |) (Revenue \$ |) |
| 4e | Total program service expenses 🕨 | 208,048,644. | | |

| Part IV | Che | ecklist of Required Schedules | |
|-------------|-------|-------------------------------|----|
| Form 990 (2 | 2020) | CENTRAL FLORIDA, INC. | |
| | | SECOND HARVEST FOOD BANK | OF |

59-2142315 Page 3

| | | | Yes | Na |
|--------|---|------|----------|----------|
| 4 | Is the examination described in section $501(a)(2)$ or $4047(a)(1)$ (other than a private foundation)? | | res | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | х | |
| 2 | It "Yes," complete Schedule A | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | - | | |
| Ū | public office? If "Yes," complete Schedule C, Part I | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| - | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | x |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 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 | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | 37 | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | v | |
| | Part VI | 11a | Х | |
| D | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 11b | х | |
| • | assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | di i | <u>_</u> | |
| C | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| Ь | 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 | 110 | | |
| u | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| 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 | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | v |
| 47 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 47 | | x |
| 10 | column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 17 | | |
| 18 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| 19 | complete Schedule G, Part III | 19 | | x |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | | |
| 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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> | 21 | х | |
| 032003 | 3 12-23-20 | Form | 990 | (2020) |

SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA, INC.
 Form 990 (2020)
 CENTRAL
 FLORIDA,
 I

 Part IV
 Checklist of Required Schedules (continued)

| 59- | -21 | 423 | 315 | Page 4 |
|-----|-----|-----|-----|---------------|
| | | | | |

| | | | Yes | No |
|-------|---|------|-----|--------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | v |
| _ | Schedule K. If "No," go to line 25a | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 05- | | x |
| h | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | - 23 |
| a | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | 25b | | х |
| 26 | Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 250 | | - 23 |
| 26 | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | 20 | | |
| 21 | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| 20 | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| u | "Yes," complete Schedule L, Part IV | 28a | | х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/ | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | Х | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | Х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 1 | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| De | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| - | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4 0 | _ | | |
| | | í | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | 1- | х | |
| 03200 | (gambling) winnings to prize winners? | Form | | (2020) |

| SECOND | HARVEST | FOOD | BANK | OF |
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| | | | | |

| Form | 990 (2020) CENTRAL FLORIDA, INC. 59-2142 | 2315 | P | age 5 |
|------|---|----------|-----|--------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 16 | 2 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | Х |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country 🕨 | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | _ | | v |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | X |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | _ | | v |
| | to file Form 8282? | 7c | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year 7d | - | | v |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e 7f | | X X |
| t | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | |
| - | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| 8 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 0 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 8 | | |
| 9 | sponsoring organization have excess business holdings at any time during the year? | 0 | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | 30 | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | - | | |
| 11 | Section 501(c)(12) organizations. Enter: | - | | |
| | Gross income from members or shareholders 11a | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans 13b | | | |
| с | Enter the amount of reserves on hand 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | |

Form **990** (2020)

| Form | 990 (2020) CENTRAL FLORIDA, INC. 59-21 | | | age 6 |
|------|---|----------------|----------|-------|
| Pa | rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and f | or a "No' | ' respor | ise |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | <u></u> | | X |
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | 25 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b | 25 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | _ | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | a X | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10k | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form | 1? 11 a | a X | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12k | 5 X | |

| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | |
|-----------------------|--|-----|---|---|--|--|--|
| | in Schedule O how this was done | 12c | Х | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | | | | |
| b | Other officers or key employees of the organization | 15b | | Х | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | |
| | taxable entity during the year? | 16a | | Х | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | |
| | exempt status with respect to such arrangements? | 16b | | | | | |
| Section C. Disclosure | | | | | | | |

List the states with which a copy of this Form 990 is required to be filed $igstar{FL}$ 17

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website X Another's website Other (*explain on Schedule O*)

| | | • | | | · · | , | | |
|----|--|--------|------------|---------------|-----------------|----------------|------------------|-----|
| 19 | Describe on Schedule O whether (and if so, how) the organiza | tion m | nade its g | overning docu | ments, conflict | of interest po | licy, and financ | ial |
| | 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 |
|----|--|
| | DAWN KOFFARNUS - (407)295-1066 |
| | 411 MERCY DRIVE, ORLANDO, FL 32805 |

Form **990** (2020)

| Form 990 (2 | 2020) | CENTRAL | FLORIDA, | , INC. | | | 59-2 |
|-------------|---------------|--------------|--------------|----------|----------------|---------|-------------|
| Part VII | Compensation | of Officers, | Directors, T | rustees, | Key Employees, | Highest | Compensated |
| | Employees, an | d Independe | ent Contract | ors | | | |

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

CENTRAL FLORIDA, INC.

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

| (A) | (B) | (C) | | | | | (D) | (E) | (F) | |
|------------------------------|------------------------|-------------------------------|---|---------|--------------|---------------------------------|--------|-----------------|-----------------|---------------|
| Name and title | Average | (da | Position (do not check more than one | | | | | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pe | rson i | is bot | h an | compensation | compensation | amount of |
| | week | | cer an | nd a d | irecto | or/trus | tee) | from | from related | other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or dir | e | | | ated | | organization | (W-2/1099-MISC) | from the |
| | related | istee | truste | | e | pens | | (W-2/1099-MISC) | | organization |
| | organizations below | ual tru | onal | | ploye | t com | | | | and related |
| | line) | ndividual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) JEFF LUTES | 2.00 | 트 | 트 | 5 | ž | Ξə | 2 | | | |
| CHAIR | | x | | x | | | | 0. | 0. | 0. |
| (2) PEG CORNWALL | 2.00 | | | | | | | | | |
| CHAIR ELECT | | X | | X | | | | 0. | 0. | 0. |
| (3) ANDREW DAVIS | 2.00 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (4) CHRISTOFFER EKEBERGH | 2.00 | | | | | | | | | |
| TREASURER | | X | | Х | | | | 0. | 0. | 0. |
| (5) PERRY CRAWLEY | 2.00 | | | | | | | | | |
| VICE CHAIR | | X | | X | | | | 0. | 0. | 0. |
| (6) AMY TIDD | 2.00 | | | | | | | | | • |
| DIRECTOR | 0.00 | X | | | | | | 0. | 0. | 0. |
| (7) ANNA PALMER DARKES | 2.00 | | | | | | | | | • |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (8) ANDRE WALTON | 2.00 | | | | | | | 0 | 0. | 0 |
| DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (9) DOUG MILANES | 2.00 | x | | | | | | 0. | 0. | 0. |
| DIRECTOR (10) GEORGE MACKAY | 2.00 | <u>^</u> | | | | | | 0. | 0. | 0. |
| | 2.00 | x | | | | | | 0. | 0. | 0. |
| DIRECTOR (11) LISA LOCHRIDGE | 2.00 | <u>^</u> | | | | | | 0. | 0. | 0. |
| DIRECTOR | 2.00 | x | | | | | | 0. | 0. | 0. |
| (12) VIKKI EICHNER | 0.50 | | | | | | | 0. | • | 0 • |
| DIRECTOR | 0.50 | x | | | | | | 0. | 0. | 0. |
| (13) GREGORY OHE | 2.00 | | | | | | | | | |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| (14) HENRY LIM | 2.00 | | | | | | | | | |
| DIRECTOR | | x | | | | | | 0. | Ο. | 0. |
| (15) KARI VARGAS | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (16) JOHN MOSKOS | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (17) MARY BETH MORGAN | 2.00 | | | | | | | _ | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |

032007 12-23-20

| SECOND | HARVEST | FOOD | BANK | OF |
|--------|---------|------|------|----|
| | | | | |

| Form 990 (2020) CENTRAL B | LORIDA | ,] | INC | | | | | | 59-21 | <u>423</u> | ;15 | Page 8 |
|---|-----------------|--------------------------------|-----------------------|---|---|---------------------------------|--------------|---------------------------------|--------------------|------------|--------------|---|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | |
| (A) | (B) | | | | C) | | | (D) | (E) | | (| (F) |
| Name and title | Average | | | Pos | itior | ۱ | | Reportable | Reportable | | | nated |
| | hours per | | | | | | | | compensation | | | unt of |
| | week | offic | cer an | dad | lirecto | or/trus | tee) | from | from related | | | her |
| | (list any | ctor | | | | | | the | organizations | | compe | ensation |
| | hours for | r dire | | | | eq | | organization | (W-2/1099-MISC | ;) | fror | n the |
| | related | tee ol | ustee | | | ensat | | (W-2/1099-MISC) | | | orgar | nization |
| | organizations | I trus | ıal trı | | yee | omp(| | | | | and r | related |
| | below | Individual trustee or director | Institutional trustee | er | Key employee | lest c loyee | ner | | | | organ | izations |
| | line) | Indiv | Insti | Officer | Key (| Highest compensated employee | Former | | | | | |
| (18) MATTHEW O'KANE | 2.00 | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | 0. |
| (19) MICHAEL FRUMKIN | 2.00 | | | | | | | | | | | • |
| DIRECTOR | | X | | | | | | 0. | | 0. | | 0. |
| (20) PATRICIA AMBINDER | 2.00 | | | | | | | | | | | 0 |
| DIRECTOR | | X | | | | | | 0. | | 0. | | 0. |
| (21) ROBERT GORDON | 0.50 | | | | | | | | | | | 0 |
| DIRECTOR | 2 00 | X | | | | | | 0. | | 0. | | 0. |
| (22) RICKY LY | 2.00 | x | | | | | | 0. | | 0. | | 0 |
| DIRECTOR (23) DAVID KREPCHO | 50.00 | <u> </u> | | | | | | 0. | | <u> </u> | | 0. |
| (23) DAVID KREPCHO CEO/PRESIDENT | 50.00 | | | х | | | | 278,410. | | 0. | 20 | ,289. |
| (24) DAWN KOFFARNUS | 40.00 | | | Λ | | | | 270,410. | | <u> </u> | | ,209. |
| CHIEF FINANCIAL OFFICER | 10.00 | | | х | | | | 162,388. | | 0. | 15 | ,885. |
| (25) BILL COLLINS | 40.00 | | | | | | | 102,500. | | | | ,005. |
| CHIEF OPERATING OFFICER | 10.00 | | | | | x | | 153,440. | | 0. | 25 | ,924. |
| (26) GREG HIGGERSON | 40.00 | | | | | | | | | - | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| CHIEF DEVELOPMENT OFFICER | | | | | | x | | 176,327. | | 0. | 16 | ,536. |
| 1b Subtotal | | | | | 1 | | | 770,565. | | 0. | 96 | ,634. |
| c Total from continuation sheets to Part VI | | | | | | | | 338,185. | | 0. | | ,589. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,108,750. | | 0. | | ,223. |
| 2 Total number of individuals (including but n | | | | | | | no r | received more than \$100 | ,000 of reportable | | | |
| compensation from the organization | | | | | | | | | | | | 7 |
| | | | | | | | | | | | Y | 'es No |
| 3 Did the organization list any former officer, | director, trust | ee, k | key e | emp | loye | e, or | hiq | ghest compensated emp | loyee on | | | |
| line 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | | L | 3 | X |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | | |
| and related organizations greater than \$150 |),000? If "Yes, | " CO | mple | ete S | Sche | edule | J | for such individual | | L | 4 | X |
| 5 Did any person listed on line 1a receive or a | Iccrue comper | nsati | ion f | rom | ı any | / unr | ela | ted organization or indivi | dual for services | | | |
| rendered to the organization? If "Yes," com | plete Schedul | e J f | or sı | ıch | pers | son . | | | | <u></u> | 5 | X |
| Section B. Independent Contractors | | | | | | | | | | | | |
| 1 Complete this table for your five highest co | - | - | | | | | | | | ensa | tion fro | m |
| the organization. Report compensation for t | the calendar y | ear e | endi | ng v | vith | or w | ithi | , | /ear. | | | |
| (A) Name and business | addross | | | | | | | (B) Description of se | onvicos | Co | (C) mpens | ation |
| EAGLE EXPRESS COURIERS, 5 | | <u>7 T T</u> | אשכ | <u>, , , , , , , , , , , , , , , , , , , </u> | <u>т</u> т | חס | | Description of s | | | препа | ation |
| #617413, ORLANDO, FL 3286 | | ΛTL | \nr | IAI | | , עא | | DELIVERY | | | 877 | ,630. |
| | | יעא | ΓŢ | זת | <u>, , , , , , , , , , , , , , , , , , , </u> | VE. | | | | | 011 | ,050. |
| ALPHA DOG MARKETING, 9060 ANDERMATT DRIVE, STE. 101, LINCOLN, NE 68526 | | | | | | | DIRECT MARKE | TTNC | | 754 | ,848. | |
| COSTA COMM MARKETING | | | | | | | | 11110 | | 131 | ,010. | |
| 7719 FOX KNOLL PLACE, WIN | ITER PAP | RK . | , F | ۲L | 3: | 279 | 2 | MARKETING | | | 340 | ,000. |
| MCLANE GROUP INTERNATIONA | | | | | | | _ | | | | | , |
| CYPRESS STATION DRIVE, SU | | | | | STO | ON , | , | LOGISTICS | | | 306 | ,617. |
| INFINITY EMPLOYMENT SOLUT | | | | | | | | | | | | |
| COLONIAL DRIVE, SUITE F, | ORLANDO | Э, | FI | 1 | 328 | 803 | 3 | EMPLOYMENT | | | 213 | ,435. |
| 2 Total number of independent contractors (in | ncluding but n | ot lir | nite | d to | tho | se lis | stee | d above) who received m | ore than | | | |

| SECOND | HARVEST | FOOD | BANK | OF |
|--------|---------|------|------|----|
| | | | r | |

| 59 | -21 | 42 | 31 | 5 |
|----|-----|----|----|---|
|----|-----|----|----|---|

| Form 990 SECOND HZ | | | | | 4NF | |)F. | | 59-214 | 2315 |
|--|-------------------|--------------------------------|-----------------------|-------------------|--------------|------------------------------|--------|---------------------|----------------------------------|--------------------------|
| Port VII Section A. Officers, Directors, Tru | | | | | nd F | liah | est | Compensated Employ | | 2313 |
| (A) | (B) | | , y e e | <u>s, a</u> (C | | ngil | 031 | (D) | (E) | (F) |
| Name and title | Average | | | Posi | | 1 | | Reportable | Reportable | Estimated |
| | hours | (cl | heck | all t | that | app | ly) | compensation | compensation | amount of |
| | per | | | | | | | from | from related | other |
| | week (list any | tor | | | | ployee | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | hours for | · direc | | | | ed em | | (W-2/1099-MISC) | (112,1000 11100) | organization |
| | related | stee or | 'u stee | | | en sati | | | | and related |
| | organizations | al tru: | onal tr | | ployee | comp | | | | organizations |
| | below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) KAREN BROUSSARED | 40.00 | 드 | - | ò | ¥ | <u>т</u> | R | | | |
| VP, AR&P | 40.00 | | | | | x | | 123,415. | 0. | 14,258. |
| (28) NANCY BRUMBAUGH | 40.00 | | | | | | | 125,415. | Ŭ. | 11,2501 |
| VP OF FOOD SERVICES | | | | | | x | | 105,926. | Ο. | 20,025. |
| (29) AMY LEIN | 40.00 | | | | | | | | | |
| CHIEF COMMUNITY IMPACT OFFICER | | | | | | х | | 108,844. | Ο. | 20,306. |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | 338,185. | | 54,589. |
| Total to Part VII, Section A, line 1c | | | | | | | | , 100,100. | | J4,J0J. |

Form 990 (2020) CENTRAL

SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA, INC.

| Pa | rt V | /11 | Statement of Re | evenu | e | | | | | | |
|---------------------------|------|--------|---|---------|-------------|------|--------------------|-----------------------------|--|----|---|
| | | | Check if Schedule O | contair | ns a respo | onse | or note to any lin | | | | |
| | | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | | (D) Revenue excluded from tax under sections 512 - 51 |
| nts | 1 | а | Federated campaigns | | 1a | | 284,535. | | | | |
| | | b | Membership dues | | 1b | | | | | | |
| A W | | с | Fundraising events | | 1c | | 1,521,193. | | | | |
| lar | | d | Related organizations | | 1d | | | | | | |
| <u>i E</u> | | | Government grants (cont | | | | 52,092,955. | | | | |
| e e | | f | All other contributions, gifts, | | | | | | | | |
| | | | similar amounts not included | | | | 154,550,216. | | | | |
| and Other Similar Amounts | | - | Noncash contributions included in | | | | 172,133,484. | | | | |
| ס(| | h | Total. Add lines 1a-1f | | | | | 208,448,899. | | | |
| | _ | | DATE BY AGENGIES | | | - | Business Code | 1 754 264 | 1 754 264 | | |
| | _ | | PAID BY AGENCIES | | | _ | 900099 | 1,754,364. | 1,754,364. | | |
| ne | | b | | | | | | | | | |
| Revenue | | с с | | | | | | | | | |
| ² | | d | | | | - | | | | | |
| | | f | All other program service | reveni | 10 | - | | | | | |
| | | | Total. Add lines 2a-2f | | | | | 1,754,364. | | | |
| | 3 | | Investment income (inclue | | | | | , , , - | | | |
| | _ | | other similar amounts) | | | | | 165,611. | | | 165,61 |
| | 4 | | Income from investment | | | | | | | | |
| | 5 | | Royalties | | - | - | | | | | |
| | | | | | (i) Real | | (ii) Personal | | | | |
| | 6 | а | Gross rents | 6a | | | | | | | |
| | | b | Less: rental expenses | 6b | | | | | | | |
| | | с | Rental income or (loss) | 6c | | | | | | | |
| | | d | Net rental income or (loss | · — — | | | ► | | | | |
| | 7 | а | Gross amount from sales of | | (i) Securit | | (ii) Other | | | | |
| | | | assets other than inventory | 7a | 3,343,5 | 577. | | | | | |
| | | b | Less: cost or other basis | | | | | | | | |
| Revenue | | | and sales expenses | 7b | 3,030,6 | | | | | | |
| eve | | | Gain or (loss) | | 312,9 | | | 210.024 | | | 210.02 |
| | _ | d | Net gain or (loss) | | ····· | | ····· ► | 312,934. | | | 312,93 |
| Other | 8 | а | Gross income from fundraisi | | | | | | | | |
| <u>ں</u> | | | including \$ 1, contributions reported on | | | | | | | | |
| | | | Part IV, line 18 | | - | 8a | 182,997. | | | | |
| | | h | Less: direct expenses | | | 8b | 182,997. | | | | |
| | | | Net income or (loss) from | | | | ▶ | 0. | | | |
| | | | Gross income from gamir | | • | | | - | | | |
| | - | - | Part IV, line 19 | - | | 9a | | | | | |
| | | b | Less: direct expenses | | | 9b | | | | | |
| | | | Net income or (loss) from | | | s | ► | | | | |
| | | | Gross sales of inventory, | | | | | | | | |
| | | | and allowances | | | 10a | 11,432,551. | | | | |
| | | b | Less: cost of goods sold | | | 10b | 9,399,031. | | | | |
| | | с | Net income or (loss) from | sales o | of invento | ry | ► | 2,033,520. | 2,033,520. | | |
| <u>n</u> | | | | | | | Business Code | | | | |
| ng el | 11 | а | MISCELLANEOUS INCOM | ſΕ | | | 900099 | -2,654. | -2,654. | | |
| Miscellaneous Revenue | | b | | | | | | | | | |
| Be | | с | | | | | | | | ļ | |
| Ξ. | | | All other revenue | | | | | | | | |
| | | | Total. Add lines 11a-11d | | | | | -2,654. | 2 605 605 | | 480.515 |
| | 12 | | Total revenue. See instruction | ons | | | 🕨 | 212,712,674. | 3,785,230. | 0. | 478 , 545 Form 990 (202 |

SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA, INC.

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 respo | nse or note to any line in | this Part IX | | |
|----|--|----------------------------|-----------------------------|---------------------------------|-------------------------|
| Do | not include amounts reported on lines 6b, | (A) | (B) | (C) | (D) |
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | 170 746 574 | | |
| - | | 172,746,574. | 1/2,/40,5/4. | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 1,129,761. | 875,154. | 143,903. | 110,704. |
| 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 | 6,309,147. | 4,887,293. | 803,627. | 618,227. |
| 8 | Pension plan accruals and contributions (include | | 100.001 | | |
| | section 401(k) and 403(b) employer contributions) | 137,271. | 108,021. | 16,746. | 12,504. |
| 9 | Other employee benefits | 1,167,552. | | 142,430. | 106,356. |
| 10 | Payroll taxes | 512,922. | 403,627. | 62,571. | 46,724. |
| 11 | Fees for services (nonemployees): | | | | |
| | Management | | | | |
| | Legal | | | | |
| | Accounting | | | | |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management feesOther. (If line 11g amount exceeds 10% of line 25, | | | | |
| g | column (A) amount, list line 11g expenses on Sch O.) | 2,483,704. | 2,154,835. | 240,851. | 88,018. |
| 12 | Advertising and promotion | 2,100,1010 | 2/101/0001 | 210,0310 | 00,010 |
| 13 | Office expenses | 152,426. | 67,666. | 51,412. | 33,348. |
| 14 | Information technology | | | | , |
| 15 | Royalties | | | | |
| 16 | Occupancy | 702,455. | 688,576. | 8,120. | 5,759. |
| 17 | Travel | | | | - |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 104,313. | 58,705. | 31,771. | 13,837. |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 842,610. | 842,610. | | <u> </u> |
| 23 | Insurance | 161,901. | 89,877. | 68,239. | 3,785. |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | PROGRAM FOOD COSTS | 22,283,297. | 22,283,297. | | |
| b | TRUCKING, FREIGHT & FUE | 1,311,583. | 1,311,583. | | |
| c | DIRECT MAIL & EVENTS | 1,077,925. | | 545. | 1,077,380. |
| d | EQUIPMENT RENTAL | 475,777. | 458,330. | 15,831. | 1,616. |
| е | All other expenses | 363,538. | 153,730. | 17,086. | 192,722. |
| 25 | | 211,962,756. | 208,048,644. | 1,603,132. | 2,310,980. |
| 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 🕨 🚺 if following SOP 98-2 (ASC 958-720) | | | | Form 990 (2020 |

Form 990 (2020)

Part IX Statement of Functional Expenses

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| SECOND I | HARVEST | FOOD | BANK | OF |
|----------|---------|--------|------|----|
| CENTRAL | FLORIDA | A, INC | 2. | |

59-2142315 Page 11

| | • * • | | | | | | |
|-----------------------------|-------|--|----------|-----------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or note | e to ar | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 12,568,226. | 1 | 6,539,080. |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 35,000. | 3 | 0. |
| | 4 | Accounts receivable, net | | | 5,510,107. | 4 | 3,676,305. |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | antial | contributor, or 35% | | | |
| | | controlled entity or family member of any of thes | e pers | ons | | 5 | |
| | 6 | Loans and other receivables from other disqualif | ied pe | rsons (as defined | | | |
| | | under section 4958(f)(1)), and persons described | l in sea | ction 4958(c)(3)(B) | | 6 | |
| ts | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 5,446,670. | 8 | 5,484,026. |
| Ä | 9 | | | | 128,063. | 9 | 141,207. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 21,970,525. | | | |
| | b | | 10b | 6,967,395. | 14,100,212. | 10c | 15,003,130. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 1 | | | 1,888,896. | 12 | 10,016,396. |
| | 13 | Investments - program-related. See Part IV, line 1 | 11 | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | 384,296. | 15 | 514,981. |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 40,061,470. | 16 | 41,375,125. |
| | 17 | Accounts payable and accrued expenses | | | 1,767,708. | 17 | 1,779,973. |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | 20 | | | |
| | 21 | Escrow or custodial account liability. Complete F | | | 21 | | |
| s | 22 | Loans and other payables to any current or form | | | | | |
| Liabilities | | trustee, key employee, creator or founder, subst | | | | | |
| abi | | controlled entity or family member of any of thes | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrela | ted thi | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | d third | parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | ables | to related third | | | |
| | | parties, and other liabilities not included on lines | 17-24 |). Complete Part X | | | |
| | | of Schedule D | | | 143,649. | 25 | 0. |
| | 26 | | | | 1,911,357. | 26 | 1,779,973. |
| 6 | | Organizations that follow FASB ASC 958, che | ck her | e 🕨 X | | | |
| ice | | and complete lines 27, 28, 32, and 33. | | | | | |
| alar | 27 | Net assets without donor restrictions | | | 31,276,716. | 27 | 36,729,385. |
| lΒε | 28 | Net assets with donor restrictions | | <u></u> | 6,873,397. | 28 | 2,865,767. |
| nnc | | Organizations that do not follow FASB ASC 98 | 58, ch | eck here 🕨 🛄 | | | |
| rΕ | | and complete lines 29 through 33. | | | | | |
| tso | 29 | Capital stock or trust principal, or current funds | | | 29 | | |
| sse | 30 | Paid-in or capital surplus, or land, building, or eq | | | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated inc | | | | 31 | |
| Ne | 32 | Total net assets or fund balances | | | 38,150,113. | 32 | 39,595,152. |
| | 33 | Total liabilities and net assets/fund balances | | | 40,061,470. | 33 | 41,375,125. |
| | | | | | | | Form 990 (2020) |

