

Return of Organization Exempt From Income Tax

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization TRI-STATE FOOD BANK, INC. Doing Business As _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite 801 E. MICHIGAN STREET City or town, state or country, and ZIP + 4 EVANSVILLE, IN 47711-5631		D Employer identification number 35-1539870
		F Name and address of principal officer: MARY BLAIR 801 E. MICHIGAN STREET EVANSVILLE, IN 47711-5631		E Telephone number (812) 425-0775
		G Gross receipts \$ 6,874,353.		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)
		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶ _____
J Website: ▶ WWW.TRISTATEFOODBANK.ORG		K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ _____		
		L Year of formation: 1982		M State of legal domicile: IN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TRI-STATE FOOD BANK, INC. SOLICITS, WAREHOUSES, AND DISBURSES DONATED FOOD PRODUCTS TO OTHER NON-FOR-PROFIT CORPORATIONS IN INDIANA, ILLINOIS, AND KENTUCKY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of employees (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	NONE
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,671,143.	6,279,667.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	501,531.	577,235.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,610.	6,019.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,152.	11,432.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,199,436.	6,874,353.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,232,555.	4,927,929.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	375,244.	420,339.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		NONE
	b Total fundraising expenses, Part IX, column (D), line 25 ▶ 127,222.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	623,663.	1,040,595.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,231,462.	6,388,863.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-32,026.	485,490.
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	1,841,799.	2,453,426.
	22 Net assets or fund balances. Subtract line 21 from line 20	30,626.	35,455.
		1,811,173.	2,417,971.

Part II Signature Block

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

Sign Here ▶ Signature of officer _____ Date _____

▶ Type or print name and title _____

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00620344
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BKD, LLP 400 E. MAIN ST. STE 200 PO BOX 1196 BOWLING GREEN, KY 42102-1196		EIN ▶ 44-0160260	Phone no. ▶ 270-781-0111

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

TRI-STATE FOOD BANK, INC. SOLICITS, WAREHOUSES, AND DISBURSES DONATED FOOD PRODUCTS TO OTHER NON-FOR-PROFIT CORPORATIONS IN INDIANA, ILLINOIS, AND KENTUCKY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 6,167,727. including grants of \$ 4,927,929.) (Revenue \$ 577,235.)

FEED THE HUNGRY BY SOLICITING AND JUDICIOUSLY DISTRIBUTING MARKETABLE SURPLUS FOOD TO NON-PROFIT AGENCIES, WHICH SERVE THE NEEDY IN A 33 COUNTY AREA OF THE TRI-STATE. TO SERVE AS THE CHANNEL THROUGH WHICH DONORS MAY BE ASSURED GOOD WAREHOUSING PRACTICES, EQUITABLE DISTRIBUTION, AND ACCOUNTABILITY TO THE MEMBER AGENCIES AS WELL AS TO THE NEEDY. TO MONITOR MEMBER AGENCIES AND TO ASSIST THEM IN THE VARIOUS PROGRAMS THEY SPONSOR. TO EDUCATE THE PUBLIC ABOUT THE NATURE OF AND THE SOLUTIONS TO THE PROBLEMS OF HUNGER. TO ENCOURAGE DONORS TO PRACTICE THE GOOD STEWARDSHIP OF DONATING, NOT DUMPING, USABLE SURPLUS FOODS.

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

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

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

4e Total program service expenses ▶ \$ 6,167,727. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<input checked="" type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Form 990 questions and answers including: 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. 1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 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. 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If "Yes," has it filed a Form 990-T for this year? 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? 4b If "Yes," enter the name of the foreign country. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6a Did the organization solicit any contributions that were not tax deductible? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 7a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7d If "Yes," indicate the number of Forms 8282 filed during the year. 7e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. 9a Did the organization make any taxable distributions under section 4966? 9b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10a Initiation fees and capital contributions included on Part VIII, line 12. 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 11 Section 501(c)(12) organizations. Enter: 11a Gross income from members or shareholders. 11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 11 rows of questions regarding governing body management, including voting members, family relationships, and document retention. Includes Yes/No columns.

Section B. Policies

Table with 12 rows of questions regarding organizational policies such as conflict of interest, whistleblower, and document retention. Includes Yes/No columns.

Section C. Disclosure

Table with 4 rows of disclosure questions, including state filing requirements and public availability of documents. Includes Yes/No columns.

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANDY GALLMEISTER DIRECTOR	1.	X					NONE	NONE	NONE	
LESA CAGLE DIRECTOR	1.	X					NONE	NONE	NONE	
BILL HEMMINGER DIRECTOR	1.	X					NONE	NONE	NONE	
DR. MEHMET KOCAKULAH SECRETARY/TREASURER	4.	X		X			NONE	NONE	NONE	
PHIL FISHER DIRECTOR	1.	X					NONE	NONE	NONE	
SHERMAN GREER DIRECTOR	1.	X					NONE	NONE	NONE	
ROBERT SCHNEIDER DIRECTOR	1.	X					NONE	NONE	NONE	
KENDALL MARTIN PRESIDENT	4.	X		X			NONE	NONE	NONE	
JOHNNA DENNING DIRECTOR	1.	X					NONE	NONE	NONE	
CHARLES PARTAIN DIRECTOR	1.	X					NONE	NONE	NONE	
IRIS PHILLIPS DIRECTOR	1.	X					NONE	NONE	NONE	
MICHAEL STAUBITZ VICE PRESIDENT	1.	X		X			NONE	NONE	NONE	
SCOTT WOOD DIRECTOR	1.	X					NONE	NONE	NONE	
MARY BLAIR EXECUTIVE DIRECTOR	40.			X			44,381.	NONE	2,000.	

Part VIII Statement of Revenue

35-1539870

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	1,593,515.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	4,686,152.					
	g Noncash contributions included in lines 1a-1f: \$		5,685,973.					
	h Total. Add lines 1a-1f ▶			6,279,667.				
	Program Service Revenue			Business Code				
		2a SHARED MAINTENANCE		900099	209,354.	209,354.		
b SMF PURCHASED PROD			900099	355,581.	355,581.			
c DELIVERY			900099	12,300.	12,300.			
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f ▶				577,235.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			6,019.			6,019.	
	4 Income from investment of tax-exempt bond proceeds . . . ▶			NONE				
	5 Royalties ▶			NONE				
	6a Gross Rents	(i) Real	(ii) Personal					
		b Less: rental expenses