Form 990 (2020) Part X Balance Sheet NTRAL FLORIDA,

| | SECOND HARVEST FOOD BANK OF | | | | | |
|----------|---|----------|-------|-----|-----|--------------|
| Form | 1990 (2020) CENTRAL FLORIDA, INC. | 59- | -2142 | 315 | Pa | ge 12 |
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | ,71 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 211 | ,96 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | | 18. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 38 | ,15 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 69 | 5,1 | 21. |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | - 4 | |
| | column (B)) | 10 | 39 | ,59 | 5,1 | 52. |
| Ра | rt XII Financial Statements and Reporting | | | | | 37 |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | X |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| 0- | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | | | 0- | | x |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | d on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| h | Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? | | | 2b | х | |
| b | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa | | | 20 | | |
| | consolidated basis, or both: | LE DASIS | , | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | | |
| <u>د</u> | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | ne audit | | | | |
| Ū | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sc | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S | | | | | |
| 54 | Act and OMB Circular A-133? | | | 3a | х | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | uired au | dit | | | |
| ~ | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | х | |
| | | | | | 990 | (2020) |

| (Fo | rm 99 | DULE A 10 or 990-EZ) f the Treasury | | omplete if the organ 494 | rity Status an nization is a section 50 [°] 47(a)(1) nonexempt cha Attach to Form 990 or F | 1(c)(3) org ritable tru | anization ıst. | | | OMB No. 1545-0047 2020 Open to Public | |
|--------|---|---|-------------------------|-----------------------------|--|-------------------------------------|-------------------|------------------|-----------------|--|--|
| Interr | al Rever | nue Service | | Go to www.irs.gov | | Inspection | | | | | |
| Nar | ne of t | he organizati | on SECO | ND HARVEST | FOOD BANK O | F | | | Employer | identification number | |
| | | | CENT | RAL FLORID | A, INC. | | | | 5 | 9-2142315 | |
| Pa | rt I | Reason | for Public | Charity Status. | All organizations must c | omplete th | nis part.) S | ee instructior | ns. | | |
| The | organ | ization is not a | private found | dation because it is: (| For lines 1 through 12, o | heck only | one box.) | | | | |
| 1 | | A church, cor | vention of ch | urches, or associatio | on of churches describe | d in sectio | n 170(b)(1 | I)(A)(i). | | | |
| 2 | | | | | Attach Schedule E (Forn | | | | | | |
| 3 | | | | | anization described in s e | | | i). | | | |
| 4 | | A medical res | earch organiz | ation operated in co | njunction with a hospita | l described | d in sectio | n 170(b)(1)(A | .)(iii). Enter | the hospital's name, | |
| | | city, and state | ə: | | | | | | | | |
| 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). (C | Complete Part II.) | | | | | | | |
| 6 | | A federal, sta | te, or local go | vernment or governn | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | | |
| 7 | X | An organizati | on that norma | ally receives a substa | ntial part of its support f | rom a gov | ernmental | unit or from | the general | public described in | |
| | | section 170(|)(1)(A)(vi). (C | omplete Part II.) | | | | | | | |
| 8 | | A community | trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Par | t II.) | | | | | |
| 9 | | An agricultura | al research org | ganization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | inction with a | land-grant | college | |
| | | or university of | or a non-land-g | grant college of agric | ulture (see instructions). | Enter the | name, city | /, and state o | f the colleg | e or | |
| | | university: | | | | | | | | | |
| 10 | | An organizati | on that norma | ally receives (1) more | than 33 1/3% of its sup | port from o | contributio | ns, members | ship fees, a | nd gross receipts from | |
| | | activities relation | ed to its exen | npt functions, subjec | t to certain exceptions; | and (2) no | more thar | n 33 1/3% of | its support | from gross investment | |
| | | income and u | nrelated busi | ness taxable income | (less section 511 tax) fr | om busine | sses acqu | ired by the o | rganization | after June 30, 1975. | |
| | | See section | 5 09(a)(2). (Co | mplete Part III.) | | | | | | | |
| 11 | | An organizati | on organized a | and operated exclus | ively to test for public sa | afety. See | section 50 |)9(a)(4). | | | |
| 12 | | - | - | | ively for the benefit of, to | | | | - | | |
| | | | | | ed in section 509(a)(1) o | | | | | Check the box in | |
| | | 7 | | | of supporting organizatio | | | | | | |
| а | | | | - | upervised, or controlled | • | | | | | |
| | | | • | ., . | gularly appoint or elect a | a majority (| of the dired | ctors or trust | ees of the s | supporting | |
| | | 7 ~ | | complete Part IV, Se | | | | | | | |
| b | | | | | l or controlled in connec | | | - | | - | |
| | | | 0 | | anization vested in the s | ame perso | ons that co | ontrol or mana | age the sup | ported | |
| | | | | t complete Part IV, | | | | | | | |
| C | | | | | g organization operated | | | | any integration | ea with, | |
| | | - · · | - | | b). You must complete l | | | | utod organi | ization(a) | |
| C | | | | | orting organization oper | | | | °. | | |
| | | | | | zation generally must sa nplete Part IV, Sections | | | | u an alleni | 10011055 | |
| е | | | | | written determination fro | | | | | | |
| | | | | | nally integrated support | | | (i ype i, i ype | , n, rype m | | |
| f | Ente | er the number | - | ••• | | | | | | | |
| C | | | | n about the supporte | | | | | | · [] | |
| | | i) Name of supp | | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | nization listed | (v) Amount o | f monetary | (vi) Amount of other | |
| | | organization | | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see i | nstructions) | support (see instructions) | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| Tota | al | | | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2020 CENTRAL FLORIDA, INC.

59-2142315 Page 2

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

| <u>Sec</u> | | | | | | | | | |
|------------|--|-----------------------|---------------------|----------------------|---------------------|---------------------|------------------|--|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total | | |
| 1 | Gifts, grants, contributions, and | | | | | | | | |
| | membership fees received. (Do not | | | | | | | | |
| | include any "unusual grants.") | 111,245,886. | 119,467,233. | 125,390,042. | 172,443,542. | 208,448,899. | 736,995,602. | | |
| 2 | Tax revenues levied for the organ- | | | | | | | | |
| | ization's benefit and either paid to | | | | | | | | |
| | or expended on its behalf | | | | | | | | |
| 3 | The value of services or facilities | | | | | | | | |
| | furnished by a governmental unit to | | | | | | | | |
| | the organization without charge | | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 111,245,886. | 119,467,233. | 125,390,042. | 172,443,542. | 208,448,899. | 736,995,602. | | |
| | The portion of total contributions | ,, | ,, | | | ,, | ,,, | | |
| Ŭ | 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) | | | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | 736,995,602. | | |
| | ction B. Total Support | | | | | | | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total | | |
| | Amounts from line 4 | 111,245,886. | 119,467,233. | 125,390,042. | 172,443,542. | 208,448,899. | 736,995,602. | | |
| 8 | Gross income from interest, | | | | | | | | |
| | dividends, payments received on | | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | | |
| | and income from similar sources \dots | 81,484. | 98,220. | 95,564. | 81,240. | 165,611. | 522,119. | | |
| 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.) | 24,061. | 23,891. | 8,780. | 1,800. | -2,654. | 55,878. | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 737,573,599. | | |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 38 | ,931,504. | | |
| 13 | First 5 years. If the Form 990 is for th | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 501(c)(3) | | | |
| | organization, check this box and stor | bhere | | | - | | | | |
| Sec | ction C. Computation of Publ | | | | | | | | |
| | Public support percentage for 2020 (| | | column (f)) | | 14 | 99.92 % | | |
| 15 | Public support percentage from 2019 | Schedule A, Part | II, line 14 | | | 15 | 99.92 % | | |
| | 33 1/3% support test - 2020. If the c | | | | | nore, check this bo | ox and | | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | I | | | ►X | | |
| b | | | | | | | | | |
| | b 33 1/3% support test - 2019. 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 | | | | | | | | |
| 17a | 7a 10% -facts-and-circumstances test - 2020. 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 te | | - | - | | | | | |
| h | 10% -facts-and-circumstances tes | - | | • • • • | | | | | |
| ~ | more, and if the organization meets the | - | | | | | | | |
| | organization meets the facts-and-circl | | | | | | | | |
| 18 | Private foundation. If the organization | | • | • • | • | | | | |
| 10 | i male roundation. It the organizatio | an ulu not check a | | a, 100, 17a, 01 17k | | | J | | |

Schedule A (Form 990 or 990-EZ) 2020

Part II

Schedule A (Form 990 or 990 EZ) 2020 CENTRAL FLORIDA, INC.

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.)

| Se | ction A. Public Support | | , | | | | |
|------|--|---------------------------|------------------------|---------------------|--------------------|---------------------|--------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 |) (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in | | | | | | |
| | any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| - | ization's benefit and either paid to | | | | | | |
| | · | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| 5 | furnished by a governmental unit to | | | | | | |
| | , . | | | | | | |
| • | the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| Ľ | Amounts included on lines 2 and 3 received from other than disgualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Se | ction B. Total Support | | | | | | |
| | endar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 |) (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| | 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 | | | | | | |
| 13 | assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| | First 5 years. If the Form 990 is for th | L ne organization's fi | I irst second third | fourth or fifth tax | Vear as a section | 1 501(c)(3) orga | nization |
| •• | check this box and stop here | - | | | - | | |
| Sec | ction C. Computation of Publ | | | | | | |
| - | Public support percentage for 2020 (| | | column (f)) | | 15 | % |
| 16 | Public support percentage from 2019 | | | | | 16 | % |
| - | ction D. Computation of Inve | | | | | | /0 |
| 17 | | | | ne 13 column (fl) | | 17 | % |
| 18 | Investment income percentage for | | | | | 18 | % |
| | a 33 1/3% support tests - 2020. If the | | | | | | |
| 196 | more than 33 1/3%, check this box a | - | | | | | |
| L | 33 1/3% support tests - 2019. If the | | | | | | ► |
| Ľ | line 18 is not more than 33 1/3%, che | • | | | | | |
| 00 | | | | | | | |
| 20 | Private foundation. If the organization | in did hot check a | DUX UIT IIITIE 14, 19 | a, ur 190, check t | nis box and see IN | ธแนงแบกร | P |

Schedule A (Form 990 or 990-EZ) 2020 CENTRAL FLORIDA, INC.

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

| | Yes | No |
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10b

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1

2

Yes No

| | | | - | |
|-----|--|-----|-----|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers. | | | |

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

| Section C. | Type II | Supporting | Organizations | |
|------------|---------|------------|---------------|--|
| | | | | |

Part IV Supporting Organizations (continued)

| | | | Yes | NO |
|----|--|---|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Se | ection 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 | | 100 | 110 |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in</i> Part VI <i>how the organization maintained a close and continuous working relationship with the supported organization</i> (s). | 2 | | |
| 3 | By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard | 2 | | |

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 yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

За

3b

| 59-2142315 | Page 6 |
|------------|--------|
|------------|--------|

Schedule A (Form 990 or 990 EZ) 2020 CENTRAL FLORIDA, Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 L 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.

INC.

| Section | A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|-------------|---|------------|----------------|--------------------------------|
| 1 Ne | et short-term capital gain | 1 | | |
| 2 Re | coveries of prior-year distributions | 2 | | |
| 3 Ot | her gross income (see instructions) | 3 | | |
| 4 Ad | Id lines 1 through 3. | 4 | | |
| 5 De | preciation and depletion | 5 | | |
| 6 Po | rtion of operating expenses paid or incurred for production or | | | |
| со | llection of gross income or for management, conservation, or | | | |
| ma | aintenance of property held for production of income (see instructions) | 6 | | |
| 7 Ot | her expenses (see instructions) | 7 | | |
| 8 Ad | ljusted 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 Ag | gregate fair market value of all non-exempt-use assets (see | | | |
| ins | structions for short tax year or assets held for part of year): | | | |
| a Av | erage monthly value of securities | 1 a | | |
| b Av | erage monthly cash balances | 1b | | |
| c Fa | ir market value of other non-exempt-use assets | 1c | | |
| d To | tal (add lines 1a, 1b, and 1c) | 1d | | |
| e Di | scount claimed for blockage or other factors | | | |
| (ex | plain in detail in Part VI): | | | |
| 2 Ac | quisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Su | ibtract line 2 from line 1d. | 3 | | |
| 4 Ca | sh deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| se | e instructions). | 4 | | |
| 5 Ne | t value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Mu | ultiply line 5 by 0.035. | 6 | | |
| 7 Re | coveries of prior-year distributions | 7 | | |
| 8 Mi | nimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section | C - Distributable Amount | | | Current Year |
| 1 Ad | justed net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 En | ter 0.85 of line 1. | 2 | | |
| 3 Mi | nimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 En | ter greater of line 2 or line 3. | 4 | | |
| 5 Inc | come tax imposed in prior year | 5 | | |
| 6 Di | stributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| em | nergency temporary reduction (see instructions). | 6 | | |

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

Schedule A (Form 990 or 990-EZ) 2020

| | dule A (Form 990 or 990-EZ) 2020 CENTRAL FLORI | DA, INC. | | 5 | 9-2142315 Page 7 |
|-------|--|-----------------------------------|---------------------------------------|-------------|---|
| Par | | (a)(3) Supporting Orga | anizations (continu | <u>led)</u> | |
| Secti | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | IS | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (<i>describe in</i> Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | 9 | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | <i>(</i>) | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2020 | าร | (iii) Distributable Amount for 2020 |
| 1 | Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | | |
| а | From 2015 | | | | |
| b | From 2016 | | | | |
| с | From 2017 | | | | |
| d | From 2018 | | | | |
| е | From 2019 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2020 distributable amount | | | | |
| i | Carryover from 2015 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2020 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2020 distributable amount | | | | |
| с | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2020, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| а | Excess from 2016 | | | | |
| b | Excess from 2017 | | | | |
| с | Excess from 2018 | | | | |
| d | Excess from 2019 | | | | |
| е | Excess from 2020 | | | | |

Schedule A (Form 990 or 990-EZ) 2020

| | | SECOND | | | | OF | |
|---------|--|--|---|---|---|--|---|
| Part VI | (Form 990 or 990-EZ) 2020 Supplemental Inforr Part IV, Section A, lines 1, line 1; Part IV, Section D, li Section D, lines 5, 6, and 8 (See instructions.) | nation. Provi 2, 3b, 3c, 4b, 4 ines 2 and 3; Pa | de the explana lc, 5a, 6, 9a, 9 art IV, Section | ations requi b, 9c, 11a, E, lines 1c, | ired by Pai 11b, and 1 2a, 2b, 3a | 11c; Part IV, Section B, line a, and 3b; Part V, line 1; Pa | s 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V, |
| | · · · · | | | | | | |
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

| Name of the organization | on | | | | |
|--------------------------|---------|-----------|--------|------|----|
| | SECOND | HARVEST | FOOD | BANK | OF |
| | CENTRAI | J FLORIDA | A, ING | Ξ. | |

59-2142315

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |
| | |

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

General Rule

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

Special Rules

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

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

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

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

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

Name of organization SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA, INC.

59-2142315

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additiona | al space is needed. | |
|------------|--|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | U.S. DEPT OF AGRICULTURE/FLORIDA DEPT OF AGRICULTURE AND CON 2ND. FLOOR MAYO BLDG, 407 S. CALHOUN ST. TALLAHASSEE, FL 32399-0800 | \$ 48,876,010. | Person X Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA, INC. Page 3

59-2142315

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

| (b) Description of noncash property given | (See instructions.) \$ | (d) Date received |
|--|---|--|
| | (c) FMV (or estimate) (See instructions.) | |
| | FMV (or estimate) (See instructions.) | |
| | \$ | |
| | 1 | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | \$ | |
| (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | |
| | (b) Description of noncash property given | (b) (c) FMV (or estimate) (See instructions.) (See instructions.) (See instructions.) (b) \$ |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

| Name of or | | | Employer identification number |
|---------------------------|---|--|--|
| | D HARVEST FOOD BANK OF | | E0 014001E |
| Part III | AL FLORIDA, INC. Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional |) through (e) and the following line e charitable, etc., contributions of \$1,000 o | $59-2142315$ In section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.) \blacktriangleright \$ |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | (e) Transfer of gi | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, a | (e) Transfer of gi nd ZIP + 4 | gift Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| - | Transferee's name, address, a | (e) Transfer of gi nd ZIP + 4 | gift Relationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | (e) Transfer of gi | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relationship of transferor to transferee |

| (Forr | HEDULE D n 990) | Complete if the org Part IV, line 6, 7, 8, 9, 10 | Al Financial Statements anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b | | OMB No. 1545-0047 2020 Open to Public |
|--------|---|---|---|-------------|--|
| | ment of the Treasury I Revenue Service | | Attach to Form 990. 90 for instructions and the latest informa | ation. | Inspection |
| | e of the organizati | | | | mployer identification number |
| | · · · · · · · · · · · · · · · · · · | CENTRAL FLORIDA, I | NC. | - | 59-2142315 |
| Pa | t I Organiza | | d Funds or Other Similar Funds | or Acc | |
| | | n answered "Yes" on Form 990, Part IV, lin | | | |
| | | | (a) Donor advised funds | (b) F | unds and other accounts |
| 1 | Total number at er | nd of year | | . , | |
| 2 | | f contributions to (during year) | | | |
| 3 | | f grants from (during year) | | | |
| 4 | | t end of year | | | |
| 5 | | | writing that the assets held in donor advise | ed funds | |
| - | - | | exclusive legal control? | | Yes No |
| 6 | | | dvisors in writing that grant funds can be u | | |
| - | | | or donor advisor, or for any other purpose of | | |
| | impermissible priv | | | 0 | |
| Pa | | | ganization answered "Yes" on Form 990, P | | |
| 1 | | servation easements held by the organizat | | ,, | |
| • | | of land for public use (for example, recrea | · · · · · · · · · · · · · · · · · · · | a historica | Illy important land area |
| | | f natural habitat | | | historic structure |
| | | of open space | | | |
| 2 | | · · | fied conservation contribution in the form c | of a conse | ervation easement on the last |
| ~ | day of the tax year | • • | | | Held at the End of the Tax Year |
| а | | | | 2 | |
| b | | | | | |
| 0 | | | ucture included in (a) | | - |
| с 4 | | | after 7/25/06, and not on a historic structu | | , |
| u | | | | | |
| 3 | | | leased, extinguished, or terminated by the | | |
| 3 | year ► | valion easements modified, transferred, re | leased, extinguished, or terminated by the | organizai | ion during the tax |
| 4 | | where property subject to conservation ea | sement is located | | |
| 5 | | tion have a written policy regarding the pe | · | | |
| Ŭ | U U | forcement of the conservation easements i | | | Yes No |
| 6 | , | | handling of violations, and enforcing cons | | |
| Ū | | | nanaling of violations, and officiently cons | orvation | |
| 7 | Amount of expens | es incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservat | ion easen | nents during the year |
| 8 | · · · | viction assement reported on line 2(d) abov | ve satisfy the requirements of section 170(I | | |
| 0 | | | | | Yes No |
| 9 | | | on easements in its revenue and expense | | |
| 9 | | • | note to the organization's financial stateme | | |
| | | ounting for conservation easements. | Tote to the organization's financial stateme | nis inai i | lescribes the |
| Pa | | | f Art, Historical Treasures, or Ot | her Sin | nilar Assets |
| 1 4 | | the organization answered "Yes" on Form | | | |
| 10 | | * | | nd halana | a abaat warka |
| Id | • | · · | 8, not to report in its revenue statement an | | |
| | | | olic exhibition, education, or research in fur | | |
| h | · • | | ncial statements that describes these item | | a at works of |
| a | - | | 68, to report in its revenue statement and b | | |
| | | | exhibition, education, or research in furthe | erance of | public service, |
| | - | ng amounts relating to these items: | | ۲ | • |
| | | | | | ► \$ |
| | | | | | \$ |
| 2 | | | asures, or other similar assets for financial | gain, pro | vide |
| | - | unts required to be reported under FASB A | - | | |
| а | | | | | |
| b | Assets included in | Form 990, Part X | | 🕨 | |
| ΙΗΔ | For Paperwork B | eduction Act Notice, see the Instruction | s for Form 990 | | Schedule D (Form 990) 2020 |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

| | | HARVEST FO | | | | | | |
|------|--|-----------------------|------------------------|----------------------|-------------|---------------|-------------|---------|
| - | | FLORIDA, | | | | | 42315 | |
| Par | t III Organizations Maintaining C | Collections of A | rt, Historical Tr | easures, or Ot | her Sim | nilar Asse | ts(continu | ed) |
| 3 | Using the organization's acquisition, access | ion, and other record | ls, check any of the | following that mak | e significa | nt use of its | i | |
| | collection items (check all that apply): | | | | | | | |
| а | Public exhibition | d | Loan or exc | hange program | | | | |
| b | Scholarly research | е | Other | | | | | |
| с | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's c | ollections and explai | n how thev further t | he organization's e | xempt pu | rpose in Par | rt XIII. | |
| 5 | During the year, did the organization solicit of | | | | | | | |
| - | to be sold to raise funds rather than to be m | | | | | | Yes | No No |
| Par | t IV Escrow and Custodial Arran | | ¥ | | | | | |
| | reported an amount on Form 990, Pa | | to in the organizatio | | | ,ee, raitiv, | 1110 0, 01 | |
| | Is the organization an agent, trustee, custod | | liary for contribution | is or other assets r | not include | h | | |
| 14 | on Form 990, Part X? | | • | | | | Yes | No No |
| h | If "Yes," explain the arrangement in Part XIII | | | | | ····· └─ | | |
| b | | and complete the lo | nowing table. | | | | Amount | |
| _ | De sieurie a la slave e | | | | | | Amount | |
| | Beginning balance | | | | | | | |
| | Additions during the year | | | | | | | |
| - | Distributions during the year | | | | | _ | | |
| f | Ending balance | | | | | | 1 | |
| | Did the organization include an amount on F | | | | • • • • • | L | Yes | |
| | If "Yes," explain the arrangement in Part XIII | | | | | <u></u> | <u></u> | |
| Par | t V Endowment Funds. Complete | | | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | | e years back | | |
| | Beginning of year balance | 255,982. | 250,846. | 244,644 | •• | 228,153. | 2 | 09,420. |
| b | Contributions | | | | _ | | Ļ | |
| С | Net investment earnings, gains, and losses | 69,171. | 5,136. | 6,202 | | 16,491. | | 18,733. |
| d | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities | | | | | | | |
| | and programs | | | | | | | |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | 325,153. | 255,982. | 250,846 | | 244,644. | . 2 | 28,153. |
| 2 | Provide the estimated percentage of the cur | rent year end balanc | e (line 1g, column (a | a)) held as: | | | | |
| а | Board designated or quasi-endowment | | % | | | | | |
| b | Permanent endowment | % | _ | | | | | |
| с | · · · · · · · · · · · · · · · · · · · | % | | | | | | |
| - | The percentages on lines 2a, 2b, and 2c sho | ould equal 100%. | | | | | | |
| 3a | Are there endowment funds not in the posse | | ation that are held a | nd administered fo | r the orga | nization | | |
| | by: | | | | | | √ | es No |
| | (i) Unrelated organizations | | | | | | | X |
| | (ii) Related organizations | | | | | | | X |
| h | If "Yes" on line 3a(ii), are the related organizations | | | | | | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | . 30 | |
| | t VI Land, Buildings, and Equipn | | witterit futius. | | | | | |
| 1 01 | Complete if the organization answere | |) Dout IV/ line 11e 6 | Can Farm 000 Dart | V line 10 | | | |
| | | | · · · · | | | | ()) [] | |
| | Description of property | (a) Cost or o | | | Accumula | | (d) Book v | /alue |
| | | basis (investn | , | . , | depreciatio | on | 1 010 | 0.07 |
| | Land | | | 8,867. | 0.4.0 | 101 4 | 1,918 | |
| | Buildings | | 14,36 | 6,419. 2 | ,940, | 121.1 | .1,426 | , 298. |
| | Leasehold improvements | | | | | | | |
| d | Equipment | | 5,68 | 5,239. 4 | ,027, | 274. | 1,657 | ,965. |
| | Other | | | | | | | |
| Tota | Add lines 1a through 1e. (Column (d) must e | equal Form 990, Part | X, column (B), line 1 | 0c.) | | 🕨 1 | .5,003 | ,130. |
| | | | | | | | | |

Schedule D (Form 990) 2020

| SECOND | HARVEST | FOOD | BANK | OF |
|--------|---------|-------|------|----|
| | | T 310 | r | |

| Schedule D (Form 990) 2020 CENTRAL FLO | RIDA, INC. | 59 | -2142315 Page 3 |
|---|---|-------------------------------------|------------------------|
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or en | d-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) MUTUAL FUNDS / EQUITIES | 9,939,585. | COST | |
| (B) CASH | 37,708. | COST | |
| (C) FIXED INCOME INVESTMENTS | 39,103. | COST | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 10,016,396. | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | | 11c. See Form 990, Part X, line 13. | <u> </u> |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or en | d-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| | | | |
| | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. | | 11d Cas Faura 000 Dark V line 15 | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) | on Form 990, Part IV, line Description | 11d. See Form 990, Part X, line 15. | (b) Book value |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) (2) (3) (4) (5) (6) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (a) (1) (a) (2) (a) (3) (4) (5) (6) (7) (7) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (a) (2) (3) (4) (5) (6) (7) (8) (a) | | 11d. See Form 990, Part X, line 15. | (b) Book value |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) | Description | 11d. See Form 990, Part X, line 15. | (b) Book value |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (a) (2) (3) (4) (5) (6) (7) (8) (a) | Description | 11d. See Form 990, Part X, line 15. | (b) Book value |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (a) (2) (a) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line | Description | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | Description | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" | Description | | 5. |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability | Description | | 5. |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes | Description | | 5. |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) | Description | | 5. |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) | Description | | 5. |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) | Description | | 5. |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) | Description | | 5. |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (6) | Description | | 5. |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | Description | | 5. |

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

| Sche | edule D (Form 990) 2020 CENTRAL FLORIDA, INC. | | | 59- | 2142315 _P | Page 4 |
|--|---|---|--|---|---|------------------------------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Statem | ents With | | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 213,619,2 | 292. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| а | Net unrealized gains (losses) on investments | . 2a | 695,121. | | | |
| b | Donated services and use of facilities | | 28,500. | | | |
| с | Recoveries of prior year grants | | | | | |
| d | Other (Describe in Part XIII.) | . 2d | | | | |
| е | Add lines 2a through 2d | | | 2e | 723,6 | |
| 3 | Subtract line 2e from line 1 | | | 3 | 212,895,6 | 571. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | |
| b | Other (Describe in Part XIII.) | 4b | -182,997. | | | |
| с | Add lines 4a and 4b | | | 4c | -182,9 | |
| | | | | | 1010 710 G | |
| _5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | | 212,712,6 |)/4. |
| 5 Pa | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem | | | | | 0/4. |
| 5 Pa | | nents Wit | | Retu | irn. | |
| 5 Ра 1 | rt XII Reconciliation of Expenses per Audited Financial Staten | nents Wit ^{a.} | h Expenses per | Retu | | |
| | rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | nents Wit ^{a.} | h Expenses per | Retu | irn. | |
| 1 | Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements | nents Wit a. | h Expenses per | Retu | irn. | |
| 1 2 | Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | nents Wit a. 2a | h Expenses per | Retu | irn. | |
| 1 2 a | Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | nents Wit a. 2a 2b | h Expenses per | Retu | irn. | |
| 1 2 a | Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | nents Wit a. 2a 2b 2c | h Expenses per | Retu | urn. 212,174,2 | 253. |
| 1 2 a b c | Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | nents Wit a. 2a 2b 2c 2c 2d | th Expenses per 28,500. 182,997. | Retu | urn. 212,174,2 211,4 | 253. |
| 1 2 b c d | Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | nents Wit a. 2a 2b 2c 2c 2d | th Expenses per 28,500. 182,997. | Retu | urn. 212,174,2 | 253. |
| 1 2 b c d e | Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | nents Wit a. 2a 2b 2c 2c 2d | th Expenses per 28,500. 182,997. | Retu | urn. 212,174,2 211,4 | 253. |
| 1 2 b c d e 3 | Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | nents Wit a. 2a 2b 2c 2d | th Expenses per 28,500. 182,997. | Retu | urn. 212,174,2 211,4 | 253. |
| 1 2 b c d 8 3 4 | Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | nents Wit a. 2a 2b 2c 2d 2d | th Expenses per 28,500. 182,997. | Retu | urn. 212,174,2 211,4 | 253. |
| 1 2 d c d e 3 4 a b | Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | nents Wit a. 2a 2b 2c 2c 2d 2d | h Expenses per 28,500. 182,997. | 1 2e 3 4c | urn. 212,174,2 211,4 211,962,7 | 2 <u>53.</u> 197. 756. 0. |
| 1 2 a b c d e 3 4 a b c 5 | Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | nents Wit a. 2a 2b 2c 2d 2d 4a 4b | h Expenses per 28,500. 182,997. | 1 2e 3 4c | urn. 212,174,2 211,4 | 2 <u>53.</u> 197. 756. 0. |

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

PART V, LINE 4:

THESE FUNDS WILL PROVIDE A SOURCE OF INCOME FOR THE FOOD BANK.

PART X, LINE 2:

THE FOOD BANK IS EXEMPT FROM FEDERAL INCOME TAX UNDER PROVISION OF SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE FOOD BANK HAS

BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE

FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE CODE.

CONSEQUENTLY, NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THE

ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

IN ACCORDANCE WITH "INCOME TAXES" FASB ACCOUNTING STANDARDS CODIFICATION

| SECOND HARVEST FOOD BANK OF |
|--|
| Schedule D (Form 990) 2020 CENTRAL FLORIDA, INC. 59-2142315 Page 5 |
| Part XIII Supplemental Information (continued) |
| |
| TOPIC 740 (TOPIC 740), ALL ENTITIES ARE REQUIRED TO EVALUATE AND DISCLOSE |
| INCOME TAX RISKS. TOPIC 740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN |
| TAX POSITIONS AND PRESCRIBES GUIDANCE RELATED TO THE FINANCIAL STATEMENT |
| RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE |
| TAKEN IN A TAX RETURN. THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION IS |
| ONLY RECOGNIZED IN THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION IF THE |
| TAX POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED UPON AN EXAMINATION, |
| BASED ON THE TECHNICAL MERITS OF THE POSITION. INTEREST AND PENALTIES, IF |
| ANY, ARE INCLUDED IN EXPENSES IN THE STATEMENT OF ACTIVITIES. AS OF JUNE |
| 30, 2021, THE FOOD BANK HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR |
| RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. |
| |

THE FOOD BANK'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AUTHORITIES. THE FOOD BANK IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS. THE FOOD BANK IS NOT AWARE OF ANY ACTIVITIES THAT ARE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME, EXCISE OR OTHER TAXES. THE TAX RETURNS FOR THE FISCAL YEARS ENDED FROM 2018 TO 2020 ARE OPEN TO EXAMINATION BY FEDERAL AUTHORITIES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS - DIRECT BENEFIT COSTS

-182,997.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS - DIRECT BENEFIT COSTS

182,997.

Schedule D (Form 990) 2020

| SCHEDULE G | Suppleme | ntal Information Regarding | g Fun | drais | ing or Gaming | Activ | vities | OMB No. 1545-0047 |
|--|---------------------|---|-----------------|----------------------------|--------------------------------------|-----------|-----------------------------|-----------------------------|
| (Form 990 or 990-EZ) | | e organization answered "Yes" or organization entered more than \$ | | | | or 19, | or if the | 2020 |
| Department of the Treasury | | Attach to Form 99 | - | | - | | | Open to Public |
| Internal Revenue Service | | to www.irs.gov/Form990 for inst | | s and | the latest informat | | | Inspection |
| Name of the organization | | HARVEST FOOD BANK FLORIDA, INC. | OF. | | | | 59-214 | entification number 2315 |
| Part I Fundrais | | Complete if the organization answ | ered "Y | es" o | n Form 990, Part IV, | line 17 | 7. Form 990-E | Z filers are not |
| · · · | complete this par | | ina ooti | vitioo | Chaoly all that apply | | | |
| a Mail solicitat | - | sed funds through any of the follow \mathbf{e} Solicita | - | | overnment grants | • | | |
| b Internet and | email solicitations | | | • | nment grants | | | |
| c Phone solici d In-person so | | g 🛄 Specia | l fundra | aising | events | | | |
| • | | or oral agreement with any individua | al (inclu | ding o | fficers, directors, tru | stees, | or | |
| • • • | | art VII) or entity in connection with | | | - | | Ye | |
| b If "Yes," list the 10 compensated at le | | viduals or entities (fundraisers) purs organization. | uant to | agree | ements under which | the fu | ndraiser is to | De |
| i | ., , | | (;;;) | Did | | (v) / | Amount paid | |
| (i) Name and addres or entity (fund | | (ii) Activity | fùndi have c | aiser ustody trol of | (iv) Gross receipts from activity | tò (o | r retained by) undraiser | to (or retained by) |
| | | | contrib | utions? | nom activity | | ed in col. (i) | organization |
| | | | Yes | No | | | | |
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| Tatal | | | | | | | | |
| Total 3 List all states in whi | ich the organizatio | on is registered or licensed to solicit | contrik | . ► | l s or has been notified | d it is d | exempt from | l registration |
| or licensing. | č | - | | | | | | - |
| | | | | | | | | |
| | | | | | | | | |

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

Schedule G (Form 990 or 990-EZ) 2020

59-2142315 Page 2

| I Gross receipts I Gross receipts I Gross receipts I Gross income (li I Gross income (li I Gross income (li I Cash prizes I Gross income (li I Cash prizes I Rent/facility cos I Food and bevera I Entertainment I Other direct exp I Direct expenses I Not income sum Part III Gaming. I Gross revenue I Gross revenue | Y ons <u>ne 1 minus line 2)</u> | - | EZ, lines 1 and 6b. List e | | |
|---|---|---|--|---|--|
| I Gross receipts 2 Less: Contribution 3 Gross income (ling) 4 Cash prizes 5 Noncash prizes 6 Rent/facility cost 7 Food and beveration 9 Other direct exp 10 Direct expenses 11 Net income sum Part III Gaming. or \$15,000 on I Gross revenue 2 Outher direct exp | ons | (a) Event #1 VESH SHARE OUR CHRISTM (event type) 1,193,042. | (b) Event #2 TASTE (event type) 187,705. 12,705. | (c) Other events 6 (total number) 323,443. | (d) Total events (add col. (a) through col. (c)) 1,704,190. |
| 2 Less: Contribution 3 Gross income (li 4 Cash prizes 5 Noncash prizes 6 Rent/facility cos 7 Food and bevera 8 Entertainment . 9 Other direct exp 10 Direct expenses 11 Net income sum Part III Gaming 11 Gross revenue | Y ons <u>ne 1 minus line 2)</u> | VESH SHARE OUR CHRISTM (event type) 1,193,042. | TASTE (event type) 187,705. 12,705. | 6 (total number) 323,443. | (add col. (a) through col. (c)) 1,704,190. |
| 2 Less: Contribution 3 Gross income (li 4 Cash prizes 5 Noncash prizes 6 Rent/facility cos 7 Food and bevera 8 Entertainment . 9 Other direct exp 10 Direct expenses 11 Net income sum Part III Gaming 11 Gross revenue | Y ons <u>ne 1 minus line 2)</u> | OUR CHRISTM (event type) 1,193,042. | (event type) 187,705. 12,705. | (total number) | col.(c)) |
| 2 Less: Contribution 3 Gross income (li 4 Cash prizes 5 Noncash prizes 6 Rent/facility cos 7 Food and bevera 8 Entertainment . 9 Other direct exp 10 Direct expenses 11 Net income sum Part III Gaming 11 Gross revenue | ons ne 1 minus line 2) | 1,193,042. | 187,705. 12,705. | 323,443. | 1,704,190. |
| 2 Less: Contribution 3 Gross income (li 4 Cash prizes 5 Noncash prizes 6 Rent/facility cos 7 Food and bevera 8 Entertainment . 9 Other direct exp 10 Direct expenses 11 Net income sum Part III Gaming 11 Gross revenue | ons ne 1 minus line 2) | | 12,705. | | |
| 2 Less: Contribution 3 Gross income (li 4 Cash prizes 5 Noncash prizes 6 Rent/facility cos 7 Food and bevera 8 Entertainment 9 Other direct exp 10 Direct expenses 11 Net income sum Part III Gaming. 1 Gross revenue | ne 1 minus line 2) | 1,193,042. | | 315,446. | 1.521.193. |
| 4 Cash prizes 5 Noncash prizes 6 Rent/facility cos 7 Food and bever 8 Entertainment . 9 Other direct exp 10 Direct expenses 11 Net income sum Part III Gaming \$15,000 on 1 Gross revenue . | | | 175,000. | i | <u></u> |
| 5 Noncash prizes 6 Rent/facility cos 7 Food and bevera 8 Entertainment 9 Other direct exp 10 Direct expenses 11 Net income sum Part III Gaming. 1 Gross revenue. | | | | 7,997. | 182,997. |
| 6 Rent/facility cos 7 Food and bever 8 Entertainment 9 Other direct exp 10 Direct expenses 11 Net income sum Part III Gaming. \$15,000 on 1 Gross revenue. | | | | | |
| 8 Entertainment 9 Other direct exp 10 Direct expenses 11 Net income sum Part III Gaming. \$15,000 on 1 Gross revenue. | ····· | | | | |
| 8 Entertainment 9 Other direct exp 10 Direct expenses 11 Net income sum Part III Gaming. \$15,000 on 1 Gross revenue. | ts | | | | |
| 8 Entertainment 9 Other direct exp 10 Direct expenses 11 Net income sum Part III Gaming. \$15,000 on 1 Gross revenue. | ages | | | | |
| 9 Other direct exp 10 Direct expenses 11 Net income sum Part III Gaming. \$15,000 on 1 Gross revenue. | | | | | |
| 10 Direct expenses 11 Net income sum Part III Gaming. \$15,000 on 1 Gross revenue. | enses | | 175,000. | 7,997. | 182,997. |
| Part III Gaming. \$15,000 on | summary. Add lines 4 through S |) in column (d) | | ► | 182,997. |
| \$15,000 on \$15,000 on 1 Gross revenue . | mary. Subtract line 10 from line | · · · · · · | | | 0. |
| 1 Gross revenue . | Complete if the organization an | swered "Yes" on Form | 1990, Part IV, line 19, or n | eported more than | |
| 1 Gross revenue . | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| | | | | | |
| ທ 2 Cash prizes | | | | | |
| ë l | | | | | |
| Ш | | | | | |
| 4 Rent/facility cos | ts | | | | |
| 5 Other direct exp | enses | | | | |
| 6 Volunteer labor | | Yes % No | └── Yes % │ └── No | └── Yes % └── No | |
| 7 Direct expense s | | 5 in column (d) | | ► | |
| 8 Net gaming inco | summary. Add lines 2 through 5 | rom line 1, <u>column (</u> d) | | | |
| | summary. Add lines 2 through 5 me summary. Subtract line 7 fr | | | | |
| · · | me summary. Subtract line 7 fr | | | | |
| In ICUNIA, Universitation | me summary. Subtract line 7 fr which the organization conduct | ts gaming activities: | | | |
| | me summary. Subtract line 7 fr which the organization conduct censed to conduct gaming acti | ts gaming activities: ivities in each of these | states? | | Yes No |
| | me summary. Subtract line 7 fr which the organization conduct | ts gaming activities: ivities in each of these | states? | | Yes No |
| b If "Yes," explain: | me summary. Subtract line 7 fr which the organization conduct censed to conduct gaming acti | ts gaming activities: ivities in each of these | | | |

032082 11-25-20

| SECOND | HARVEST | FOOD | BANK | OF |
|--------|----------|------|--------|----|
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| | nedule G (Form 990 or 990-EZ) 2020 CENTRAL FLORIDA, INC. 59-2 | _ | | Page 3 |
|-----|--|-------------|--------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | | Yes | 🗌 No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| á | a The organization's facility | 13a | | % |
| | An outside facility | 13b | | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | Name Address | | | |
| 15a | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 🗆 | Yes | □ No |
| | o If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ | | | |
| C | If "Yes," enter name and address of the third party: | | | |
| | Name | | | |
| | Address ► | | | |
| 16 | Gaming manager information: | | | |
| | Name | | | |
| | Gaming manager compensation > \$ | | | |
| | Description of services provided 🕨 | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| | Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | | Yes | 🗌 No |
| ŀ | • Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | - | |
| | organization's own exempt activities during the tax year > \$ | | | |
| Pa | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV | ırt III, li | nes 9, | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | | |
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| | SECOND HARVEST FOOD BANK OF | |
|---------------------------------|-----------------------------|--|
| Schedule G (Form 990 or 990-EZ) | CENTRAL FLORIDA, INC. | |

| Part IV | Supplemental Information (continued) |
|---------|--------------------------------------|
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| SCHEDULE I (Form 990) Department of the Treasury | Go | Grants and Oth overnments, ar lete if the organizatio | nd Individual n answered "Yes" Attach to For | ls in the Ŭn ' on Form 990, Pa m 990. | ited States art IV, line 21 or 22. | | OMB No. 1545-0047 2020 Open to Public |
|--|--------------------|---|--|--|---|---------------------------------------|--|
| Internal Revenue Service | | | s.gov/Form990 fo | r the latest infor | mation. | | Inspection |
| Name of the organization SECOND HAI CENTRAL FI | | | | | | | Employer identification number $59-2142315$ |
| Part I General Information on Grants an | d Assistance | | | | | | |
| Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro | tance? | toring the use of grant | funds in the Unite | d States. | | | X Yes No |
| Part II Grants and Other Assistance to D | Oomestic Organ | izations and Domesti | c Governments. C | omplete if the org | anization answered " | Yes" on Form 990, Par | t IV, line 21, for any |
| recipient that received more than \$ | 5,000. Part II car | be duplicated if addit | ional space is need | ded. | | | |
| 1 (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 |
| GOD'S PANTRY 2220 PORT MALABAR BLVD. NE PALM BAY, FL 32905 | | 501(C)(3) | 0. | 1,352,900. | FEEDING AMERICA PRODUCT VALUATION | FOOD | TO DISTRIBUTE FOOD TO THE NEEDY |
| | | | | _,, | FEEDING | | |
| CENTRAL BREVARD SHARING CENTER 113 AURORA STREET | | | | | AMERICA PRODUCT | | TO DISTRIBUTE FOOD TO THE |
| COCOA, FL 32922 | | 501(C)(3) | ٥. | 684,655. | VALUATION | FOOD | NEEDY |
| CHURCH OF CHRIST OCEANSIDE 104 NE 3RD STREET SATELLITE BEACH, FL 32937 | | 501(C)(3) | 0. | 100,550. | FEEDING AMERICA PRODUCT VALUATION | FOOD | TO DISTRIBUTE FOOD TO THE NEEDY |
| NORTH BREVARD CHARITIES - DELEON 725 S DELEON AVE TITUSVILLE, FL 32780 | | 501(C)(3) | 0. | 6,775. | FEEDING AMERICA PRODUCT VALUATION | FOOD | TO DISTRIBUTE FOOD TO THE NEEDY |
| FIRST FRENCH ADVENTIST CHURCH 1200 GLENHAM DRIVE NE PALM BAY, FL 32905 | | 501(C)(3) | 0. | 19,234, | FEEDING AMERICA PRODUCT VALUATION | FOOD | TO DISTRIBUTE FOOD TO THE NEEDY |
| METROPOLITAN MISSIONARY BAPTIST CHURCH COCOA - 474 W. KING STREET - COCOA, FL 32922 | | 501(C)(3) | 0. | 423,185. | FEEDING AMERICA PRODUCT VALUATION | FOOD | TO DISTRIBUTE FOOD TO THE NEEDY |
| 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations | • | • | | | | | |

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

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

Schedule I (Form 990) CI

CENTRAL FLORIDA, INC.

| Schedule I (Form 990) CENTRAL FI | JORIDA, | INC. | | | | J | 9-ZI4Z5I5 Page |
|--|-----------------|----------------------------------|--------------------------|--|---|---|---|
| Part II Continuation of Grants and Other A | Assistance to D | Oomestic Organization | s and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | |
| (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 |
| | | | | | FEEDING | | |
| SPACE COAST RECOVERY | | | | | AMERICA | | |
| 1215 LAKE DRIVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| COCOA, FL 32922 | | 501(C)(3) | 0. | 277,441. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| C.I.T.A. MISSION | | | | | AMERICA | | |
| 2330 JOHNNY ELLISON DRIVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| MELBOURNE, FL 32901 | | 501(C)(3) | 0. | 911,633. | VALUATION | FOOD | NEEDY |
| | | | | , | FEEDING | | |
| GILLESPIE SERVICES | | | | | AMERICA | | |
| 113 E AVENUE D | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| MELBOURNE, FL 32901 | | 501(C)(3) | 0. | 5 087. | VALUATION | FOOD | NEEDY |
| , | | | | -, | FEEDING | | |
| SALVATION ARMY DOMESTIC VIOLENCE | | | | | AMERICA | | |
| P.O. BOX 940 | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| COCOA, FL 32923 | | 501(C)(3) | 0. | 6 4 3 3 | VALUATION | FOOD | NEEDY |
| | | 501(0)(3) | •• | 0,400. | FEEDING | | |
| VISION OF HOPE - AIRPORT | | | | | AMERICA | | |
| 1616 AIRPORT BLVD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| | | 501(C)(3) | 0. | 5 712 | VALUATION | FOOD | NEEDY |
| MELBOURNE, FL 32901 | | 501(C)(3) | · · | 5,712. | FEEDING | FOOD | NEEDI |
| VICTON OF HODE DEGOVERY GUANNON | | | | | | | |
| VISION OF HOPE RECOVERY - SHANNON | | | | | AMERICA | | |
| 117 NW SHANNON AVE | | F01 (g) ()) | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| WEST MELBOURNE, FL 32904 | | 501(C)(3) | 0. | /,115. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| VISION OF HOPE - WICKHAM | | | | | AMERICA | | |
| 1013 S. WICKHAM RD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| WEST MELBOURNE, FL 32902 | | 501(C)(3) | 0. | 5,100. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| CROSSWINDS YOUTH SERVICES, INC | | | | | AMERICA | | |
| 1407 DIXON BLVD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| COCOA, FL 32922 | | 501(C)(3) | 0. | 31,257. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| MY COMMUNITY CARES | | | | | AMERICA | | |
| 301 GROVE BLVD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| MERRITT ISLAND, FL 32953 | | 501(C)(3) | 0. | 47,959. | VALUATION | FOOD | NEEDY |

Schedule I (Form 990) CEN

CENTRAL FLORIDA, INC.

| Schedule I (Form 990) CENTRAL F | LORIDA, | INC. | | | | j | 9-2142515 Page |
|--|-----------------|----------------------------------|------------------------------------|--|---|--|--|
| Part II Continuation of Grants and Other | Assistance to D | omestic Organization | is and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | |
| (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 |
| | | | | | FEEDING | | |
| WALK-ABOUT-MINISTRY, INC | | | | | AMERICA | | |
| 112 S. BROWN AVENUE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| TITUSVILLE, FL 32796 | | 501(C)(3) | 0. | 7,113. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| OVERLOOK MINISTRIES INC | | | | | AMERICA | | |
| 3752 US-1 N | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| COCOA, FL 32926 | | 501(C)(3) | 0. | 32,664. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| SALVATION ARMY / SUE PRIDMORE | | | | | AMERICA | | |
| CENTER - 1086 S. HICKORY STREET - | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| MELBOURNE, FL 32901 | | 501(C)(3) | 0. | 21,019. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ADVENT LUTHERAN CHURCH FOOD BANK | | | | | AMERICA | | |
| 7550 N. WICKHAM ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| MELBOURNE, FL 32940 | | 501(C)(3) | 0. | 32,718. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| HIS PLACE MINISTRIES EAST COAST | | | | | AMERICA | | |
| 1824 S. HARBOR CITY BLVD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| MELBOURNE, FL 32901 | | 501(C)(3) | 0. | 10,464. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| PROJECT RESPONSE, INC. | | | | | AMERICA | | |
| 745 SOUTH APOLLO BLVD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| MELBOURNE, FL 32901 | | 501(C)(3) | 0. | 58,054. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| EAST COAST CHRISTIAN CENTER | | | | | AMERICA | | |
| 670 N. COURTENAY PKWY. SUITE 9 | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| MERRITT ISLAND, FL 32953 | | 501(C)(3) | 0. | 1,303,752. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| FIRST BAPTIST CHURCH OF MERRITT | | | | | AMERICA | | |
| ISLAND - 345 MAGNOLIA AVE - | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| MERRITT ISLAND, FL 32952 | | 501(C)(3) | 0. | 1,376,340. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| GRACE UNITED METHODIST CHURCH | | | | | AMERICA | | |
| 65 NEEDLE BLVD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| MERRITT ISLAND, FL 32953 | | 501(C)(3) | 0. | 115,018. | VALUATION | FOOD | NEEDY |

Schedule I (Form 990) CEN

CENTRAL FLORIDA, INC.

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| (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 |
|--|----------------|----------------------------------|--------------------------|---|---|--|---------------------------------------|
| | | | | | FEEDING | | |
| MELBOURNE CHURCH OF CHRIST FOOD | | | | | AMERICA | | |
| PANTRY - 810 HOLLYWOOD BLVD - WEST | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| MELBOURNE, FL 32904 | | 501(C)(3) | ٥. | 216,209. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| IMPACT CENTER | | | | | AMERICA | | |
| 6755 S. WASHINGTON AVENUE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| TITUSVILLE, FL 32780 | | 501(C)(3) | 0. | 24,124. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| LOCKMAR BAPTIST CHURCH | | | | | AMERICA | | |
| 700 EMERSON DRIVE NE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| PALM BAY, FL 32907 | | 501(C)(3) | 0. | 49,109. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| NORTH BREVARD CHARITIES AND | | | | | AMERICA | | |
| SHARING CENTER - 4475 S HOPKINS | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| AVENUE - TITUSVILLE, FL 32780 | | 501(C)(3) | 0. | 237,744. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ST. VINCENT DE PAUL, OUR LADY OF | | | | | AMERICA | | |
| GRACE - 300 MALABAR RD - PALM BAY, | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| FL 32907 | | 501(C)(3) | 0. | 148,430. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| BETHANY CHAPEL, GARDEN APTS | | | | | AMERICA | | |
| 4000 N. RIVERSIDE DRIVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| SATELLITE BEACH, FL 32937 | | 501(C)(3) | 0. | 11,166. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| GRACE FELLOWSHIP OF BREVARD, INC. | | | | | AMERICA | | |
| 3420 MURRELL ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ROCKLEDGE, FL 32955 | | 501(C)(3) | 0. | 31,672, | VALUATION | FOOD | NEEDY |
| | | | - | , | FEEDING | | |
| SOUTH BREVARD SHARING CENTER | | | | | AMERICA | | |
| MELBOURNE - 17 EAST HIBISCUS BLVD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| - MELBOURNE, FL 32901 | | 501(C)(3) | 0. | 103 514 | VALUATION | FOOD | NEEDY |
| | | | + | | FEEDING | | |
| COR JESU, ST. TERESA CHURCH | | | | | AMERICA | | |
| 2306 S. HOPKINS AVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| TITUSVILLE, FL 32780 | | 501(C)(3) | 0. | 20.004 | VALUATION | FOOD | NEEDY |

Schedule I (Form 990)

CENTRAL FLORIDA, INC.

| Part II Continuation of Grants and Other A | | | | | | | |
|--|----------------|----------------------------------|--------------------------|---|---|--|---------------------------------------|
| (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 |
| | | | | | FEEDING | | |
| ST. VINCENT DE PAUL DIVINE MERCY | | | | | AMERICA | | |
| 1940 NORTH COURTENAY PKWY. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| MERRITT ISLAND, FL 32953 | | 501(C)(3) | 0. | 5,689. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| SALVATION ARMY PANTRY | | | | | AMERICA | | |
| 1080 S. HICKORY STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| MELBOURNE, FL 32901 | | 501(C)(3) | 0. | 65,936. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| WHOLENESS TO FREEDOM MINISTRIES, | | | | | AMERICA | | |
| INC 1619 FERNDALE AVENUE - | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| MELBOURNE, FL 32935-5399 | | 501(C)(3) | 0. | 69,386. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| EMMANUEL UNITED METHODIST CHURCH | | | | | AMERICA | | |
| 2800 W. EAU GALLIE BLVD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO THE |
| MELBOURNE, FL 32935 | | 501(C)(3) | 0. | 165,320. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| HOLY NAME OF JESUS/ ST. VINCENT DE | | | | | AMERICA | | |
| PAUL SOCIETY - 3050 HWY. A1A - | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| INDIALANTIC, FL 32903 | | 501(C)(3) | 0. | 146,106. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| IGLESIA DE DIOS PENTECOSTAL | | | | | AMERICA | | |
| 381 THOR AVENUE S.E. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| PALM BAY, FL 32909 | | 501(C)(3) | 0. | 101,217. | VALUATION | FOOD | NEEDY |
| NEW LIFE RESTORATION MINISTRIES | | | | | FEEDING | | |
| LIFE COMMUNITY PANTRY - 1312 E | | | | | AMERICA | | |
| UNIVERSITY BLVD - MELBOURNE, FL | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| 32901 | | 501(C)(3) | 0. | 67,046. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ST. JOSEPHS ST. VINCENT DE PAUL | | | | | AMERICA | | |
| 2824 PALM BAY ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| PALM BAY, FL 32905 | | 501(C)(3) | 0. | 42,430. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| FIRST BAPTIST CHURCH OF MALABAR | | | | | AMERICA | | |
| 1665 MALABAR ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| MALABAR, FL 32950 | | 501(C)(3) | 0. | 64,991, | VALUATION | FOOD | NEEDY |

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CENTRAL FLORIDA, INC.

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| Schedule I (Form 990) CENTRAL FI | LORIDA, | THC. | | | | U | Pag |
|--|-----------------|----------------------------------|------------------------------------|---|---|--|--|
| Part II Continuation of Grants and Other A | Assistance to D | Oomestic Organization | ns and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | |
| (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 |
| | | | | | FEEDING | | |
| PENTECOSTAL CHURCH OF THE LIVING | | | | | AMERICA | | |
| GOD - 2246 NORTHVIEW STREET NE - | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO T |
| PALM BAY, FL 32905 | | 501(C)(3) | 0. | 27,217. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| FIRST BAPTIST CHURCH PT. ST. JOHN | | | | | AMERICA | | |
| 3900 FAY BLVD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO T |
| PORT ST. JOHN, FL 32927 | | 501(C)(3) | 0. | 22,243. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| HIGHLAND AVENUE FELLOWSHIP CHURCH | | | | | AMERICA | | |
| 1591 HIGHLAND AVE. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO T |
| MELBOURNE, FL 32935 | | 501(C)(3) | 0. | 20,653. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| OVERCOMER CHURCH OF GOD OF | | | | | AMERICA | | |
| PROPHECY - 4350 AURORA ROAD - | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO T |
| MELBOURNE, FL 32934 | | 501(C)(3) | 0. | 27,799. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| BETHEL ABUNDANT LIFE MINISTRIES | | | | | AMERICA | | |
| 1081 PORT MALABAR BLVD. N.E. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO T |
| PALM BAY, FL 32905 | | 501(C)(3) | 0. | 69,626. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| HUMMINGBIRD PANTRY INC. | | | | | AMERICA | | |
| 3000 JOLLY ST. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO T |
| TITUSVILLE, FL 32780 | | 501(C)(3) | 0. | 3,702,554. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| HELPING HANDS ALLIANCE | | | | | AMERICA | | |
| 344 EMERSON DR NW | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO T |
| PALM BAY, FL 32907 | | 501(C)(3) | 0. | 207,184. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| UNITED CHURCH OF GOD OF | | | | | AMERICA | | |
| DELIVERANCE - 1755 CRAIG AVENUE - | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO T |
| TITUSVILLE, FL 32780 | | 501(C)(3) | 0. | 22,513. | VALUATION | FOOD | NEEDY |
| · · · · | | | 1 | ,, | FEEDING | | |
| CENTERPOINTE FOOD PANTRY | | | | | AMERICA | | |
| | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO T |
| 871 COPLY STREET SE | | | | | L KODOCI | | TO DISIKIDOID FOOD TO I |

Schedule I (Form 990)

CENTRAL FLORIDA, INC. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) 59-2142315 Page 1

| (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 |
|--|----------------|----------------------------------|---------------------------------|--|---|--|---------------------------------------|
| | | | | | FEEDING | | |
| PEACE LUTHERAN | | | | | AMERICA | | |
| 1801 PORT MALABAR BLVD. N.E. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO THE |
| PALM BAY, FL 32905 | | 501(C)(3) | 0. | 108,071. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| TRINITY TOWERS SENIOR FEEDING | | | | | AMERICA | | |
| PROGRAM - 615 E NEW HAVEN AVE - | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| MELBOURNE, FL 32901 | | 501(C)(3) | 0. | 32,254. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| BREVARD ADVENTIST COMMUNITY | | | | | AMERICA | | |
| SERVICES - 5005 BARNA AVE - | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| TITUSVILLE, FL 32780 | | 501(C)(3) | 0. | 63,140. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| EAU GALLIE FIRST BAPTIST CHURCH | | | | | AMERICA | | |
| 1501 W. EAU GALLIE BLVD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| MELBOURNE, FL 32935 | | 501(C)(3) | 0. | 77,129. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| FAITH FELLOWSHIP CHURCH | | | | | AMERICA | | |
| 2820 BUSINESS CENTER BLVD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| MELBOURNE, FL 32940 | | 501(C)(3) | 0. | 21,469. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| HANDS FOR HEALING | | | | | AMERICA | | |
| 1025 EMERSON DR. NE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| PALM BAY, FL 32907 | | 501(C)(3) | 0. | 3,971,391. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| NO ONE HUNGRY / JULIA ST. | | | | | AMERICA | | |
| 418 PINE ST. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO THE |
| TITUSVILLE, FL 32796 | | 501(C)(3) | 0. | 14,286, | VALUATION | FOOD | NEEDY |
| ' | | | | , | FEEDING | | |
| DAILY BREAD | | | | | AMERICA | | |
| 815 E. FEE AVE. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| MELBOURNE, FL 32901 | | 501(C)(3) | 0. | 227,829. | VALUATION | FOOD | NEEDY |
| · · · · · · · · · · · · · · · · · · · | | | | , – – , | FEEDING | | |
| LOAVES & FISHES COMMUNITY KITCHEN | | | | | AMERICA | | |
| 300 MALABAR ROAD SE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| PALM BAY, FL 32907 | | 501(C)(3) | 0. | 38 587 | VALUATION | FOOD | NEEDY |

Schedule I (Form 990)

CENTRAL FLORIDA, INC.

| Schedule I (Form 990) CENTRAL FI | LORIDA, | | | | | U U | 9-2142515 Page |
|--|-----------------|----------------------------------|------------------------------------|--|---|--|--|
| Part II Continuation of Grants and Other A | Assistance to D | omestic Organization | ns and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | |
| (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 |
| | | | | | FEEDING | | |
| CORNERSTONE CHURCH OF GOD | | | | | AMERICA | | |
| 311 E HIBISCUS BLVD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| MELBOURNE, FL 32901 | | 501(C)(3) | 0. | 6,260. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| BREVARD EOC COVID RESPONSE | | | | | AMERICA | | |
| 7740 TECHNOLOGY DR | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| WEST MELBOURNE, FL 32904 | | 501(C)(3) | 0. | 4,108,487. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| VETERANS OF FOREIGN WARS | | | | | AMERICA | | |
| 400 SOUTH SYKES PARKWAY | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| MERRITT ISLAND, FL 32952 | | 501(C)(3) | 0. | 24,058. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| SOLDIER'S ANGELS- | | | | | AMERICA | | |
| 5201 RAYMOND STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32803 | | 501(C)(3) | 0. | 420,661. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| THE ALTAR SAINT CLOUD VINEYARD | | | | | AMERICA | | |
| 1215 OLD HICKERY TREE RD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ST. CLOUD, FL 34771 | | 501(C)(3) | 0. | 330,136. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| CALVARY ASSEMBLY OF GOD | | | | | AMERICA | | |
| 711 NORTH THACKER AVENUE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| KISSIMMEE, FL 34741 | | 501(C)(3) | 0. | 777,696. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| OSCEOLA COUNTY COUNCIL ON AGING | | | | | AMERICA | | |
| 704 GENERATION POINT | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| KISSIMMEE, FL 34744 | | 501(C)(3) | 0. | 34,996. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| HOUSE OF FREEDOM | | | | | AMERICA | | |
| 2311 NORTH ORANGE BLOSSOM TRAIL | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| KISSIMMEE, FL 34744 | | 501(C)(3) | 0. | 107,595. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| KEY HAVEN GROUP HOME - KISSIMMEE | | | | | AMERICA | | |
| 2620 EAGLE MEADOW LN. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| KISSIMMEE, FL 34746 | | 501(C)(3) | 0. | 11,390. | VALUATION | FOOD | NEEDY |

Schedule I (Form 990) CENTE

CENTRAL FLORIDA, INC.

| Schedule I (Form 990) CENTRAL FI | JORIDA, | INC. | | | | 5 | 9-2142313 Page |
|--|----------------|----------------------------------|---------------------------------|--|---|--|---|
| Part II Continuation of Grants and Other A | ssistance to D | omestic Organization | s and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | |
| (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 |
| | | | | | FEEDING | | |
| MOUNT ZION SDA CHURCH | | | | | AMERICA | | |
| 2123 NORTH SMITH STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| KISSIMMEE, FL 34744 | | 501(C)(3) | 0. | 638,802. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ST. CLOUD COMMUNITY PANTRY | | | | | AMERICA | | |
| 901 MISSOURI AVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ST. CLOUD, FL 34769 | | 501(C)(3) | 0. | 802,752. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| LIVING WATER FELLOWSHIP | | | | | AMERICA | | |
| 4101 PLEASANT HILL RD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| KISSIMMEE, FL 34746 | | 501(C)(3) | 0. | 117,544. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| LIVING WATER AGAPE LOVE | | | | | AMERICA | | |
| 1535 IMMOKALEE ST. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| INTERCESSION CITY, FL 33848 | | 501(C)(3) | 0. | 624,495. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| SUMMIT BIBLE CHURCH | | | | | AMERICA | | |
| 1901S. JOHN YOUNG PARKWAY | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| KISSIMMEE, FL 34741 | | 501(C)(3) | 0. | 119,812. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| KISSIMMEE SPANISH SDA CHURCH | | | | | AMERICA | | |
| 1219 NORTH INGRAM STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| KISSIMMEE, FL 34744 | | 501(C)(3) | 0. | 20,329. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| LA NUEVA JERUSALEM | | | | | AMERICA | | |
| 4925 OLD PLEASANT HILL RD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| KISSIMMEE, FL 34759 | | 501(C)(3) | 0. | 6,159. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| FAITH FAMILY OUTREACH | | | | | AMERICA | | |
| 317 N. RANDOLPH AVE. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| KISSIMMEE, FL 34741 | | 501(C)(3) | 0. | 682,998. | VALUATION | FOOD | NEEDY |
| · · · | | | | | FEEDING | | |
| LIFE CHANGING GLOBAL MINISTRIES | | | | | AMERICA | | |
| 2727 N. JOHN YOUNG PARKWAY SUITE G | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| KISSIMMEE, FL 34741 | | 501(C)(3) | 0. | 54 868 | VALUATION | | NEEDY |

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CENTRAL FLORIDA, INC.

| Part II Continuation of Grants and Other A | | | ns and Domestic G | overnments (Sch | edule I (Form 990), Pa | | 9-2142515 Page |
|--|----------------|----------------------------------|--------------------------|---|--|--|--|
| (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 |
| | | | | | FEEDING | | |
| MAGANDANG BALITA, INC. | | | | | AMERICA | | |
| DBA: THE FELLOWSHIP AT CENTRAL FLA. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| KISSIMMEE, FL 34743 | | 501(C)(3) | 0. | 6,473. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| COMMUNITY HOPE CENTER, INC. | | | | | AMERICA | | |
| 2420 OLD VINELAND ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| KISSIMMEE, FL 34746 | | 501(C)(3) | 0. | 41,969. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| NEW FAITH COMMUNITY CHURCH | | | | | AMERICA | | |
| 5000 HOLOPAW ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ST. CLOUD, FL 34773 | | 501(C)(3) | 0. | 17,184. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| IGLESIA DE DIOS PENTECOSTAL M.I | | | | | AMERICA | | |
| 2519 FORTUNE RD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| KISSIMMEE, FL 34744 | | 501(C)(3) | 0. | 96,656. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| IGLESIA DE DIOS PENTECOSTAL MI ST. | | | | | AMERICA | | |
| CLOUD - 1122 KENTUCKY AVE - ST. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| CLOUD, FL 34769 | | 501(C)(3) | 0. | 5,418. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ADVANCED SENIOR CENTER | | | | | AMERICA | | |
| 1209 EAST DONEGAN AVENUE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| KISSIMMEE, FL 34744 | | 501(C)(3) | 0. | 188,455. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| MIRACLE TEMPLE MINISTRY | | | | | AMERICA | | |
| 4930 OLD PLEASANT HILL ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| KISSIMMEE, FL 34759 | | 501(C)(3) | 0. | 61,562. | VALUATION | FOOD | NEEDY |
| , | | | | , | FEEDING | | |
| CHURCH OF AGAPE LOVE | | | | | AMERICA | | |
| 1548 TALLAHASSEE BLVD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| INTERCESSION CITY, FL 33848 | | 501(C)(3) | 0. | 94.816. | VALUATION | FOOD | NEEDY |
| · · · · · · · · · · · · · · · · · · · | | | 1 | , | FEEDING | 1 | |
| IGLESIA PENTECOSTAL REHOBOTH INC. | | | | | AMERICA | | |
| 205 W. CYPRESS ST. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| KISSIMMEE, FL 34741 | | 501(C)(3) | 0. | 52 655 | VALUATION | FOOD | NEEDY |

| Schedule I (Form 990) CENTRAL FI | LORIDA, | | | | | 5 | 59-2142315 Page |
|--|----------------|----------------------------------|---------------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other A | ssistance to I | Domestic Organization | is and Domestic G | overnments (Sch | edule I (Form 990), P | art II.) | - |
| (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 |
| | | | | | FEEDING | | |
| IGLESIA CRISTIANA RENUEVO | | | | | AMERICA | | |
| 290 COMPETITION DRIVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| KISSIMMEE, FL 34743 | | 501(C)(3) | 0. | 753,748. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| THE MERCY FOUNDATION | | | | | AMERICA | | |
| 2417 N. CENTRAL AVE. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| KISSIMMEE, FL 34741 | | 501(C)(3) | 0. | 153,385. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| AVOS ANOINTED VICTORIOUS OUTREACH | | | | | AMERICA | | |
| SERVICES - 1901 S. POINCIANA BLVD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| - KISSIMMEE, FL 34758 | | 501(C)(3) | 0. | 229,807. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ST. JOHN EPISCOPAL CHURCH- TRINITY | | | | | AMERICA | | |
| HOUSE - 1709 N. JOHN YOUNG PKWY - | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| KISSIMMEE, FL 34741 | | 501(C)(3) | 0. | 59,628. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| SOLID ROCK CHURCH OF GOD | | | | | AMERICA | | |
| 1904 NORTH MICHIGAN AVENUE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| KISSIMMEE, FL 34744 | | 501(C)(3) | 0. | 93,531. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| CHURCH AND COMMUNITY ASSISTANCE | | | | | AMERICA | | |
| PROGRAM - 10 S. ORLANDO AVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| KISSIMMEE, FL 34741 | | 501(C)(3) | 0. | 556,149. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| NEW BIRTH | | | | | AMERICA | | |
| 1143 PARNELL ST. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| KISSIMMEE, FL 34741 | | 501(C)(3) | 0. | 185,875. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| CLARITAS HOUSE ST. CLOUD | | | | | AMERICA | | |
| 1418 10TH STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ST. CLOUD, FL 34769 | | 501(C)(3) | 0. | 15,519. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ST. ROSE OF LIMA CATHOLIC CHURCH | | | | | AMERICA | | |
| 3870 PLEASANT HILL ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| KISSIMMEE, FL 34746 | | 501(C)(3) | 0. | 495,209. | VALUATION | FOOD | NEEDY |

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CENTRAL FLORIDA, INC.

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| Schedule I (Form 990) CENTRAL F. | DOKIDA, | | | | | - | |
|--|-----------------|----------------------------------|------------------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other | Assistance to D | omestic Organization | is and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | |
| (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 |
| | | | | | FEEDING | | |
| THE ROCK CHURCH | | | | | AMERICA | | |
| 5515 WEST IRLO BRONSON MEMORIAL HWY | 7 | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| KISSIMMEE, FL 34746 | | 501(C)(3) | 0. | 556,413. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ONE UNITED MISSION MINISTRY | | | | | AMERICA | | |
| 609 EAST VINE STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| KISSIMMEE, FL 34741 | | 501(C)(3) | 0. | 42,528. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| CLARITA'S HOUSE OUTREACH MINISTRY, | | | | | AMERICA | | |
| INC 2201 PARTIN SETTLEMENT RD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| - KISSIMMEE, FL 34744 | | 501(C)(3) | 0. | 105,191. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| LOVE THY NEIGHBOR PARKDALE | | | | | AMERICA | | |
| 31817 PARKDALE DRIVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| LEESBURG, FL 34748 | | 501(C)(3) | 0. | 5,257. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| FAITH NEIGHBORHOOD CENTER | | | | | AMERICA | | |
| 14727 TIMBER VILLAGE RD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| GROVELAND, FL 34736 | | 501(C)(3) | 0. | 931,137. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| BEYOND THE WALLS | | | | | AMERICA | | |
| 509 WEST BERCKMAN STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| FRUITLAND PARK, FL 34731 | | 501(C)(3) | 0. | 83,831. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| JOINING HANDS IN FOOD MINISTRY, | | | | | AMERICA | | |
| INC - 130 SOUTH LONE OAK DRIVE - | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| LEESBURG, FL 34749 | | 501(C)(3) | 0. | 109,039. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ST. VINCENT DEPAUL/ST. MARY OF THE | | | | | AMERICA | | |
| LAKES - 218 OCKLAWAHA AVENUE - | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| EUSTIS, FL 32726 | | 501(C)(3) | 0. | 33,910. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| LEESBURG FOOD BANK, INC. | | | | | AMERICA | | |
| , 503 13TH STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| LEESBURG, FL 34748 | | 501(C)(3) | 0. | 790,641. | VALUATION | FOOD | NEEDY |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|-----------------------------|--|--|--|--|
| | | | | | FEEDING | | |
| FIRST PENTECOSTAL CHURCH/FAITH | | | | | AMERICA | | |
| WORLD - 2205 W. MAIN ST | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO THE |
| LEESBURG, FL 34748 | | 501(C)(3) | 0. | 44,844. | VALUATION | FOOD | NEEDY |
| | | | | , | FEEDING | | |
| FIRST BAPTIST CHURCH OF PAISLEY | | | | | AMERICA | | |
| 25145 FISHERMAN'S RD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| PAISLEY, FL 32767 | | 501(C)(3) | 0. | 115,391. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| CHRISTIAN FOOD PANTRY | | | | | AMERICA | | |
| 103 HIGH AVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| LADY LAKE, FL 32159 | | 501(C)(3) | 0. | 429,929. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| COMMUNITY UMC - FRUITLAND PARK | | | | | AMERICA | | |
| 307 COLLEGE AVE. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| FRUITLAND PARK, FL 34731 | | 501(C)(3) | 0. | 57,519. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| HILLTOP COMMUNITY CENTER | | | | | AMERICA | | |
| 41444 NORTH CENTRAL AVENUE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| UMATILLA, FL 32784 | | 501(C)(3) | 0. | 108,460. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| COME AS YOU ARE MINISTRY | | | | | AMERICA | | |
| 2105 WEST MAIN STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| LEESBURG, FL 34748 | | 501(C)(3) | 0. | 22,507. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| VICTORY CHRISTIAN MINISTRIES | | | | | AMERICA | | |
| 37240 SR 19 | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO THI |
| UMATILLA, FL 32784 | | 501(C)(3) | 0. | 116,110. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| W.I.N. 1 MINISTRIES, INC. | | | | | AMERICA | | |
| 612 S. BAY STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| EUSTIS, FL 32726 | | 501(C)(3) | 0. | 267,925. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| NORTHSIDE CHURCH | | | | | AMERICA | | |
| 3115 EAGLES NEST ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| FRUITLAND PARK, FL 34731 | | 501(C)(3) | 0. | 60,862. | VALUATION | FOOD | NEEDY |

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CENTRAL FLORIDA, INC.

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|--|----------------|----------------------------------|------------------------------------|--|---|--|--|
| Part II Continuation of Grants and Other A | ssistance to D | omestic Organization | is and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | |
| (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 |
| | | | | | FEEDING | | |
| CALVARY CHAPEL OF THE LAKES | | | | | AMERICA | | |
| 250 GUERRANT STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| UMATILLA, FL 32784 | | 501(C)(3) | 0. | 10,033. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| SPEAK THE TRUTH MINISTRIES | | | | | AMERICA | | |
| 432 N. EUSTIS ST. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| EUSTIS, FL 32726 | | 501(C)(3) | 0. | 250,460. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| FIRST BAPTIST CHURCH OF UMATIILA | | | | | AMERICA | | |
| 4 E. COLLINS STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| UMATILLA, FL 32784 | | 501(C)(3) | 0. | 116,960. | VALUATION | FOOD | NEEDY |
| | | | | , - | FEEDING | | |
| LIFE CHURCH ASSEMBLY OF GOD | | | | | AMERICA | | |
| 4001 PICCIOLA ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| FRUITLAND PARK, FL 34731 | | 501(C)(3) | 0. | 104 418. | VALUATION | FOOD | NEEDY |
| | | | | , | FEEDING | | |
| SOUTH LAKE PRESBYTERIAN CHURCH | | | | | AMERICA | | |
| 131 CHESTNUT STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| CLERMONT, FL 34711 | | 501(C)(3) | 0. | 94 881 | VALUATION | FOOD | NEEDY |
| | | 501(0)(0) | | 51,001. | FEEDING | | |
| CHRISTIAN CARE CENTER/BENEVOLENCE | | | | | AMERICA | | |
| 1308 WEST MAIN STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| LEESBURG, FL 34748 | | 501(C)(3) | 0. | 3,083,603. | | FOOD | NEEDY |
| | | 501(0)(3) | · · · | 3,003,003. | FEEDING | | |
| HOUSE OF GOD/MT DORA | | | | | AMERICA | | |
| 1300 NORTH GRANDVIEW STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| | | 501(C)(3) | 0. | 10 257 | | FOOD | NEEDY |
| MT. DORA, FL 32757 | | 501(C)(3) | · · | 19,257. | VALUATION FEEDING | FOOD | NEEDI |
| | | | | | | | |
| ST. PAUL CATHOLIC COMMUNITY | | | | | AMERICA | | |
| 1321 SUNSHINE AVENUE | | F01(0)(2) | | C0 555 | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| LEESBURG, FL 34748 | | 501(C)(3) | 0. | 68,555. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| LAKE COUNTY MISSIONS THRIFT STORE | | | | | AMERICA | | L |
| 415 N. GROVE ST. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| EUSTIS, FL 32726 | | 501(C)(3) | 0. | 110,418. | VALUATION | FOOD | NEEDY |

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CENTRAL FLORIDA, INC.

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| Schedule I (Form 990) CENTRAL FL | JORIDA, | INC. | | | | | 9-2142515 Page |
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| Part II Continuation of Grants and Other A | ssistance to D | Domestic Organization | ns and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | 1 |
| (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 |
| | | | | | FEEDING | | |
| LOGOS CHRISTIAN FELLOWSHIP | | | | | AMERICA | | |
| 8839 C.R. 44 | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| LEESBURG, FL 34788 | | 501(C)(3) | ٥. | 55,030 | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| REDEMPTION WORSHIP CENTER | | | | | AMERICA | | |
| 1203 W. HIGHWAY 50 | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| CLERMONT, FL 34711 | | 501(C)(3) | 0. | 49,153 | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| FIRST BAPTIST CHURCH OF GROVELAND | | | | | AMERICA | | |
| INC 137 E. CHERRY ST | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| GROVELAND, FL 34736 | | 501(C)(3) | 0. | 19,223 | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| WELL OF HOPE OF CLERMONT, FL INC. | | | | | AMERICA | | |
| 16605 SUNRISE LAKES BLVD. SUITE 10 | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| CLERMONT, FL 34714 | | 501(C)(3) | 0. | 35,813 | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| IGLESIA TERCER CIELO | | | | | AMERICA | | |
| 1200 W. BROAD ST. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| GROVELAND, FL 34736 | | 501(C)(3) | 0. | 202,787 | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ARK MINISTRIES | | | | | AMERICA | | |
| 121 EAST DIVISION STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| CLERMONT, FL 34711 | | 501(C)(3) | 0. | 39,449, | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ST. VINCENT DEPAUL SOCIETY/ST. | | | | | AMERICA | | |
| TIMOTHY CONFERENCE - 1351 PAIGE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| PLACE - LADY LAKE, FL 32159 | | 501(C)(3) | 0. | 42,278 | VALUATION | FOOD | NEEDY |
| | | | | , | FEEDING | | |
| ACT OF HOPE MINISTRIES | | | | | AMERICA | | |
| 1011 E HAZZARD AVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| EUSTIS, FL 32726 | | 501(C)(3) | 0. | 11,752 | VALUATION | FOOD | NEEDY |
| | | , | 1 | | FEEDING | 1 | |
| HANDS OF HOPE AMERICA | | | | | AMERICA | | |
| 9230 US HWY 192 - SUITE C | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| CLERMONT, FL 34714 | | 501(C)(3) | 0. | 5 3 2 7 | VALUATION | FOOD | NEEDY |

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| Part II Continuation of Grants and Other A | Assistance to E | Oomestic Organization | is and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | | |
| (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 gran or assistance | nt |
| | | | | | FEEDING | | | |
| LAKE CARES, INC FOOD PANTRY | | | | | AMERICA | | | |
| 2001 WEST OLD HIGHWAY 441 | | | | | PRODUCT | | TO DISTRIBUTE FOOD | TO TH |
| MT. DORA, FL 32757 | | 501(C)(3) | 0. | 977,276. | VALUATION | FOOD | NEEDY | |
| | | | | | FEEDING | | | |
| REAL LIFE CHRISTIAN CHURCH - LAKE | | | | | AMERICA | | | |
| 1501 STEVES ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD | TO TH |
| CLERMONT, FL 34711 | | 501(C)(3) | 0. | 35,879. | VALUATION | FOOD | NEEDY | |
| | | | | | FEEDING | | | |
| NATIONAL CHURCH RESIDENCE OF LAKE | | | | | AMERICA | | | |
| COUNTY - FRANKLIN HOUSE - EUSTIS, | | | | | PRODUCT | | TO DISTRIBUTE FOOD | TO TH |
| FL 32726 | | 501(C)(3) | 0. | 19,473. | VALUATION | FOOD | NEEDY | |
| | | | | | FEEDING | | | |
| STEPPING STONE COALITION | | | | | AMERICA | | | |
| 10401 US HWY 441 | | | | | PRODUCT | | TO DISTRIBUTE FOOD | то тн |
| LEESBURG, FL 34788 | | 501(C)(3) | 0. | 18,217. | VALUATION | FOOD | NEEDY | |
| | | | | | FEEDING | | | |
| CHRISTIAN SERVICE CENTER | | | | | AMERICA | | | |
| 808 WEST CENTRAL BLVD | | | | | PRODUCT | | TO DISTRIBUTE FOOD | то тн |
| ORLANDO, FL 32805 | | 501(C)(3) | 0. | 371,327. | VALUATION | FOOD | NEEDY | |
| | | | | | FEEDING | | | |
| NORTH ORLANDO SDA CHURCH | | | | | AMERICA | | | |
| 4125 NORTH HIAWASSEE ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD | то тн |
| ORLANDO, FL 32818 | | 501(C)(3) | 0. | 217,792. | VALUATION | FOOD | NEEDY | |
| | | | | | FEEDING | | | |
| EL BETHEL TEMPLE OF JESUS AT | | | | | AMERICA | | | |
| ORLANDO - 3000 BRUTON BLVD - | | | | | PRODUCT | | TO DISTRIBUTE FOOD | то тн |
| ORLANDO, FL 32805 | | 501(C)(3) | 0. | 73,045. | VALUATION | FOOD | NEEDY | |
| | | | | , | FEEDING | | | |
| CHRISTIAN SERVICE CENTER/WEST | | | | | AMERICA | | | |
| ORANGE - 300 WEST FRANKLIN STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD | то тн |
| - OCOEE, FL 34761 | | 501(C)(3) | 0. | 555,306. | VALUATION | FOOD | NEEDY | |
| , | | | 1 | •••• | FEEDING | | | |
| GOOD SAMARITAN OUTREACH | | | | | AMERICA | | | |
| 1636 W. OAKRIDGE AVE. | | | | | PRODUCT | | TO DISTRIBUTE FOOD | то тн |
| | | 1 | 1 | | F | 1 | | |

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| Part II Continuation of Grants and Other | Assistance to [| Oomestic Organization | is and Domestic G | overnments (Sch | edule I (Form 990), P | art II.) | 1 |
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| | | | | | FEEDING | | |
| POTTERS HOUSE | | | | | AMERICA | | |
| 7051 PERSHING AVE. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32822 | | 501(C)(3) | 0. | 30,663. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ST. ANDREW CATHOLIC CHURCH SVDP | | | | | AMERICA | | |
| 801 HASTINGS STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32808 | | 501(C)(3) | 0. | 86,777. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ONE HUMANE INC. | | | | | AMERICA | | |
| 1025 S. ORANGE BLOSSOM TRAIL | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32805 | | 501(C)(3) | 0. | 42,582. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| LIFE CENTER CHURCH | | | | | AMERICA | | |
| 63 EAST KENNEDY BLVD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| EATONVILLE, FL 32751 | | 501(C)(3) | 0. | 261,109. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| COALITION FOR THE HOMELESS OF | | | | | AMERICA | | |
| CENTRAL FLORIDA MEAL PROGRAM - 18 | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| N. TERRY AVE ORLANDO, FL 32801 | | 501(C)(3) | 0. | 79,730. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| COALITION- ST. MICHAEL'S EPISCOPAL | | | | | AMERICA | | |
| CHURCH - 2499 NORTH WESTMORELAND | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DRIVE - ORLANDO, FL 32804 | | 501(C)(3) | 0. | 65,152. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| COALITION- OHEV SHALOM | | | | | AMERICA | | |
| 613 CONCOURSE PARKWAY SOUTH | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| MAITLAND, FL 32751 | | 501(C)(3) | 0. | 6,397. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| FRESH START MINISTRIES OF CENTRAL | | | | | AMERICA | | |
| FLORIDA - 4436 EDGEWATER DRIVE - | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32804 | | 501(C)(3) | 0. | 36,665. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| HOUSE OF HOPE | | | | | AMERICA | | |
| 2036 WEST 36TH STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32839 | | 501(C)(3) | 0. | 58,644. | VALUATION | FOOD | NEEDY |

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| Part II Continuation of Grants and Other A | Assistance to D | omestic Organization | is and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | 1 |
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| | | | | | FEEDING | | |
| ORLANDO UNION RESCUE MISSION / MEN | | | | | AMERICA | | |
| 3300 WEST COLONIAL DRIVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32808 | | 501(C)(3) | 0. | 77,169. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| PATHWAYS DROP IN CENTER | | | | | AMERICA | | |
| 1313 30TH STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32805 | | 501(C)(3) | 0. | 7,775, | VALUATION | FOOD | NEEDY |
| | | | - | , | FEEDING | | |
| SALVATION ARMY / MEN'S SHELTER | | | | | AMERICA | | |
| 624 LEXINGTON AVENUE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32801 | | 501(C)(3) | 0. | 10 962 | VALUATION | FOOD | NEEDY |
| | | 501(0)(0) | | 10,502 | FEEDING | | |
| THE ORLANDO BRIDGE/CHRISTIAN | | | | | AMERICA | | |
| PRISON MINISTRY - 2025 MERCY DRIVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| - ORLANDO, FL 32808 | | 501(C)(3) | 0. | 88 303 | VALUATION | FOOD | NEEDY |
| - OKLANDO, FL 52808 | | 501(C)(3) | · · | 00,392. | FEEDING | FOOD | NEEDI |
| | | | | | | | |
| S.T.E.P.S., INC./SPECIALIZED | | | | | AMERICA | | |
| TREATMENT - 1991 SOUTH APOPKA BLVD | | 501(0)(2) | | 00.001 | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| - APOPKA, FL 32703 | | 501(C)(3) | 0. | 22,921. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| THE SANFORD BRIDGE | | | | | AMERICA | | |
| 2025 MERCY DRIVE | | | _ | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32808 | | 501(C)(3) | 0. | 108,002. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| FOUNDATION FOR LIFE MINISTRIES | | | | | AMERICA | | |
| 1025 LOCUST AVENUE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32809 | | 501(C)(3) | 0. | 172,921. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ASDP ASSOCIATION FOR THE SAFETY OF | | | | | AMERICA | | |
| DISABLED PERSONS - 3258 NATOMA WAY | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| - ORLANDO, FL 32825 | | 501(C)(3) | 0. | 38,381. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| KINNERET COUNCIL ON AGING | | | | | AMERICA | | |
| 515 SOUTH DELANEY AVE. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32801 | | 501(C)(3) | 0. | 64,336, | VALUATION | FOOD | NEEDY |

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| Part II Continuation of Grants and Other | Assistance to D | omestic Organization | ns and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | 1 |
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| | | | | | FEEDING | | |
| ATTAIN - TALLOW WOOD | | | | | AMERICA | | |
| 5184 TALLOW WOOD COURT | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO T |
| ORLANDO, FL 32808 | | 501(C)(3) | 0. | 6,344. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ATTAIN - MARLBORO | | | | | AMERICA | | |
| 2415 MARLBORO ST. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO T |
| ORLANDO, FL 32806 | | 501(C)(3) | 0. | 5,105. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ATTAIN - SATEL | | | | | AMERICA | | |
| 5820 SATEL DR | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO T |
| ORLANDO, FL 32810 | | 501(C)(3) | 0. | 8,427. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| SALVATION ARMY/ ARC | | | | | AMERICA | | |
| 3955 WEST COLONIAL DRIVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO T |
| ORLANDO, FL 32808 | | 501(C)(3) | 0. | 163,475. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| CENTRAL CARE MISSION | | | | | AMERICA | | |
| 4027 LENOX BOULEVARD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO T |
| ORLANDO, FL 32811 | | 501(C)(3) | 0. | 14,854. | VALUATION | FOOD | NEEDY |
| · · · · | | | | | FEEDING | | |
| ATTAIN - BARNEGAT HOUSE | | | | | AMERICA | | |
| 5114 BARNEGAT POINT | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO T |
| ORLANDO, FL 32808 | | 501(C)(3) | 0. | 6,140. | VALUATION | FOOD | NEEDY |
| <i>`</i> | | | | , | FEEDING | | |
| BOYS AND GIRLS CLUB DISNEY | | | | | AMERICA | | |
| 5211 HERNANDEZ DR. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO T |
| ORLANDO, FL 32808 | | 501(C)(3) | 0. | 192,516, | VALUATION | FOOD | NEEDY |
| , | | | | , | FEEDING | | |
| WEST LAKES PARTNERSHIP | | | | | AMERICA | | |
| 2043 JACOBS PLACE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO T |
| ORLANDO, FL 32805 | | 501(C)(3) | 0. | 87.778. | VALUATION | FOOD | NEEDY |
| , | | | 1 | | FEEDING | | |
| NORTHWEST COMMUNITY CENTER (CITY | | | | | AMERICA | | |
| OF ORLANDO) - 3955 W.D DRIVE - | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO T |
| ORLANDO, FL 32808 | | 501(C)(3) | 0. | 117 880 | VALUATION | FOOD | NEEDY |

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| Part II Continuation of Grants and Other A | ssistance to D | omestic Organization | is and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | |
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| | | | | | FEEDING | | |
| LIFEBOAT PROJECT | | | | | AMERICA | | |
| 829 VOTAW RD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| APOPKA, FL 32703 | | 501(C)(3) | 0. | 11,258. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| CATHOLIC CHARITIES OF CENTRAL | | | | | AMERICA | | |
| FLORIDA, INC 1771 N. SEMORAN | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| BLVD ORLANDO, FL 32807 | | 501(C)(3) | 0. | 1,728,560. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| CATHOLIC CHARITIES ROSEMONT | | | | | AMERICA | | |
| 4300 CLARCONA OCOEE RD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32808 | | 501(C)(3) | 0. | 461,492. | VALUATION | FOOD | NEEDY |
| · | | | | | FEEDING | | |
| CHURCH OF THE GOOD SHEPHERD FOOD | | | | | AMERICA | | |
| BANK - 331 LAKE AVENUE - MAITLAND, | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| FL 32751 | | 501(C)(3) | 0. | 12,306. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| JEWISH FAMILY SERVICES OF GREATER | | | | | AMERICA | | |
| ORLANDO - 2100 LEE ROAD, SUITE A - | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| WINTER PARK, FL 32789 | | 501(C)(3) | 0. | 105,979. | VALUATION | FOOD | NEEDY |
| | | | | , | FEEDING | | |
| PATMOS CHAPEL COMMUNITY SERVICE | | | | | AMERICA | | |
| CENTER - 110 ATHLETE ROW - APOPKA, | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| FL 32703 | | 501(C)(3) | 0. | 18,634. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| GRACE CHARITY FOUNDATION INC. | | | | | AMERICA | | |
| 6220 S. ORANGE BLOSSOM TRAIL #305 | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32809 | | 501(C)(3) | 0. | 581,895. | VALUATION | FOOD | NEEDY |
| | | | | , | FEEDING | | |
| CITY PLAN | | | | | AMERICA | | |
| 500 MONICA ROSE DRIVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| APOPKA, FL 32703 | | 501(C)(3) | 0. | 40,887. | VALUATION | FOOD | NEEDY |
| | | | | , | FEEDING | | |
| ST. REBEKAH COPTIC ORTHODOX CHURCH | | | | | AMERICA | | |
| 12700 BALCOMBI ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32837 | | 501(C)(3) | 0. | 37,892. | VALUATION | FOOD | NEEDY |

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| Part II Continuation of Grants and Other | Assistance to D | omestic Organization | is and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | 1 |
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| | | | | | FEEDING | | |
| ST. ANTHONY COPTIC ORTHODOX | | | | | AMERICA | | |
| 1185 NORTH WYMORE ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| MAITLAND, FL 32751 | | 501(C)(3) | 0. | 383,908, | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| BIG SIS, INC | | | | | AMERICA | | |
| 303 WEST CROWNE POINTE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| WINTER GARDEN, FL 34787 | | 501(C)(3) | 0. | 42,752. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| FIRST BRAZILIAN BAPTIST CHURCH OF | | | | | AMERICA | | |
| ORLANDO - 300 MAIN ST, WINDERMERE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| - ORLANDO, FL 34786 | | 501(C)(3) | 0. | 809,617 | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| KINGS WAY BAPTIST CHURCH | | | | | AMERICA | | |
| 1000 22ND STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32805 | | 501(C)(3) | 0. | 9,133 | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| SHEPHERD VISION MISSIONARY, INC | | | | | AMERICA | | |
| 1415 W. CENTRAL BLVD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32805 | | 501(C)(3) | 0. | 200,647 | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ST. VINCENT DE PAUL/ST. JOHN | | | | | AMERICA | | |
| VIANNEY - 6115 LAKE ELLENOR DR | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32809 | | 501(C)(3) | 0. | 22,069 | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| LOAVES AND FISHES | | | | | AMERICA | | |
| 206 E 8TH STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| APOPKA, FL 32703 | | 501(C)(3) | 0. | 159,754 | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| JOY METROPOLITAN COMMUNITY CHURCH | | | | | AMERICA | | |
| 2351 SOUTH FERNCREEK AVENUE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32806 | | 501(C)(3) | 0. | 124,235 | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| BERACAH II SDA | | | | | AMERICA | | |
| 6330 MOORE STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32818 | | 501(C)(3) | 0. | 2,018,385 | VALUATION | FOOD | NEEDY |

Schedule I (Form 990) CE

CENTRAL FLORIDA, INC.

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| Part II Continuation of Grants and Other A | ssistance to D | omestic Organization | s and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | |
| (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 |
| | | | | | FEEDING | | |
| HAVEN OF HOPE MINISTRIES | | | | | AMERICA | | |
| 1310 W. COLONIAL DR. SUITE 25 | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32804 | | 501(C)(3) | 0. | 131,825. | VALUATION | FOOD | NEEDY |
| · | | | | , | FEEDING | | |
| KINGDOM BUILDING CHURCH | | | | | AMERICA | | |
| INTERNATIONAL - DBA: THE CHURCH OF | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| LIVING WATER - ORLANDO, FL 32808 | | 501(C)(3) | 0. | 247 604. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| KINGDOM MISSION CHURCH OF GOD 7TH | | | | | AMERICA | | |
| DAY - 3512 CLARCONA RD APOPKA, | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| FL 32703 | | 501(C)(3) | 0. | 102 771 | VALUATION | FOOD | NEEDY |
| | | 501(0)(0) | | 102,771. | FEEDING | | |
| HOUSE OF PRAYER AND PRAISE | | | | | AMERICA | | |
| 6900 SILVER STAR RD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32818 | | 501(C)(3) | 0. | 204 724 | VALUATION | FOOD | NEEDY |
| OKLANDO, FL 52818 | | 501(0)(3) | · · · | 204,724. | FEEDING | FOOD | NEEDI |
| METRO WEST CHURCH OF THE NAZARENE | | | | | AMERICA | | |
| | | | | | PRODUCT | | |
| HERALD OF HOPE - 3705 N. APOPKA | | 501(C)(3) | 0. | 040 207 | | FOOD | TO DISTRIBUTE FOOD TO TH NEEDY |
| VINELAND ROAD - ORLANDO, FL 32818 | | 501(C)(3) | U. | 940,307. | VALUATION | FOOD | NEEDY |
| WA GUINGTON DARK GUURGU | | | | | FEEDING | | |
| WASHINGTON PARK CHURCH | | | | | AMERICA | | |
| 4455 W. CONLEY ST. | | 501(3)(2) | | 101 452 | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32811 | | 501(C)(3) | 0. | 101,473. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| OCOEE SPANISH SDA CHURCH | | | | | AMERICA | | |
| 1209 E. CENTER ST. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| OCOEE, FL 34761 | | 501(C)(3) | 0. | 47,734. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| L'EGLISE EVANGELIQUE DE LA TRINITE | | | | | AMERICA | | |
| 301 S. HUDSON ST. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32835 | | 501(C)(3) | 0. | 88,086. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| NEW BEGINNING CHILDREN AID MISSION | | | | | AMERICA | | |
| 14801 SUSSEX DR. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32826 | | 501(C)(3) | 0. | 624,790. | VALUATION | FOOD | NEEDY |

| Schedule I (Form 990) CENTRAL F | | | | | | 5 | 9-2142315 Page |
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| Part II Continuation of Grants and Other | Assistance to D | omestic Organization | is and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | |
| (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 |
| | | | | | FEEDING | | |
| SHEELER OAKS SDA CHURCH | | | | | AMERICA | | |
| 1822 SHEELER AVE. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO THI |
| APOPKA, FL 32703 | | 501(C)(3) | 0. | 1,211,808, | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| JESUS LOVES YOU OUTREACH/WINTER | | | | | AMERICA | | |
| GARDEN - 12450 MARSHALL FARMS ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO THE |
| - WINTER GARDEN, FL 34787 | | 501(C)(3) | 0. | 214,788, | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| UMAH TAZKIAH FOOD PANTRY | | | | | AMERICA | | |
| 120 FLORAL STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO THE |
| OCOEE, FL 34761 | | 501(C)(3) | ٥. | 225,951 | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ICNA | | | | | AMERICA | | |
| 701 SOUTH KIRKMAN ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32811 | | 501(C)(3) | 0. | 156,185. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| IGLESIA EPISCOPAL SAN CRISTOBAL, | | | | | AMERICA | | |
| INC 7500 FOREST CITY ROAD - | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32810 | | 501(C)(3) | 0. | 452,007 | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ROICH | | | | | AMERICA | | |
| 4617 W. CONCORD AVENUE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32808 | | 501(C)(3) | 0. | 987,221, | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| WARD CHAPEL A.M.E. CHURCH | | | | | AMERICA | | |
| 160 SOUTH PENNSYLVANIA AVENUE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| WINTER PARK, FL 32789 | | 501(C)(3) | 0. | 124,489. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| HOPE COMMUNITY CENTER FARMWORKER | | | | | AMERICA | | |
| MINISTRY - 1016 NORTH PARK AVENUE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| - APOPKA, FL 32712 | | 501(C)(3) | 0. | 35,211. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| MT. SINAI MISSIONARY BAPTIST | | | | | AMERICA | | |
| CHURCH - 5200 WEST SOUTH STREET - | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO THI |
| ORLANDO, FL 32811 | | 501(C)(3) | 0. | 488,472 | VALUATION | FOOD | NEEDY |

Schedule I (Form 990)

CENTRAL FLORIDA, INC.

| Schedule I (Form 990) CENTRAL FI | LORIDA, | INC. | | | | j | 9-ZI4ZJIJ Page |
|--|-----------------|----------------------------------|------------------------------------|--|---|---|---------------------------------------|
| Part II Continuation of Grants and Other A | Assistance to D | omestic Organization | ns and Domestic G | overnments (Sch | edule I (Form 990), P | art II.) | 1 |
| (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 |
| | | | | | FEEDING | | |
| IGLESIA DE DIOS BITHLO | | | | | AMERICA | | |
| 18606 HOLLISTER RD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32820 | | 501(C)(3) | 0. | 43,271. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| FREE METHODIST CHURCH | | | | | AMERICA | | |
| 4810 SANTEE STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32804 | | 501(C)(3) | 0. | 306,908, | VALUATION | FOOD | NEEDY |
| | | | | , | FEEDING | | |
| CHRIST THE KING EPISCOPAL CHURCH | | | | | AMERICA | | |
| 26 WILLOW DRIVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32807 | | 501(C)(3) | 0. | 98 164 | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| FIRST HAITIAN BAPTIST CHURCH | | | | | AMERICA | | |
| 4701 LENOX BLVD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32811 | | 501(C)(3) | 0. | 592 354 | VALUATION | FOOD | NEEDY |
| | | 501(0)(0) | · · · | | FEEDING | | |
| ONE HEART FOR WOMEN & CHILDREN | | | | | AMERICA | | |
| 2040 N. RIO GRAND AVE. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32804 | | 501(C)(3) | 0. | 1,235,767. | | FOOD | NEEDY |
| OKLANDO, TH 52004 | | 501(0/(3) | · · · | 1,235,707. | FEEDING | | |
| REAL LIFE CHRISTIAN CHURCH - | | | | | AMERICA | | |
| | | | | | PRODUCT | | |
| ORANGE - 2413 S. GOLDENROD ROAD - | | E01(0)(2) | 0. | 17 000 | | ROOD | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32822 | | 501(C)(3) | 0. | 17,223. | VALUATION | FOOD | NEEDY |
| GNADIMAN DEGOUDOE GENMED | | | | | FEEDING | | |
| SAMARITAN RESOURCE CENTER | | | | | AMERICA | | |
| 9837 E. COLONIAL DRIVE | | 504 (2) (2) | | = | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32817 | | 501(C)(3) | 0. | 73,433. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| THE IMPACT OUTREACH MINISTRY OF | | | | | AMERICA | | |
| CENTRAL FLORIDA, INC 1705 ROSE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| BLVD ORLANDO, FL 32839 | | 501(C)(3) | 0. | 113,166. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ST. LAWRENCE AME CHURCH | | | | | AMERICA | | |
| 549 EAST KENNEDY BLVD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| EATONVILLE, FL 32751 | | 501(C)(3) | ٥. | 178,184. | VALUATION | FOOD | NEEDY |

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CENTRAL FLORIDA, INC.

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| Part II Continuation of Grants and Other | Assistance to D | omestic Organization | ns and Domestic G | overnments (Sch | edule I (Form 990), P | art II.) | 1 |
| (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 |
| | | | | | FEEDING | | |
| UNITED HEART CHURCH FOR NATIONS | | | | | AMERICA | | |
| 3467 PARKWAY CENTER CT | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32808 | | 501(C)(3) | 0. | 1,261,810. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| SHILOH BAPTIST CHURCH | | | | | AMERICA | | |
| 604 W. JACKSON ST. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32805 | | 501(C)(3) | 0. | 48,334, | VALUATION | FOOD | NEEDY |
| | | | | , | FEEDING | | |
| GREENEWAY CHURCH | | | | | AMERICA | | |
| 3400 HUNTERS CREEK BLVD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32837 | | 501(C)(3) | 0. | 254 875 | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| DECIDE, INC. AT CALVARIO CITY | | | | | AMERICA | | |
| CHURCH - DBA: DECIDE, INC | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32809 | | 501(C)(3) | 0. | 638 034 | VALUATION | FOOD | NEEDY |
| | | 501(0)(0) | · · · | 000,001 | FEEDING | 1002 | |
| GUILGAL SDA CHURCH | | | | | AMERICA | | |
| 5668 N PINE HILLS RD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32810 | | 501(C)(3) | 0. | 2,228,793, | | FOOD | NEEDY |
| oklando, rii 52010 | | 501(0/(3) | · · · | 2,220,755 | FEEDING | F OOD | |
| NATIONAL TABERNACLE | | | | | AMERICA | | |
| | | | | | PRODUCT | | |
| 1100 BETHUNE DR. | | 501(C)(3) | 0. | 62.061 | | FOOD | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32805 | | 501(C)(3) | 0. | 02,001. | VALUATION | FOOD | NEEDY |
| ODI NUDO DDENN GENEED | | | | | FEEDING | | |
| ORLANDO DREAM CENTER | | | | | AMERICA | | |
| 6115 WINEGARD ROAD PT. 5 | | 504 (2) (2) | | 20.540 | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32809 | | 501(C)(3) | 0. | 30,648. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| LIFE FOCUS MINISTRIES | | | | | AMERICA | | |
| 5072 EDGEWATER DR | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32810 | | 501(C)(3) | 0. | 27,025. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| HOPE CENTRAL INC. | | | | | AMERICA | | |
| 5802 MAKOMA DR #3 | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32839 | | 501(C)(3) | ٥. | 28,092. | VALUATION | FOOD | NEEDY |

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CENTRAL FLORIDA, INC.

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| Part II Continuation of Grants and Other A | ssistance to D | Oomestic Organization | is and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | 1 | |
| (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 gra or assistance | nt |
| | | | | | FEEDING | | | |
| PENTECOSTAL TABERNACLE APOSTOLIC | | | | | AMERICA | | | |
| 3965 SILVER STAR RD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD | TO TH |
| ORLANDO, FL 32808 | | 501(C)(3) | 0. | 623,632. | VALUATION | FOOD | NEEDY | |
| | | | | | FEEDING | | | |
| THE PANTRY AT ST. FRANCIS | | | | | AMERICA | | | |
| 834 SOUTH ORANGE BLOSSOM TRAIL | | | | | PRODUCT | | TO DISTRIBUTE FOOD | TO THE |
| APOPKA, FL 32703 | | 501(C)(3) | 0. | 11,123. | VALUATION | FOOD | NEEDY | |
| | | | | | FEEDING | | | |
| NEW CHRIST FOUNDATION | | | | | AMERICA | | | |
| INTERNATIONAL MINISTRIES - 2906 N | | | | | PRODUCT | | TO DISTRIBUTE FOOD | TO TH |
| PINE HILLS RD - ORLANDO, FL 32808 | | 501(C)(3) | 0. | 19,674. | VALUATION | FOOD | NEEDY | |
| | | | | | FEEDING | | | |
| ARAB AMERICAN COMMUNITY CENTER | | | | | AMERICA | | | |
| 4300 LB MCLEOD SUITE B | | | | | PRODUCT | | TO DISTRIBUTE FOOD | то тн |
| ORLANDO, FL 32811 | | 501(C)(3) | 0. | 394,826. | VALUATION | FOOD | NEEDY | |
| | | | | | FEEDING | | | |
| LAKE BUENA VISTA CHURCH | | | | | AMERICA | | | |
| 3979 SOUTH ORANGE BLOSSOM TRAIL | | | | | PRODUCT | | TO DISTRIBUTE FOOD | TO TH |
| ORLANDO, FL 32839 | | 501(C)(3) | 0. | 962,258. | VALUATION | FOOD | NEEDY | |
| | | | | | FEEDING | | | |
| GOD'S PANTRY @ BETHEL CHRISTIAN | | | | | AMERICA | | | |
| CHURCH - 1425 RENEE AVENUE - | | | | | PRODUCT | | TO DISTRIBUTE FOOD | TO TH |
| ORLANDO, FL 32825 | | 501(C)(3) | 0. | 51,088. | VALUATION | FOOD | NEEDY | |
| | | | | | FEEDING | | | |
| ICP ORLANDO | | | | | AMERICA | | | |
| 5850 CLARCONA OCOEE RD | | | | | PRODUCT | | TO DISTRIBUTE FOOD | TO TH |
| ORLANDO, FL 32810 | | 501(C)(3) | 0. | 48,926. | VALUATION | FOOD | NEEDY | |
| | | | | , | FEEDING | | | |
| UNION PARK CHURCH OF THE NAZARENE | | | | | AMERICA | | | |
| 1670 NORTH CHICKASAW TRAIL | | | | | PRODUCT | | TO DISTRIBUTE FOOD | то тн |
| ORLANDO, FL 32867 | | 501(C)(3) | 0. | 25,090. | VALUATION | FOOD | NEEDY | |
| , | | | 1 | | FEEDING | | | |
| FOUNTAINS OF LIVING WATER | | | | | AMERICA | | | |
| MINISTRIES - 2200 SILVER STAR ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD | то тн |
| | | 501(C)(3) | 0. | 10.004 | VALUATION | FOOD | NEEDY | |

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| Schedule I (Form 990) CENTRAL FL | JORIDA, | INC. | | | | | DJ-ZI4ZJIJ Page |
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| Part II Continuation of Grants and Other A | ssistance to D | Oomestic Organization | is and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | i |
| (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 |
| | | | | | FEEDING | | |
| CHAMPIONS OUTREACH MINISTRY | | | | | AMERICA | | |
| 5232 SOUTH ORANGE AVE. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32809 | | 501(C)(3) | 0. | 11,170. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ST. VINCENT DE PAUL / HOLY FAMILY | | | | | AMERICA | | |
| 5125 SOUTH APOPKA - VINELAND ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32819 | | 501(C)(3) | 0. | 166,113. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| SOUTH ORLANDO S.D.A. CHURCH | | | | | AMERICA | | |
| 1112 WEST OAKRIDGE ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32809 | | 501(C)(3) | 0. | 347,497. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| TANGELO BAPTIST CHURCH | | | | | AMERICA | | |
| 7001 RAVENNA AVENUE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO THE |
| ORLANDO, FL 32819 | | 501(C)(3) | 0. | 28,798. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| PRINCE OF PEACE LUTHERAN CHURCH | | | | | AMERICA | | |
| 1515 SOUTH SEMORAN BOULEVARD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32807 | | 501(C)(3) | 0. | 195,550. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| PINE HILLS COMMUNITY CHURCH | | | | | AMERICA | | |
| 1305 NORTH PINE HILLS ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO THE |
| ORLANDO, FL 32808 | | 501(C)(3) | 0. | 29,236. | VALUATION | FOOD | NEEDY |
| SERVANT'S HEART INTERNATIONAL | | | | | FEEDING | | |
| MINISTRY, INC (DBA SERVANT'S | | | | | AMERICA | | |
| HEART MINISTRY) - ORLANDO, FL | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO THE |
| 32809 | | 501(C)(3) | 0. | 466,145. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| CARING FOR OTHERS | | | | | AMERICA | | |
| 464 PALM ST. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| WINTER GARDEN, FL 34787 | | 501(C)(3) | 0. | 202,290. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ASPIRE HEALTH PARTNERS/THISTLEDOWN | | | | | AMERICA | | |
| 4508 THISTLEDOWN DRIVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO THE |
| ORLANDO, FL 32804 | | 501(C)(3) | 0. | 20,291. | VALUATION | FOOD | NEEDY |

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CENTRAL FLORIDA, INC.

| Schedule I (Form 990) CENTRAL FI | JORIDA, | INC. | | | | - | DJ-ZI4ZJIJ Page |
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| Part II Continuation of Grants and Other A | ssistance to D | omestic Organization | is and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | |
| (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 |
| | | | | | FEEDING | | |
| SPIRIT OF JOY MINISTRIES | | | | | AMERICA | | |
| 8310 FORREST CITY RD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32810 | | 501(C)(3) | ٥. | 17,848. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| CHRIST SANCTIFIED CHURCH | | | | | AMERICA | | |
| 5717 NORTH PINE HILLS RD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32810 | | 501(C)(3) | ٥. | 924,122. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| INTERNATIONAL CHURCH POWER OF GOD | | | | | AMERICA | | |
| 2154 CENTRAL FL PKWY | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32837 | | 501(C)(3) | 0. | 251,269. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| BETHEL FRENCH SDA | | | | | AMERICA | | |
| 5431 SOUTH RIO GRANDE AVENUE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO THE |
| ORLANDO, FL 32839 | | 501(C)(3) | 0. | 1,213,168. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| NEW HOPE WORSHIP OF ORLANDO, INC | | | | | AMERICA | | |
| 11609 SOUTH ORANGE BLOSSOM TRAIL | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32824 | | 501(C)(3) | ٥. | 23,227. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| SERENITY'S GRACE, INC. | | | | | AMERICA | | |
| 716 W. ROBINSON ST. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32805 | | 501(C)(3) | ٥. | 435,527. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| CENTRO DE ADORACION NUEVA VISION | | | | | AMERICA | | |
| DE ORLANDO INC 8617 E. COLONIAL | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO THE |
| DRIVE - ORLANDO, FL 32817 | | 501(C)(3) | 0. | 223,204. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| FOREST CITY SPANISH SDA CHURCH | | | | | AMERICA | | |
| 2702 LOVELY LN. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32810 | | 501(C)(3) | 0. | 449,829. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| REACH OUT TO THE NEW GENERATION | | | | | AMERICA | | |
| 3310 N. POWERS DR. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32811 | | 501(C)(3) | 0. | 927,130. | VALUATION | FOOD | NEEDY |

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|--|----------------|----------------------------------|------------------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other A | ssistance to D | omestic Organization | is and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | 1 |
| (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 |
| | | | | | FEEDING | | |
| EMMANUEL SEVENTH DAY ADVENTIST | | | | | AMERICA | | |
| 6350 ARUNDEL DR. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| PINE HILLS, FL 32818 | | 501(C)(3) | 0. | 139,103. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| MAJESTIC LIFE MINISTRIES | | | | | AMERICA | | |
| 821 SOUTH KIRKMAN | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32811 | | 501(C)(3) | 0. | 197,362. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| GIVE A LITTLE LOUDER INC. | | | | | AMERICA | | |
| 3900 S. HIAWASSEE RD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32835 | | 501(C)(3) | 0. | 1,081,788. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| MATTHEW 25 PROJECT INC. | | | | | AMERICA | | |
| 1411 N. DEAN RD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32825 | | 501(C)(3) | 0. | 68,592. | VALUATION | FOOD | NEEDY |
| | | | | , | FEEDING | | |
| HOPE AND INSPIRATION CENTER, INC | | | | | AMERICA | | |
| 17162 OLD CHENEY HWY | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32833 | | 501(C)(3) | 0. | 225,125, | VALUATION | FOOD | NEEDY |
| | | | | , | FEEDING | | |
| ASSEMBLY OF GOD BETHEL CHURCH | | | | | AMERICA | | |
| 9501 SATELLITE BLVD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32837 | | 501(C)(3) | 0. | 349,300. | VALUATION | FOOD | NEEDY |
| | | | | , | FEEDING | | |
| NEW BEGINNINGS/THE GATHERING PLACE | | | | | AMERICA | | |
| 8287 CURRY FORD ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32822 | | 501(C)(3) | 0. | 861,831, | VALUATION | FOOD | NEEDY |
| | | | | , | FEEDING | | |
| ST. PETER THE APOSTLE COPTIC | | | | | AMERICA | | |
| ORTHODOX CHURCH - 8849 PASSAIC | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| PARKWAY - ORLANDO, FL 32829 | | 501(C)(3) | 0. | 314,727. | VALUATION | FOOD | NEEDY |
| , | | | 1 | , | FEEDING | | |
| ADVANCE COMMUNITY OUTREACH CENTER | | | | | AMERICA | | |
| 971 NORTH GOLDENROD ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32807 | | 501(C)(3) | 0. | 69 163 | VALUATION | FOOD | NEEDY |

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|--|-----------------|----------------------------------|------------------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other | Assistance to E | omestic Organization | ns and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | |
| (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 |
| | | | | | FEEDING | | |
| EBEN-EZER MINISTRIES | | | | | AMERICA | | |
| 3325 SOUTH GOLDENROD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32822 | | 501(C)(3) | 0. | 167,435. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| IGLESIA BAUTISTA "EL CAMINO" | | | | | AMERICA | | |
| 5815 CORNELIA AVENUE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32807 | | 501(C)(3) | 0. | 113,073. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| BETHEL SDA CHURCH | | | | | AMERICA | | |
| 2809 FORREST CITY TERRACE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32810 | | 501(C)(3) | 0. | 58,937. | VALUATION | FOOD | NEEDY |
| WELL OF HOPE OF CLERMONT | | | | | FEEDING | | |
| INC-ORANGE TEFAP - 16605 SUNRISE | | | | | AMERICA | | |
| LAKE BLVD STE 10 - CLERMONT, FL | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| 34714 | | 501(C)(3) | 0. | 5,830. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| LIVING WATER CHURCH | | | | | AMERICA | | |
| 4387 36TH STREET #2 | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32811 | | 501(C)(3) | 0. | 74,704. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| PERFECTING COMMUNITY DEVELOPMENT | | | | | AMERICA | | |
| CORPORATION - 1190 APOPKA | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| BOULEVARD - APOPKA, FL 32703 | | 501(C)(3) | 0. | 389,363. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| INTERNATIONAL HARVEST | | | | | AMERICA | | |
| 2740 OLD WINTER GARDEN RD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32805 | | 501(C)(3) | 0. | 710,753. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| FAITH TABERNACLE WORSHIP CENTER | | | | | AMERICA | | |
| 4304 NORTH PINE HILLS ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32808 | | 501(C)(3) | 0. | 131,668. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| CASA DE ORACION INTERNACIONAL | | | | | AMERICA | | |
| 231 SEMORAN COMMERCE PLACE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| APOPKA, FL 32703 | | 501(C)(3) | 0. | 233,455. | VALUATION | FOOD | NEEDY |

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| (a) Name and address of | | | (a) Amaginat -f | (a) Amazumt -f | | | |
|--|----------------|----------------------------------|-----------------------------|---|--|--|---------------------------------------|
| (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 |
| | | | | | FEEDING | | |
| IGLESIA CANAAN | | | | | AMERICA | | |
| 2001 WEST FALL DR. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32817 | | 501(C)(3) | 0. | 113,128. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ORLANDO SPANISH SEVENTH DAY | | | | | AMERICA | | |
| ADVENTIST CHURCH - 445 N GOLDENROD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO THE |
| RD - ORLANDO, FL 32807 | | 501(C)(3) | ٥. | 597,541. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| BERACAH SDA CHURCH | | | | | AMERICA | | |
| 1517 MERCY DRIVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32808 | | 501(C)(3) | 0. | 658,149. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| SISTER TO SISTER WOMEN'S MINISTRY | | | | | AMERICA | | |
| 4440 PIEDMONT ST. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32811 | | 501(C)(3) | 0. | 47,847. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| TRUE VISION | | | | | AMERICA | | |
| 1704 MERCY DRIVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO THE |
| ORLANDO, FL 32808 | | 501(C)(3) | 0. | 24,051. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| REVELATIONS II, INC. | | | | | AMERICA | | |
| 4305 LENNOX BLVD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO THE |
| ORLANDO, FL 32811 | | 501(C)(3) | 0. | 1,202,688. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| REDEMPTION CHURCH | | | | | AMERICA | | |
| 24313 E. COLONIAL DRIVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO THE |
| CHRISTMAS, FL 32709 | | 501(C)(3) | 0. | 13,028. | VALUATION | FOOD | NEEDY |
| | | | | , | FEEDING | | |
| ROICH - NEW COVENANT @BIBLE | | | | | AMERICA | | |
| FELLOWSHIP CHURCH - 1722 WEST | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| OAKRIDGE - ORLANDO, FL 32809 | | 501(C)(3) | 0. | 1,000,094. | | FOOD | NEEDY |
| · · · · · · · · · · · · · · · · · · · | | | 1 | ,, | FEEDING | | |
| PROMISE SEEDS @ DR. JAMES | | | | | AMERICA | | |
| NEIGHBORHOOD CENTER - 1723 BRUTON | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| BLVD - ORLANDO, FL 32805 | | 501(C)(3) | 0. | 18 922 | VALUATION | FOOD | NEEDY |

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CENTRAL FLORIDA, INC.

| Schedule I (Form 990) CENTRAL FI | LORIDA, | INC. | | | | ; | |
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| Part II Continuation of Grants and Other A | Assistance to D | omestic Organization | is and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | |
| (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 |
| | | | | | FEEDING | | |
| SANCTUARY AT CONWAY CHURCH OF GOD | | | | | AMERICA | | |
| 2701 CONWAY GARDEN ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32807 | | 501(C)(3) | 0. | 210,110. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| COMMUNITY BAPTIST CHURCH | | | | | AMERICA | | |
| 651 CAMPANELLA AVENUE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32811 | | 501(C)(3) | 0. | 256,127. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| IGLESIA APOSTOLICA EL MAESTRO | | | | | AMERICA | | |
| DBA: 120 CHURCH | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32807 | | 501(C)(3) | 0. | 32,949. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| DEEPER LIFE ASSEMBLY FOOD PANTRY | | | | | AMERICA | | |
| 2352 A D MIMS RD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| OCOEE, FL 34761 | | 501(C)(3) | 0. | 979,672. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| APOPKA SPANISH SDA CHURCH | | | | | AMERICA | | |
| 301 OLD DIXIE HIGHWAY | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| APOPKA, FL 32712 | | 501(C)(3) | 0. | 207,345. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ACCESS CONNECTION | | | | | AMERICA | | |
| 2150 BRENGLE AVE. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32808 | | 501(C)(3) | 0. | 331,163. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| APOSTOLIC CHURCH OF FAITH | | | | | AMERICA | | |
| 485 WURST RD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| OCOEE, FL 34787 | | 501(C)(3) | 0. | 106,529. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| FOUND LIFE CHURCH | | | | | AMERICA | | |
| 1001 WEST PLANT STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| WINTER GARDEN, FL 34847 | | 501(C)(3) | 0. | 9,510. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| COMMUNITY SERVICES OF GENESIS SDA | | | | | AMERICA | | |
| 3400 DR. LOVE ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32810 | | 501(C)(3) | 0. | 181,828. | VALUATION | FOOD | NEEDY |

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| Schedule I (Form 990) CEMTIKALI FI | JORTDA, | 110. | | | | ~ | |
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| Part II Continuation of Grants and Other A | Assistance to D | Domestic Organization | ns and Domestic G | iovernments (Sch | edule I (Form 990), Pa | art II.) | 1 |
| (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 |
| | | | | | FEEDING | | |
| ISLAMIC SOCIETY OF CENTRAL | | | | | AMERICA | | |
| FLORIDA- NORTH GOLDENROD - 1460 N | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| GOLDENROD RD ORLANDO, FL 32807 | | 501(C)(3) | 0. | 606,149 | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| HANDS TO THE NEEDY | | | | | AMERICA | | |
| 2925 E. SOUTH STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32803 | | 501(C)(3) | 0. | 107,003 | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| IGLESIA DE DIOS UNA IGLESIA PARA | | | | | AMERICA | | |
| TODO LOS NACIONES - 1534 N. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| LAKEWOOD AVE - OCOEE, FL 34761 | | 501(C)(3) | 0. | 525,114 | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| FREEDOM FELLOWSHIP, INC. | | | | | AMERICA | | |
| 5631 GILLIAM ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32818 | | 501(C)(3) | 0. | 232,080 | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| PRIMITIVE CHURCH OF ORLANDO | | | | | AMERICA | | |
| 3035 36TH STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32839 | | 501(C)(3) | 0. | 655,898. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ST. PAUL AME CHURCH | | | | | AMERICA | | |
| 330 CENTER STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| WINTER GARDEN, FL 34787 | | 501(C)(3) | 0. | 7,139 | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| MT. OLIVE S.D.A. CHURCH | | | | | AMERICA | | |
| 3350 CLARCONA ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| APOPKA, FL 32703 | | 501(C)(3) | 0. | 560,968. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| VICTORIA CHURCH | | | | | AMERICA | | |
| 12355 S JOHN YOUNG PARKWAY | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32837 | | 501(C)(3) | 0. | 48,005 | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| IGLESIA DE DIOS PENTECOSTAL | | | | | AMERICA | | |
| INTERNACIONAL - 8701 TREVARTHON | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ROAD - ORLANDO, FL 32817 | | 501(C)(3) | 0. | 87,450 | VALUATION | FOOD | NEEDY |

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| Schedule I (Form 990) CEMITAL I.D | OKIDA, | INC. | | | | | |
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| Part II Continuation of Grants and Other As | ssistance to D | Domestic Organization | is and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | 1 |
| (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 |
| | | | | | FEEDING | | |
| TRANQUIL TERRACE FOOD CO-OP | | | | | AMERICA | | |
| 845 WEST SWOOPE AVENUE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| WINTER PARK, FL 32789 | | 501(C)(3) | 0. | 33,539. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| CENTRAL FLORIDA DIAPER BANK | | | | | AMERICA | | |
| 1041 CROWN PARK CIRCLE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| WINTER GARDEN, FL 34787 | | 501(C)(3) | 0. | 27,011. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| HPC / TEEN XPRESS | | | | | AMERICA | | |
| 2600 TECHNOLOGY DR. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32804 | | 501(C)(3) | 0. | 10,590. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| PLYMOUTH APARTMENTS FOOD CO-OP | | | | | AMERICA | | |
| 1550 GAY ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| WINTER PARK, FL 32789 | | 501(C)(3) | 0. | 38,020. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| EMPLOYEES HELPING EMPLOYEES - CITY | | | | | AMERICA | | |
| OF WINTER PARK - 401 S. PARK AVE. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| - WINTER PARK, FL 32789 | | 501(C)(3) | 0. | 9,061. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ADVENT HEALTH ORLANDO | | | | | AMERICA | | |
| 601 E. ROLLINS STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32804 | | 501(C)(3) | 0. | 364,062. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| SAMARITAN VILLAGE INC. | | | | | AMERICA | | |
| P.O BOX 149599 | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32814 | | 501(C)(3) | 0. | 11,932. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| RUNWAY TO HOPE | | | | | AMERICA | | |
| 189 S. ORANGE AVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32801 | | 501(C)(3) | 0. | 9,775. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| CENTER FOR MULTI CULTURAL WELLNESS | | | | | AMERICA | | |
| 641 N RIO GRANDE AVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORLANDO, FL 32805 | | 501(C)(3) | 0. | 10 103 | VALUATION | FOOD | NEEDY |

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CENTRAL FLORIDA, INC.

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| (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 |
|--|----------------|----------------------------------|-----------------------------|---|--|--|---------------------------------------|
| | | | | | FEEDING | | |
| VOLUNTEERS OF AMERICA ELDERLY | | | | | AMERICA | | |
| HOUSING - SILVER LAKES VILLAGE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| APARTMENTS - ORLANDO, FL 32808 | | 501(C)(3) | 0. | 5,136. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| SERVANTS OF GOD MINISTRIES, INC. | | | | | AMERICA | | |
| 1706 E. SEMORAN BLVD. SUITE #115 | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| APOPKA, FL 32703 | | 501(C)(3) | 0. | 142,724. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| BOYS TOWN SHELTER | | | | | AMERICA | | |
| 1350 HEALING PLACE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| OVIEDO, FL 32765 | | 501(C)(3) | 0. | 23,261. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| KEY HAVEN GROUP HOME | | | | | AMERICA | | |
| 2568 VINEYARD CIRCLE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| SANFORD, FL 32771 | | 501(C)(3) | 0. | 14,225. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| KEY HAVEN GROUP HOME INC -NIGHT | | | | | AMERICA | | |
| HERON - 3936 NIGHT HERON DR - | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| SANFORD, FL 32773 | | 501(C)(3) | 0. | 6,834. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| TEEN CHALLENGE OF FLORIDA | | | | | AMERICA | | |
| 3706 SOUTH SANFORD AVENUE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| SANFORD, FL 32773 | | 501(C)(3) | 0. | 46,928. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| RECOVERY HOUSE OF CENTRAL FLORIDA | | | | | AMERICA | | |
| 591 LAKE MINNIE DRIVE. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| SANFORD, FL 32773 | | 501(C)(3) | 0. | 66,905. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| KIDS CAFE AT MIDWAY | | | | | AMERICA | | |
| 2405 RIGHTWAY | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| SANFORD, FL 32771 | | 501(C)(3) | 0. | 19,072. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| RECOVERY HOUSE - PECAN | | | | | AMERICA | | |
| 401 PECAN AVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| SANFORD, FL 32771 | | 501(C)(3) | 0. | 62,407. | VALUATION | FOOD | NEEDY |

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| Schedule I (Form 990) CENTRAL FI | JORTDA, | INC. | | | | ~ | |
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| Part II Continuation of Grants and Other A | ssistance to | Domestic Organization | ns and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | |
| (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 |
| | | | | | FEEDING | | |
| THE FAMILY OF FRIENDS, INC | | | | | AMERICA | | |
| 2340 CELERY AVENUE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| SANFORD, FL 32771 | | 501(C)(3) | 0. | 10,468. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| SHARING CENTER | | | | | AMERICA | | |
| 600 NORTH HIGHWAY 17/92 SUITE 158 | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| LONGWOOD, FL 32750 | | 501(C)(3) | 0. | 573,197, | VALUATION | FOOD | NEEDY |
| | | | | , | FEEDING | | |
| FIRST UNITED METHODIST CHURCH OF | | | | | AMERICA | | |
| GENEVA - 270 1ST STREET - GENEVA, | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| FL 32732 | | 501(C)(3) | 0. | 349 831 | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| BEAR LAKE UMC | | | | | AMERICA | | |
| 1010 BEAR LAKE RD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| APOPKA, FL 32703 | | 501(C)(3) | 0. | 14 436 | VALUATION | FOOD | NEEDY |
| AFOFRA, FL 52705 | | 501(0/(3/ | · · | 14,450. | FEEDING | | |
| MADE HILL CDA | | | | | AMERICA | | |
| MARS HILL SDA | | | | | | | |
| 808 E. 2ND ST. | | F01(0)(2) | | 0.00 700 | PRODUCT | TOOD | TO DISTRIBUTE FOOD TO TH |
| SANFORD, FL 32772 | | 501(C)(3) | 0. | 862,728. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| HIGHER CALL INTERNATIONAL | | | | | AMERICA | | L |
| 555 MARKHAM WOODS ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| LONGWOOD, FL 32779 | | 501(C)(3) | 0. | 500,350. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| HOPE HELPS, INC. | | | | | AMERICA | | |
| 812 EYRIE DRIVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| OVIEDO, FL 32765 | | 501(C)(3) | 0. | 24,951. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| APOSTOLIC CHURCH OF JESUS | | | | | AMERICA | | |
| 444 FORD DRIVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ALTAMONTE SPRINGS, FL 32701 | | 501(C)(3) | 0. | 1,236,913. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| DANIEL'S HOPE @ SANFORD RIVERWALK | | | | | AMERICA | | |
| 801 W. 22ND STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| SANFORD, FL 32771 | | 501(C)(3) | 0. | 50.374. | VALUATION | FOOD | NEEDY |

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CENTRAL FLORIDA, INC.

| Part II Continuation of Grants and Other A | - | | is and Domestic G | overnments (Sch | edule I (Form 990), Pa | | 9-2142515 Page |
|--|----------------|----------------------------------|--------------------------|---|---|--|--|
| (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 |
| | | | | | FEEDING | | |
| IGLESIA DE DIOS PENTECOSTAL MI | | | | | AMERICA | | |
| CASSELBERRY - 1511 SEMINOLA BLVD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| - CASSELBERRY, FL 32707 | | 501(C)(3) | 0. | 21,750. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| LUTHERAN CHURCH OF THE REDEEMER - | | | | | AMERICA | | |
| SANFORD - 2525 S. OAK AVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| SANFORD, FL 32773 | | 501(C)(3) | 0. | 119,119. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| SDA SPANISH/WINTER PARK | | | | | AMERICA | | |
| 3700 DIKE ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| WINTER PARK, FL 32792 | | 501(C)(3) | 0. | 575,038. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| CHURCH OF GOD PROPHECY/WHOLE WORLD | | | | | AMERICA | | |
| GOSPEL CENTER - 2509 ELM AVENUE - | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| SANFORD, FL 32773 | | 501(C)(3) | 0. | 115,102. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| COMMUNITY CHURCH OF GOD AT GENEVA | | | | | AMERICA | | |
| 695 COCHRAN ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| GENEVA, FL 32732 | | 501(C)(3) | 0. | 453,416. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| WORD OF FAITH | | | | | AMERICA | | |
| 1100 HISTORIC GOLDSBORO BLVD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| SANFORD, FL 32771 | | 501(C)(3) | 0. | 70,848. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| GOOD NEWS ORLANDO CHURCH INC. | | | | | AMERICA | | |
| 301 S OAK AVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| SANFORD, FL 32771 | | 501(C)(3) | 0. | 80,885. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| THE PICNIC PROJECT | | | | | AMERICA | | |
| 419 S PARK AVENUE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| SANFORD, FL 32771 | | 501(C)(3) | 0. | 169,585. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ORLANDO FILIPINO SEVENTH DAY | | | | | AMERICA | | |
| ADVENTIST - 1226 BUNNEL ROAD - | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ALTAMONTE SPRINGS, FL 32714 | | 501(C)(3) | 0. | 346,844. | VALUATION | FOOD | NEEDY |

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| Part II Continuation of Grants and Other A | Assistance to D | omestic Organization | ns and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | i | |
| (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 gran or assistance | ıt |
| | | | | | FEEDING | | | |
| LATIN AMERICAN PROJECT | | | | | AMERICA | | | |
| 2921 SOUTH ORLANDO DR. | | | | | PRODUCT | | TO DISTRIBUTE FOOD 7 | то тн |
| SANFORD, FL 32771 | | 501(C)(3) | 0. | 1,024,833. | VALUATION | FOOD | NEEDY | |
| | | | | | FEEDING | | | |
| ST. MARY ARCHANGEL MICHAEL COPTIC | | | | | AMERICA | | | |
| ORTHODOX CHURCH - 1980 N COUNTY | | | | | PRODUCT | | TO DISTRIBUTE FOOD 7 | то тн |
| ROAD 426 - OVIEDO, FL 32765 | | 501(C)(3) | 0. | 764,556. | VALUATION | FOOD | NEEDY | |
| | | | | | FEEDING | | | |
| CHRISTIAN HELP | | | | | AMERICA | | | |
| 450 SEMINOLA BOULEVARD | | | | | PRODUCT | | TO DISTRIBUTE FOOD 7 | ТО ТН |
| CASSELBERRY, FL 32707 | | 501(C)(3) | 0. | 2,537,214. | VALUATION | FOOD | NEEDY | |
| | | | | | FEEDING | | | |
| NEIGHBOR TO NEIGHBOR LAKE KATHRYN | | | | | AMERICA | | | |
| ESTATES - 999 MANGO DR | | | | | PRODUCT | | TO DISTRIBUTE FOOD 7 | то тн |
| CASSELBERRY, FL 32707 | | 501(C)(3) | 0. | 21,260. | VALUATION | FOOD | NEEDY | |
| | | | | , | FEEDING | | | |
| THE SANCTUARY | | | | | AMERICA | | | |
| 401 E. TAYLOR RD | | | | | PRODUCT | | TO DISTRIBUTE FOOD 7 | то тн |
| DELAND, FL 32724 | | 501(C)(3) | 0. | 8,408. | VALUATION | FOOD | NEEDY | |
| , | | | | , | FEEDING | | | |
| LOURDES PANTRY/OUR LADY OF LOURDES | | | | | AMERICA | | | |
| 201 UNIVERSITY BLVD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD 7 | то тн |
| DAYTONA BEACH, FL 32118 | | 501(C)(3) | 0. | 22,124. | VALUATION | FOOD | NEEDY | |
| , | | | | , | FEEDING | | | |
| UNITED BRETHREN IN CHRIST | | | | | AMERICA | | | |
| 560 FLOMICH ST | | | | | PRODUCT | | TO DISTRIBUTE FOOD 7 | то тн |
| HOLLY HILL, FL 32117 | | 501(C)(3) | 0. | 2,023,837. | | FOOD | NEEDY | |
| | | | | | FEEDING | | | |
| ROSE MARIE BRYON CHILDREN'S CENTER | | | | | AMERICA | | | |
| 625 SOUTH STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD 7 | то тн |
| DAYTONA BEACH, FL 32114 | | 501(C)(3) | 0. | 33 351 | VALUATION | FOOD | NEEDY | |
| | | | · · · | | FEEDING | | | |
| EDGEWATER UNITED METHODIST CHURCH | | | | | AMERICA | | | |
| LICE | | | | | PRODUCT | | | ਾ∩ ਾਸਾ |
| 211 NORTH RIDGEWOOD AVE | | | | | | | TO DISTRIBUTE FOOD 7 | |

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| Schedule I (Form 990) CENTRAL FI | LORIDA, | INC. | | | | j | 9-ZI4Z5I5 Page |
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| Part II Continuation of Grants and Other A | Assistance to D | omestic Organization | is and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | |
| (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 |
| | | | | | FEEDING | | |
| SALVATION ARMY WEST VOLUSIA | | | | | AMERICA | | |
| 1240 S. HIGH ST. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DELAND, FL 32720 | | 501(C)(3) | 0. | 10,497. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| INTERNATIONAL MIRACLE CENTER | | | | | AMERICA | | |
| 507 5TH AVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DAYTONA BEACH, FL 32114 | | 501(C)(3) | 0. | 16,907. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| FIRST CHRISTIAN CHURCH | | | | | AMERICA | | |
| 326 S. PALMETTO AVE. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DAYTONA BEACH, FL 32114 | | 501(C)(3) | 0. | 73,406. | VALUATION | FOOD | NEEDY |
| , | | | | , | FEEDING | | |
| COMMUNITY UMC - DAYTONA BEACH | | | | | AMERICA | | |
| 616 HARVEY AVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DAYTONA BEACH, FL 32118 | | 501(C)(3) | 0. | 937,729. | VALUATION | FOOD | NEEDY |
| , | | | | , - | FEEDING | | |
| CWC MINISTRIES | | | | | AMERICA | | |
| 54 S. RIDGEWOOD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORMOND BEACH, FL 32174 | | 501(C)(3) | 0. | 731,901. | VALUATION | FOOD | NEEDY |
| , | | | | , - | FEEDING | | |
| CARE CUPBOARD/FIRST UNITED | | | | | AMERICA | | |
| METHODIST OF BUNNELL - 205 NORTH | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| PINE ST BUNNELL, FL 32110 | | 501(C)(3) | 0. | | VALUATION | FOOD | NEEDY |
| | | | | , | FEEDING | | |
| SHERRY AND TIM'S HOUSES OF HOPE | | | | | AMERICA | | |
| 245 BLUE SPRINGS AVE UNIT B | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORANGE CITY, FL 32763 | | 501(C)(3) | 0. | | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| POWER HOUSE MINISTRY | | | | | AMERICA | | |
| 359 JEFFERSON ST | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DAYTONA BEACH, FL 32114 | | 501(C)(3) | 0. | 1,350,521. | | FOOD | NEEDY |
| | | | · · · | 1,330,321. | FEEDING | | |
| | | | | | | | |
| | | | | | | | |
| HUM - HOPE PLACE 1340 WRIGHT ST | | | | | AMERICA PRODUCT | | TO DISTRIBUTE FOOD TO TH |

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CENTRAL FLORIDA, INC.

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| (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 |
|--|----------------|----------------------------------|------------------------------------|---|--|--|---------------------------------------|
| | | | | | FEEDING | | |
| FIRST STEPS SHELTER, INC. | | | | | AMERICA | | |
| 3889 W INTERNATIONAL SPEEDWAY BLVD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DAYTONA BEACH, FL 32114 | | 501(C)(3) | 0. | 46,952. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| SALVATION ARMY RESIDENTIAL PROGRAM | | | | | AMERICA | | |
| 560 BALLOUGH ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DAYTONA BEACH, FL 32114 | | 501(C)(3) | 0. | 9,696. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| GREATER ST PAUL CHURCH | | | | | AMERICA | | |
| 245 LAWRENCE ST | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| SEVILLE, FL 32190 | | 501(C)(3) | 0. | 5,096. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| RESTORING HOPE | | | | | AMERICA | | |
| 1200 9TH STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DAYTONA BEACH, FL 32117 | | 501(C)(3) | 0. | 67,726. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| PENTECOSTALS OF PALM COAST | | | | | AMERICA | | |
| 1 COMMERCIAL CT | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| PALM COAST, FL 32137 | | 501(C)(3) | 0. | 33,677. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| NEW SMYRNA SEVENTH-DAY ADVENTIST | | | | | AMERICA | | |
| CHURCH - 1910 PIONEER TRAIL - NEW | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| SMYRNA BEACH, FL 32168 | | 501(C)(3) | 0. | 49,008. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| DELAND SPANISH SEVENTH-DAY | | | | | AMERICA | | |
| ADVENTIST COMPANY - 1010 N ALABAMA | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| AVE, - DELAND, FL 32724 | | 501(C)(3) | 0. | 39,670. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| STRONG TOWER CHRISTIAN FELLOWSHIP | | | | | AMERICA | | |
| 90 S. RIDGEWOOD AVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORMOND BEACH, FL 32174 | | 501(C)(3) | 0. | 90,721. | VALUATION | FOOD | NEEDY |
| | | | 1 | | FEEDING | | |
| THE LIGHTHOUSE PENTECOSTAL CHURCH | | | | | AMERICA | | |
| 1785 ELKHAM DRIVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DELTONA, FL 32725 | | 501(C)(3) | 0. | 55,941. | VALUATION | FOOD | NEEDY |

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| Part II Continuation of Grants and Other A | ssistance to D | omestic Organization | ns and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | |
| (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 |
| | | | | | FEEDING | | |
| THE MIND OF CHRIST MINISTRIES, | | | | | AMERICA | | |
| INC 1202 S RIDGEWOOD AVE - | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DAYTONA BEACH, FL 32117 | | 501(C)(3) | 0. | 515,328. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| DELAND OPEN BIBLE | | | | | AMERICA | | |
| 2179 N. SPRING GARDEN AVE. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DELAND, FL 32720 | | 501(C)(3) | 0. | 229,924. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| HUM - DAYTONA BEACH | | | | | AMERICA | | |
| 1340 WRIGHT ST | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DAYTONA BEACH, FL 32117 | | 501(C)(3) | 0. | 15,709. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| NEIGHBORHOOD CENTER | | | | | AMERICA | | |
| 434 S WOODLAND BLVD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DELAND, FL 32720 | | 501(C)(3) | 0. | 271,020. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| OUR LADY OF THE LAKES/ST VINCENT | | | | | AMERICA | | |
| DE PAUL - 1310 MAXIMILLION STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| - DELTONA, FL 32725 | | 501(C)(3) | 0. | 179,922. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| JERRY DOLINER JEWISH FEDERATION | | | | | AMERICA | | |
| 470 ANDALUSA DRIVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORMOND BEACH, FL 32174 | | 501(C)(3) | 0. | 308,234. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| VESSEL OF HONOR OUTREACH CENTER | | | | | AMERICA | | |
| 2401 E. GRAVES AVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DRANGE CITY, FL 32763 | | 501(C)(3) | 0. | 73,735. | VALUATION | FOOD | NEEDY |
| · | | | | , | FEEDING | | |
| OUTREACH COMMUNITY CARE NETWORK | | | | | AMERICA | | |
| 240 N FREDERICK AVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DAYTONA BEACH, FL 32114 | | 501(C)(3) | 0. | 50.793. | VALUATION | FOOD | NEEDY |
| | | | 1 | | FEEDING | | |
| DUR TWO STORIES | | | | | AMERICA | | |
| 245 W BLUE SPRINGS AVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORANGE CITY, FL 32763 | | 501(C)(3) | 0. | 64 599 | VALUATION | FOOD | NEEDY |

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| Part II Continuation of Grants and Other A | | j | | , i i i i i i i i i i i i i i i i i i i | | , | |
|--|----------------|----------------------------------|---------------------------------|---|---|--|---------------------------------------|
| (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 |
| | | | | | FEEDING | | |
| TOMOKA CHRISTIAN CHURCH | | | | | AMERICA | | |
| 1450 HAND AVENUE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORMOND BEACH, FL 32174 | | 501(C)(3) | 0. | 33,081. | VALUATION | FOOD | NEEDY |
| SOUTH DAYTONA CHRISTIAN | | | | | FEEDING | | |
| CHURCHSOUTH DAYTONA CHRISTIAN | | | | | AMERICA | | |
| CHURCH - 2121 KENILWORTH AVE - | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| SOUTH DAYTONA, FL 32119 | | 501(C)(3) | 0. | 53,324. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| DELTONA PRESBYTERIAN CHURCH | | | | | AMERICA | | |
| 2300 HOWLAND BLVD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DELTONA, FL 32738 | | 501(C)(3) | 0. | 45,019. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| LIVING FAITH CHURCH OF GOD | | | | | AMERICA | | |
| 950 DERBYSHIRE ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DAYTONA BEACH, FL 32117 | | 501(C)(3) | 0. | 6,768. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| CASA SAN PABLO | | | | | AMERICA | | |
| 401 NORTH RIDGEWOOD AVENUE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DAYTONA BEACH, FL 32114 | | 501(C)(3) | 0. | 57,488. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| NEW HOPE CHURCH OF GOD | | | | | AMERICA | | |
| 2855 LAKE HELEN- OSTEEN ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DELTONA, FL 32738 | | 501(C)(3) | 0. | 88,519. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| PRINCE OF PEACE SOCIAL SERVICE | | | | | AMERICA | | |
| 600 SOUTH NOVA ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORMOND BEACH, FL 32174 | | 501(C)(3) | 0. | 358,712. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ST. BARNABAS | | | | | AMERICA | | |
| 327 WEST WISCONSIN | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DELAND, FL 32720 | | 501(C)(3) | 0. | 5,003. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| OUR LADY OF HOPE OUTREACH | | | | | AMERICA | | |
| MINISTRIES - 1080 REED CANAL ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| - SOUTH DAYTONA, FL 32119 | | 501(C)(3) | 0. | 42 539 | VALUATION | FOOD | NEEDY |

Schedule I (Form 990) CE

CENTRAL FLORIDA, INC.

59-2142315 Page 1

| Schedule I (Form 990) CENTRAL FL | JORIDA, | INC. | | | | |)9-214251 5 Pa |
|--|----------------|----------------------------------|---------------------------------|--|---|--|--|
| Part II Continuation of Grants and Other A | ssistance to D | Oomestic Organization | ns and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | i |
| (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 |
| | | | | | FEEDING | | |
| FIRST ASSEMBLY DELAND | | | | | AMERICA | | |
| 10 S. ORLANDO AVE. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO 7 |
| DELAND, FL 32724 | | 501(C)(3) | 0. | 36,876. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| GIFTS OF LOVE | | | | | AMERICA | | |
| 820 WEST PARK AVENUE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO 7 |
| EDGEWATER, FL 32132 | | 501(C)(3) | 0. | 200,365. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| HUM - PORT ORANGE | | | | | AMERICA | | |
| 4110 SOUTH RIDGEWOOD AVE. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO 1 |
| PORT ORANGE, FL 32127 | | 501(C)(3) | 0. | 5,604. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| EMMANUEL SDA | | | | | AMERICA | | |
| 416 W. EUCLID AVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO 7 |
| DELAND, FL 32720 | | 501(C)(3) | 0. | 24,169. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| GRACE COMMUNITY FOOD PANTRY | | | | | AMERICA | | |
| 245 EDUCATION WAY | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO 1 |
| BUNNELL, FL 32110 | | 501(C)(3) | 0. | 1,483,466. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ALL SAINTS EPISCOPAL CHURCH | | | | | AMERICA | | |
| 155 CLARK ST. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO 7 |
| ENTERPRISE, FL 32725 | | 501(C)(3) | 0. | 65,727. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| DELTONA ALLIANCE CHURCH | | | | | AMERICA | | |
| 921 DELTONA BLVD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO 1 |
| DELTONA, FL 32725 | | 501(C)(3) | 0. | 24,285. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| CHURCH OF GOD PROPHECY OF DELEON | | | | | AMERICA | | |
| SPRINGS - 4721 DUNDEE AVE - DELEON | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO 7 |
| SPRINGS, FL 32130 | | 501(C)(3) | 0. | 30,924. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| SOCIETY OF ST GERARD MISSION | | | | | AMERICA | | |
| CHURCH - 3171 SOUTH RIDGEWOOD AVE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO 7 |
| - EDGEWATER, FL 32141 | | 501(C)(3) | 0. | 143,103. | VALUATION | FOOD | NEEDY |

Schedule I (Form 990)

CENTRAL FLORIDA, INC.

| Part II Continuation of Grants and Other | | | ns and Domestic G | overnments (Sch | edule I (Form 990), Pa | | 9-2142313 Page |
|--|----------------|----------------------------------|---------------------------------|---|--|--|--|
| (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 |
| | | | | | FEEDING | | |
| IGLESIA CRISTIANA NUEVA VISION, | | | | | AMERICA | | |
| INC 105 DOGWOOD AVE - ORANGE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| CITY, FL 32763 | | 501(C)(3) | 0. | 287,075. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| ST. BRENDAN OUTREACH | | | | | AMERICA | | |
| 1000 OCEAN SHORE BLVD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| ORMOND BY THE SEA, FL 32176 | | 501(C)(3) | 0. | 21,391. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| DELEON SPRINGS UNITED METHODIST | | | | | AMERICA | | |
| CHURCH - 265 PONCE DELEON BLVD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DELEON SPRINGS, FL 32130 | | 501(C)(3) | 0. | 9,757. | VALUATION | FOOD | NEEDY |
| · · · · · · · · · · · · · · · · · · · | | | | | FEEDING | | |
| LUTHERAN CHURCH OF PROVIDENCE | | | | | AMERICA | | |
| 1696 PROVIDENCE BLVD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DELTONA, FL 32725 | | 501(C)(3) | 0. | 16,996. | VALUATION | FOOD | NEEDY |
| i | | | | | FEEDING | | |
| BETHEL EMPOWERMENT CENTER | | | | | AMERICA | | |
| 226 E. HOWERY AVE. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DELAND, FL 32724 | | 501(C)(3) | 0. | 48,905. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| SOUTH PUTNAM CHURCH INC-CRESCENT | | | | | AMERICA | | |
| CITY - 284 UNION AVE CRESCENT | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| CITY, FL 32112 | | 501(C)(3) | 0. | 6,245. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| SALVATION ARMY | | | | | AMERICA | | |
| 1555 LPGA BLVD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DAYTONA BEACH, FL 32117 | | 501(C)(3) | 0. | 47,254. | VALUATION | FOOD | NEEDY |
| i | | | | , | FEEDING | | |
| PAY IT FORWARD DELAND | | | | | AMERICA | | |
| 250 N. HILL AVENUE | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DELAND, FL 32724 | | 501(C)(3) | 0. | 481,335. | VALUATION | FOOD | NEEDY |
| | | | 1 | , , , | FEEDING | | |
| NEW HEART MINISTRIES | | | | | AMERICA | | |
| 1328 HURST ST | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DAYTONA BEACH, FL 32120 | | 501(C)(3) | 0. | 17 376 | VALUATION | FOOD | NEEDY |

| | FLORIDA, | | | | | 5 | 9-2142315 Page |
|--|-------------------|----------------------------------|---------------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Othe | r Assistance to D | omestic Organization | ns and Domestic G | overnments (Sch | edule I (Form 990), Pa | art II.) | _ |
| (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 |
| | | | | | FEEDING | | |
| LIBERTY IN CHRIST MINISTRIES | | | | | AMERICA | | |
| 75 COURTLAND BLVD. | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO THE |
| DELTONA, FL 32738 | | 501(C)(3) | 0. | 32,644. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| DELTONA SPANISH SDA CHURCH | | | | | AMERICA | | |
| 1180 DOYLE ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DELTONA, FL 32725 | | 501(C)(3) | 0. | 17,383. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| FOOD BRINGS HOPE | | | | | AMERICA | | |
| 165 EMPORIA ROAD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| PIERSON, FL 32180 | | 501(C)(3) | 0. | 294,899. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| SANTUARIO LAS ESCRITURAS | | | | | AMERICA | | |
| 3151 HOWLAND BLVD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DELTONA, FL 32725 | | 501(C)(3) | 0. | 87,021. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| DELTONA CHRISTIAN CHURCH | | | | | AMERICA | | |
| 960 E NORMANDY BLVD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DELTONA, FL 32725 | | 501(C)(3) | 0. | 19,507. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| DERBYSHIRE PLACE/FUMC | | | | | AMERICA | | |
| 962 DERBYSHIRE RD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DAYTONA BEACH, FL 32117 | | 501(C)(3) | 0. | 27,306. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| THE COLORS OF HUNGER | | | | | AMERICA | | |
| 203 WASHINGTON ST | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| NEW SMYRNA BEACH, FL 32165 | | 501(C)(3) | 0. | 11,508. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| HUM - BRIDGE OF HOPE | | | | | AMERICA | | |
| 316 NORTH STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DAYTONA BEACH, FL 32114 | | 501(C)(3) | 0. | 69,420. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| FIRST UNITED METHODIST CHURCH | | | | | AMERICA | | |
| 215 PALMETTO STREET | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| NEW SMYRNA, FL 32168 | | 501(C)(3) | 0. | 49,306. | VALUATION | FOOD | NEEDY |

Schedule I (Form 990) CENT

CENTRAL FLORIDA, INC.

| Schedule I (Form 990) CENTRAL F. | | | | | | | 9-2142313 Page |
|--|------------------|----------------------------------|--------------------------|--|---|---|--|
| Part II Continuation of Grants and Other | Assistance to Do | mestic Organization | s and Domestic G | iovernments (Sch | edule I (Form 990), Pa | art II.) | i |
| (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 |
| | | | | | FEEDING | | |
| SANTA MARIA DEL MAR CATHOLIC | | | | | AMERICA | | |
| CHURCH - 915 N. CENTRAL AVE - | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| FLAGLER BEACH, FL 32137 | | 501(C)(3) | 0. | 11,542. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| GOD'S TABLE | | | | | AMERICA | | |
| 10 FIRST BAPTIST PARKWAY | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DAYTONA BEACH, FL 32124 | | 501(C)(3) | 0. | 81,835. | VALUATION | FOOD | NEEDY |
| | | | | | FEEDING | | |
| DAYTONA DREAM CENTER MOBILE PANTRY | | | | | AMERICA | | |
| 3088 W INTERNATIONAL SPEEDWAY BLVD | | | | | PRODUCT | | TO DISTRIBUTE FOOD TO TH |
| DAYTONA BEACH, FL 32124 | | 501(C)(3) | 0. | 327,029. | VALUATION | FOOD | NEEDY |
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Schedule I (Form 990) 2020

CENTRAL FLORIDA, INC.

59-2142315

Page 2

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|
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| Dout IV Supplemental Information Drovido the information | | | | | <u> </u> |

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

PART I, LINE 2:

ORGANIZATIONS ARE REQUIRED TO SEND IN REPORTS SHOWING THE DISTRIBUTION OF

FOOD TO INDIVIDUALS. ORGANIZATIONS ARE AUDITED PERIODICALLY.

| SCHEDULE | Compensation Information | OMB No. 1545- | 0047 |
|------------------------|---|-----------------------|----------|
| (Form 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest | 202 | |
| | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | | U |
| Department of the Tre | NAME AND THE DOWN | Open to Pu | |
| Internal Revenue Serv | e Go to www.irs.gov/Form990 for instructions and the latest information. | Inspectio | |
| Name of the org | | oyer identification r | number |
| Dout L Ou | | 59-2142315 | |
| Part I Qu | stions Regarding Compensation | | |
| 4 01 1 11 | | Ye | s No |
| | oppropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | |
| | tion A, line 1a. Complete Part III to provide any relevant information regarding these items. | | |
| | Iss or charter travel Housing allowance or residence for personal us | | |
| | or companions | | |
| | emnification and gross-up payments | .A. | |
| | onary spending account Personal services (such as maid, chauffeur, che | л) | |
| b If any of the | haves an line to are shadled, did the argonization follow a written policy regarding normant or | | |
| • | boxes on line 1a are checked, did the organization follow a written policy regarding payment or ent or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | |
| | nization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | |
| - | d officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | |
| liusiees, ai | | | |
| 3 Indicate wh | ch, if any, of the following the organization used to establish the compensation of the organization's | | |
| | ive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | |
| | npensation of the CEO/Executive Director, but explain in Part III. | | |
| | nsation committee Written employment contract | | |
| | Indent compensation consultant X Compensation survey or study | | |
| · · · | 20 of other organizations X Approval by the board or compensation commit | | |
| | | | |
| 4 During the | ear, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | |
| | or a related organization: | | |
| 0 | verance payment or change-of-control payment? | 4a | Х |
| | n or receive payment from a supplemental nonqualified retirement plan? | | |
| - | or receive payment from an equity-based compensation arrangement? | | X |
| | ny of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| | | | |
| Only section | n 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 For person | listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | |
| contingent | n the revenues of: | | |
| a The organiz | tion? | | Х |
| | organization? | | X |
| | ne 5a or 5b, describe in Part III. | | |
| 6 For person | listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | |
| contingent | n the net earnings of: | | |
| a The organiz | tion? | 6a | X |
| | organization? | | X |
| | ne 6a or 6b, describe in Part III. | | |
| | listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | |
| | d on lines 5 and 6? If "Yes," describe in Part III | | X |
| 8 Were any a | nounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | |
| initial contr | ct exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | X |
| | ne 8, did the organization also follow the rebuttable presumption procedure described in | | |
| | section 53.4958-6(c)? | | |
| LHA For Paper | vork Reduction Act Notice, see the Instructions for Form 990. | Schedule J (Form 99 | 90) 2020 |

SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA, INC.

Schedule J (Form 990) 2020

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

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

59-2142315

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

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns | (F) Compensation in column (B) |
|---------------------------|------|--------------------------|---|---|-----------------------------------|-------------------------|----------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | benefits | (B)(i)-(D) | reported as deferred on prior Form 990 |
| (1) DAVID KREPCHO | (i) | 239,110. | 39,300. | 0. | 28,863. | 9,426. | 316,699. | 0. |
| CEO/PRESIDENT | (ii) | 0. | 0. | 0. | 0. | 0. | | 0. |
| (2) DAWN KOFFARNUS | (i) | 154,888. | 7,500. | 0. | 6,295. | 9,590. | 178,273. | 0. |
| CHIEF FINANCIAL OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | | 0. |
| (3) BILL COLLINS | (i) | 145,940. | 7,500. | 0. | 6,328. | 19,596. | 179,364. | 0. |
| CHIEF OPERATING OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | | 0. |
| (4) GREG HIGGERSON | (i) | 168,827. | 7,500. | 0. | 6,946. | 9,590. | | 0. |
| CHIEF DEVELOPMENT OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Page 2

Schedule J (Form 990) 2020

Part III Supplemental Information

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

PART I, LINE 4B:

DAVID KREPCHO, CEO/PRESIDENT - SECTION 457(B) DEFERRED COMPENSATION PLAN IN

THE AMOUNT OF \$166,630

| SCHEDULE M Noncash Contribu | | | | | ibutions | | | OMB No. 1 | 1545-004 | 17 |
|-----------------------------|-----------------------|--------------------------------|---------------------|----------------------------|----------------------------------|-----------------|--------------|-------------|----------|------|
| (Fo | rm 990) | | | | | | | | 20 | |
| | - | Complete if the org | anizations | answered "Yes" o | n Form 990, Part | IV. lines 29 c | or 30. | 20 | ZU | l. |
| Depart | ment of the Treasury | Attach to Form 990 | | | | | | Open to | Publi | с |
| Interna | Revenue Service | Go to www.irs.gov/ | Form990 fo | r instructions and | I the latest inform | ation. | | Inspe | ction | |
| Name | e of the organizatio | n SECOND HARVE | ST FOO | D BANK OF | | | Employer i | | | nber |
| | | CENTRAL FLOR | IDA, I | NC. | | | 59 | -2142 | 315 | |
| Pai | rt I Types of | f Property | | | | | | | | |
| | | | (a) | (b) | (c) | bution | | (d) | | |
| | | | Check if applicable | Number of contributions or | Noncash contri amounts report | | noncash con | of determin | 0 | c |
| | | | applicable | | Form 990, Part VI | | noncash con | | nount | |
| 1 | Art - Works of art | | | | | | | | | |
| 2 | Art - Historical trea | asures | | | | | | | | |
| 3 | Art - Fractional inte | erests | | | | | | | | |
| 4 | Books and publica | ations | | | | | | | | |
| 5 | Clothing and hous | sehold goods | | | | | | | | |
| 6 | Cars and other ve | hicles | | | | | | | | |
| 7 | Boats and planes | | | | | | | | | |
| 8 | Intellectual proper | ty | | | | | | | | |
| 9 | Securities - Public | ly traded | | | | | | | | |
| 10 | Securities - Closel | y held stock | | | | | | | | |
| 11 | Securities - Partne | ership, LLC, or | | | | | | | | |
| | trust interests | | | | | | | | | |
| 12 | Securities - Miscel | llaneous | | | | | | | | |
| 13 | Qualified conserva | ation contribution - | | | | | | | | |
| | Historic structures | 3 | | | | | | | | |
| 14 | | ation contribution - Other | | | | | | | | |
| 15 | | dential | | | | | | | | |
| 16 | Real estate - Com | mercial | | | | | | | | |
| 17 | Real estate - Othe | r | | | | | | | | |
| 18 | Collectibles | | | | | | | | | |
| 19 | Food inventory | | X | | 172,126 | <u>,970.</u> FI | EEDING A | MERIC | AV. | ALU |
| 20 | Drugs and medica | al supplies | | | | | | | | |
| 21 | | | | | | | | | | |
| 22 | | ; | | | | | | | | |
| 23 | | ens | | | | | | | | |
| 24 | | acts | | 1 | | | | | | |
| 25 | Other ► (<u>G</u> | IFT CARDS | X | 1 | 6 | ,514.FN | 1V | | | |
| 26 | Other (|) | | | | | | | | |
| 27 | Other (|) | | | | | | | | |
| 28 | Other 🕨 (|) | | | | | | | | |
| 29 | | 8283 received by the organi | | . , | | | | | | |
| | for which the orga | nization completed Form 82 | 83, Part V, I | Donee Acknowledg | ement | 29 | | | | |
| | | | | | | | | | Yes | No |
| 30a | | id the organization receive b | | | | • | | | | |
| | | east three years from the date | | | | | | | | 37 |
| - | | for the entire holding period | ? | | | | | <u>30a</u> | | X |
| | | the arrangement in Part II. | | | | | 0 | | v | |
| 31 | | tion have a gift acceptance | | | | | ns? | 31 | X | |
| 32a | - | tion hire or use third parties | | - | | | | | | v |
| | contributions? | | | | | | | 32a | | X |
| | If "Yes," describe | | | | | () · · · · | | | | |
| 33 | - | didn't report an amount in c | column (c) fo | r a type of propert | y tor which column | (a) is checke | ea, | | | |
| | describe in Part II. | | | No | | | A • • | | | 0000 |
| LHA | For Paperwork | Reduction Act Notice, see | the instruction | tions for Form 99 | υ. | | Schedu | ule M (Forn | n 990) | 2020 |

| SECOND | HARVEST | FOOD | BANK |
|--------|---------|-------|------|
| ENTRAT | FLORTDA | . ING | |

| | | | ARVEST F | | K OF | | | |
|-----------------------|----------------------|-------------------|------------------|------------------|---|--|---|--------------------------------|
| Schedule M Part II | is reporting in Part | Information | e number of cont | prmation require | ed by Part I, lines umber of items i | 30b, 32b, and 33, received, or a comb | 59-2142315 and whether the organ bination of both. Also c | Page 2 nization complete |
| | this part for any ac | ditional informat | ion. | | | | | |
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. OMB No 1545-0047

Open to Public

Inspection

Employer identification number

59-2142315

11

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. SECOND HARVEST FOOD BANK OF

CENTRAL FLORIDA, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY EDUCATION TO THE CAUSES AND CONSEQUENCES OF HUNGER, AND

MEANINGFUL ACTION ON BEHALF OF PEOPLE IN NEED OF FOOD.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

BRING HOPE HOME IS SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA'S NEWEST

INNOVATION IN RESPONSE TO THE HIGH DEMAND FOR HOME-DELIVERED FOOD DUE

TO THE COVID-19 PANDEMIC. THE PROGRAM UTILIZES EXTERNAL DELIVERY

PARTNERS AS WELL AS VOLUNTEER DRIVERS TO SAFELY TRANSPORT PERISHABLE

AND NONPERISHABLE FOOD ITEMS DIRECTLY TO THOSE IN NEED IN A

CONTACT-FREE MANNER. THE TARGET POPULATIONS FOR THIS PROGRAM ARE

SENIORS, HOMEBOUND INDIVIDUALS, INDIVIDUALS WITH A DISABILITY,

VETERANS, AND THOSE IN THE HIGH-RISK GROUP FOR CONTRACTING CORONAVIRUS.

IN THE 20/21 FY BHH COMPLETED 64,068, EQUATING 1,348,741 MEALS

DELIVERED.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

515,380 MEALS TO EARLY CHILDHOOD LEARNING CENTERS.

290,813 MEALS TO CHILDREN'S SUMMER PROGRAM SITES.

258,312 MEALS TO AFTERSCHOOL PROGRAM CENTERS.

IT ALSO MANAGES A RETAIL FOOD PRODUCT LINE WHICH OFFERS HEALTHY SOUP,

HONEY, COOKIES AND LUNCHES THAT ARE SOLD ONLINE AND AT BOUTIQUE SHOPS

AND OTHER RETAIL OUTLETS. PROCEEDS HELP SUPPORT THE CULINARY PROGRAM.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

KIDS CAFE: A HEALTHY MEAL SERVICE PROGRAM THAT PROVIDES FOOD

 Schedule O (Form 990 or 990 EZ) 2020
 Page 2

 Name of the organization
 SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA, INC.
 Employer identification number 59-2142315

 EXCLUSIVELY TO NEEDY CHILDREN DURING AFTER SCHOOL HOURS AT LEAST 4

 TIMES PER WEEK.
 28 KIDS CAFES SITES IN 5 COUNTIES SERVED 142,620

 MEALS IN ADDITION TO PROVIDING A SAFE AND ACCESSIBLE SITE FOR CHILDREN

 WITH NUTRITION EDUCATION AND ACTIVITIES. FRESH AND NUTRITIOUS MEALS

 FROM OUR COMMUNITY KITCHEN ARE PREPARED AND DELIVERED DAILY DURING THE

 COUNTY ACADEMIC YEAR. DONATED FOOD ALSO HELPS SUPPORT KIDS CAFES AT 3

 LOCATIONS THAT PREPARE THEIR OWN MEALS.

BENEFITS CONNECTION IS A SNAP (FORMERLY KNOWN AS FOOD STAMPS) OUTREACH PROGRAM, DESIGNED TO EDUCATE AND ASSIST POTENTIALLY ELIGIBLE LOW-INCOME HOUSEHOLDS ENROLL IN THE PROGRAM. OUR SPECIALISTS GO INTO THE COMMUNITY, TO OUR PARTNER AGENCIES, COMMUNITY CENTERS, LIBRARIES AND TO COMMUNITY EVENTS, WITH LAPTOP COMPUTERS AND SCANNERS TO ASSIST POTENTIAL APPLICANTS WHO LACK ACCESS TO A COMPUTER OR SKILLS TO NAVIGATE AN ONLINE APPLICATION, THOSE WITH TRANSPORTATION OR MOBILITY CHALLENGES, MISINFORMED ON ELIGIBILITY FACTORS (THEY THINK THEY DO NOT QUALIFY), AND THOSE WITH LITERACY AND LANGUAGE BARRIERS. WITH THE ONSET OF COVID IN MARCH, WE TRANSITIONED OUR STAFF OUT OF THE FIELD AND ADOPTED A STATE-APPROVED TELEPHONIC SYSTEM TO ASSIST INDIVIDUALS SEEKING SNAP ASSISTANCE IN A SAFE MANNER. WE ARE BEGINNING TO CAREFULLY MOVE BACK INTO THE FIELD WHERE CDC SAFETY PRECAUTIONS ARE IN EFFECT, AND THEREFORE, EFFECTIVELY RUNNING A HYBRID IN-PERSON AND BY-PHONE PROGRAM. LAST FISCAL YEAR, THE TEAM PROCESSED 3,564 APPLICATIONS IN (ORANGE, BREVARD, OSEOLA, SEMINOLE, VOLUSIA, AND LAKE) COUNTIES RESULTING IN \$639,342 ANNUALIZED FOOD ASSISTANCE BENEFITS.

BITES CAMERA ACTION: THIS SPECIALTY PROGRAM DELIVERS FOOD BOXES AND

FRESH PRODUCE TO 90+ VULNERABLE COMMUNITY SITES REACHING LOW-INCOME

| Schedule O (Form 990 or 990-EZ) 2020 | Page 2 | | |
|---|---|--|--|
| Name of the organization SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA, INC. | Employer identification number 59-2142315 | | |
| FAMILIES, VETERANS, SENIORS AND ADULTS. COLLECTIVELY, 263 | ,200 POUNDS OF | | |
| FOOD WERE DISTRIBUTED WHICH PROVIDED 175,466 MEALS. | | | |
| | | | |

SCHOOL PARTNERSHIPS PROGRAM: PROMOTES A COMMUNITY-CENTERED,

STIGMA-FREE APPROACH TO INCREASING FOOD ACCESS AMONG STUDENTS

EXPERIENCING HUNGER. IN COLLABORATION WITH COMMUNITY ORGANIZATIONS AND

SCHOOL LEADERSHIP, OUR MODEL EMPHASIZES STUDENT ENGAGEMENT IN

SCHOOL-BASED MARKET OPERATIONS. SINCE ITS INCEPTION IN 2017, THE SECOND

HARVEST SCHOOL PARTNERSHIPS PROGRAM HAS SERVED OVER ONE MILLION MEALS

TOSTUDENTS AND THEIR FAMILIES ACROSS 65 PARTNER SITES IN SIX COUNTIES

THROUGHOUT CENTRAL FLORIDA.

SUMMER FOOD SERVICE PROGRAM: PROVIDES HEALTHY BREAKFASTS, LUNCHES, AND SNACKS TO CHILDREN IN LOW-INCOME AREAS DURING SUMMER RECESS WHEN SCHOOL CAFTERIAS ARE CLOSED. LAST YEAR 275,819 MEALS WERE DISTRIBUTED THROUGH THIS PROGRAM AT 91 SITES IN 5 COUNTIES.

```
RETAIL RESCUE: A FOOD RESCUE PROGRAM WHERE OUR TEAM PICKS UP

NUTRITIOUS PERISHABLE AND NON-PERISHABLE FOOD PRODUCTS IN REFRIGERATED

VEHICLES MONDAY-FRIDAY FROM OVER 462 DIFFERENT RETAIL STORE LOCATIONS

THROUGHOUT CENTRAL FLORIDA. THE FOOD IS THEN BROUGHT BACK TO OUR

FACILITIES AND INSPECTED FOR QUALITY AND SAFETY. ONCE THE PRODUCTS ARE

APPROVED BY ON-SITE TRAINING PROFESSIONALS AT THE FOOD BANK, IT IS

DISTRIBUTED EITHER AT NO-COST, OR AT A VERY MINIMAL COST TO MORE THAN

600 SECOND HARVEST FOOD BANK MEMBER AGENCIES WHO IN-TURN DISTRIBUTE TO

CLIENTS. THE GROCERY ALLIANCE PROGRAM DISTRIBUTED 32,825,011 POUNDS OF

FOOD THAT PROVIDED APPROXIMATELY 21,883,341 MEALS.
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| Schedule O (Form 990 or 990-EZ) 2020 | Page 2 |
|---|---|
| Name of the organization SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA, INC. | Employer identification number $59-2142315$ |
| CENTRAL FLORIDA, INC. | <u> </u> |
| HEALTH & HUNGER: SECOND HARVEST IS TAKING A COLLABORATIVE | APPROACH WITH |
| OTHER COMMUNITY PARTNERS TO INFLUENCE THE HEALTH OF THE C | OMMUNITIES WE |
| SERVE. WE ARE UTILIZING MULTIPLE PATHWAYS TO HELP FOOD IN | SECURE PEOPLE |
| PREVENT AND MANAGE DIET-RELATED CHRONIC DISEASE UTILIZING | OUR NETWORK |
| OF PANTRIES AND HOME DELIVERED GROCERY BOXES. TO COMPLETE | THIS WORK, |
| SECOND HARVEST CONVENES THE HEALTH & HUNGER TASK FORCE, A | COALITION OF |
| MORE THAN 30 LOCAL NONPROFIT HEALTHCARE PROVIDERS, NUTRIT | ION AND |
| HEALTH-FOCUSED ORGANIZATIONS TO LEARN HOW THE FOOD BANK C | AN COME |
| ALONGSIDE COMMUNITY HEALTHCARE ORGANIZATIONS TO MEASURABL | Y IMPROVE THE |
| HEALTH OF VULNERABLE POPULATIONS BY USING FOOD AS MEDICIN | E. WE SUPPORT |
| THE DEVELOPMENT OF FOOD PANTRIES IN HOSPITALS AND OTHER H | EALTHCARE |
| FACILITIES, AS WELL AS DISTRIBUTION OF HEALTHY FOOD BOXES | FOR PATIENTS |
| REFERRED FROM HOSPITALS AND CLINICS THAT PARTICIPATE IN " | FOOD IS |
| MEDICINE" PILOT PROGRAMS WITH SHFB. THROUGH CAPACITY-BUIL | DING EFFORTS, |
| PARTNER PANTRIES CAN TAKE AN ACTIVE ROLE IN THE HEALTH OF | THEIR CLIENTS |
| BY PROVIDING HEALTHIER FOODS AND NUTRITION EDUCATION. IN | FY 20/21, |
| 79.8% OF THE FOOD DISTRIBUTED BY SHFB'S PARTNER AGENCIES | WERE F2E'S. |
| OUR FOOD IS MEDICINE PILOTS UTILIZE BOTH THE PARTNER AGEN | CY NETWORK AS |
| HEALTHY FOOD ACCESS POINTS AS WELL AS HOME DELIVERY. IN | ADDITION TO |
| HAVING HEALTHY FOOD AVAILABLE FOR THEIR CLIENTS, PANTRIES | HAVE THE |
| OPPORTUNITY TO OFFER NUTRITION EDUCATION, PROVIDED BY SHF | B'S NUTRITION |
| EDUCATOR CHEF. NUTRITION EDUCATION CAN INCLUDE COOKING D | EMOS/LESSONS, |
| PAPER RESOURCES, RECIPE BOOKS, AND SINCE THE PANDEMIC HAS | GONE VIRTUAL, |
| ALLOWING THE FOOD BANK TO REACH MORE PANTRIES AND CLIENTS | THAN EVER |
| BEFORE. | |
| EXPENSES \$ 13,803,546. INCLUDING GRANTS OF \$ 0. REVEN | UE \$ 0. |

| Schedule O (Form 990 or 990-EZ) 2020 | Page 2 |
|---|--------------------------------|
| Name of the organization SECOND HARVEST FOOD BANK OF | Employer identification number |
| CENTRAL FLORIDA, INC. | 59-2142315 |
| PRIOR TO FINALIZING THE 990, THE RETURN IS REVIEWED BY SE | NIOR MANAGEMENT |
| AND THE FINANCE COMMITTEE OF THE BOARD OR DIRECTORS. PRI | OR TO SUBMISSION |
| TO THE IRS, ALL BOARD MEMBERS RECEIVE AN ELECTRONIC COPY | OF THE FINALIZED |
| FORM. | |

FORM 990, PART VI, SECTION B, LINE 12C:

THE POLICY CALLS FOR MONITORING EACH YEAR AND IS REFERENCED WHENEVER A MAJOR PURCHASE IS MADE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE CEO PERFORMANCE REVIEW PROCESS INCLUDES MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD, KEY STAFF, AND DIRECT REPORTS. A STANDARD FORMAT IS USED WITH A 3-POINT SCALE AND OPPORTUNITIES FOR COMMENTS. THE CHAIRMAN OF THE BOARD RECIEVES ALL RESPONSES WHICH ARE COMPILED FOR THE REVIEW.

THE COMPENSATION REVIEW INCLUDES SCORING OF THE POSITION AND PLACEMENT IN THE APPROPRIATE PAY GRADE. THREE SOURCES ARE COMPARED FOR THE CEO POSITION COMPENSATION LEVEL WHICH INCLUDES A NON-PROFIT STUDY, AN INDUSTRY STUDY, AND AN EMPLOYER ASSOCIATION STUDY FOR FLORIDA. THE CHAIRMAN OF THE BOARD PREPARES A REPORT FOR THE BOARD WHICH INCLUDES THE PERFORMANCE AND COMPENSATION REVIEW AND RECOMMENDATION. THE BOARD DELIBERATES THE RECOMMENDATION AT A REGULARLY SCHEDULED MEETING AND VOTES. THE PROCESS AND THE VOTING ARE DOCUMENTED FOR THE FILES.

ALL STAFF, INCLUDING KEY EMPLOYEES ARE REVIEWED ANNUALLY BY THEIR DIRECT SUPERVISORS AND EACH REVIEW IS SCORED. THE POSITIONS ARE ALL SCORED AND THE APPROPRIATE PAY SCALE IS DETERMINED. INCREASES ARE BASED UPON BOARD APPROVED BUDGET LIMITS, SCORE IN THE REVIEW PROCESS, AND POSITION WITHIN 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

| Schedule O (Form 990 or 990-EZ) 2020 | Page 2 |
|---|---|
| Name of the organization SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA, INC. | Employer identification number 59-2142315 |
| THE PAY RANGE. EACH YEAR, POSITIONS ARE | BENCHMARKED AGAINST OTHER |
| NON-PROFITS, INDUSTRY, AND EMPLOYER ASSOC | IATION SURVEYS TO ENSURE PROPER |

VALUE OF THE ORGANIZATION'S SALARY RANGES.

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

THE FINANCIAL REPORT IS PROVIDED THROUGH THE MAILING OF THE ANNUAL REPORT AND IS POSTED ON OUR WEBSITE - WWW.FEEDHOPENOW.ORG. THE AUDITED FINANCIAL STATEMENTS ARE PROVIDED UPON REQUEST AND ARE POSTED ON OUR WEBSITE. THE GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE READILY AVAILABLE UPON REQUEST WITH THE CONTACT INFORMATION UPDATED ON OUR WEBSITE.

PART XII LINE 2C

THE BOARD OF DIRECTORS ASSUMES OVERSIGHT OF THE AUDIT.

| SCHEDULE R | |
|------------|--|
| (Form 990) | |

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

2020 Open to Public

OMB No. 1545-0047

| Department of the Treasury Internal Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information. | | Inspection |
|--|--|-------------|---------------------|
| Name of the organization | SECOND HARVEST FOOD BANK OF | Employer id | entification number |
| | CENTRAL FLORIDA, INC. | 59-21 | 42315 |

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

| (a) | (b) | (c) | (d) | (e) | (f) |
|--|----------------------|--------------------------|--------------|--------------------|---------------------|
| Name, address, and EIN (if applicable) | Primary activity | Legal domicile (state or | Total income | End-of-year assets | _ |
| of disregarded entity | | foreign country) | | | entity |
| TIME FOR MERCY, LLC - 45-5637167 | | | | | |
| 411 MERCY DRIVE | ACQUIRING, BUILDING, | | | | SECOND HARVEST FOOD |
| ORLANDO, FL 32805 | DEVELOPING | FLORIDA | ٥. | ٥. | BANK |
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|--------------------------------|---|-------------------------------|--|--|--|----|
| | | | | 501(c)(3)) | | Yes | No |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020 CENTRAL FLORIDA, INC.

59-2142315 Page 2

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

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | ł) (ł | ו) | (i) | (j) | (k) |
|--|------------------|---|------------------------------|--|-----------------------|-----------------------------------|--------|----|-----------------|-----|---|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | alloca | | | | ^{Il or} Percentage ^{ing} ownership |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes | No |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (C) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i Sec 512(t contr enti | i) tion b)(13) rolled tity? |
|--|--------------------------------|---|--|--|--|---|---------------------------------------|-------------------------------------|---|
| | | country) | | or trusty | | 233013 | | | No |
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CENTRAL FLORIDA, INC.

Schedule R (Form 990) 2020

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

| | | | | - |
|-----|--|----|-----|----|
| Not | te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | |
| | Gift, grant, or capital contribution to related organization(s) | 1b | | |
| с | Gift, grant, or capital contribution from related organization(s) | 1c | | |
| | Loans or loan guarantees to or for related organization(s) | 1d | | |
| | Loans or loan guarantees by related organization(s) | 1e | | |
| | | | | |
| f | Dividends from related organization(s) | 1f | | |
| g | Sale of assets to related organization(s) | 1g | | |
| | Purchase of assets from related organization(s) | 1h | | |
| i | Exchange of assets with related organization(s) | 1i | | |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | |
| | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | |
| Т | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | |
| | n Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | |
| | Sharing of paid employees with related organization(s) | 10 | | |
| | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1p | | |
| q | Reimbursement paid by related organization(s) for expenses | 1q | | |
| | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | |
| s | Other transfer of cash or property from related organization(s) | 1s | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|---|-------------------------------|--|
| (1) | | | |
| (2) | | | |
| <u>(</u> 3) | | | |
| <u>(</u> 4) | | | |
| _(5) | | | |
| <u>(</u> 6) | | | |

Schedule R (Form 990) 2020 CENTRAL FLORIDA, INC.

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

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

| (a) | (b) | (c) | (d) | - | 5 | (f) | (g) | () | n) | (i) | (j | 1 | (k) |
|------------------------|------------------|-------------------|----------------------|---|-----------------|----------|-------------|---------------|------------|--|-----------|--------------------|-------------------|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income | Are Are partners 501(c orgs | all | Share of | Share of | | • 7 | Code V-UBI | Gene | / ral.or | (N) Dorcontago |
| of entity | Findly activity | (state or foreign | (related, unrelated, | partner: 501(c | s sec. ;)(3) | total | end-of-year | Dispr tior | nate | amount in box 20 | mana | iging | ownership |
| orentity | | country) | | orgs | | income | | alloca | tions? | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | partr | ner? | ownersnip |
| | | country) | Sections 512-514) | Yes | No | liteonie | 455015 | Yes | No | (FUIII 1003) | Yes | NO | |
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SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA, INC.

Part VII | Supplemental Information

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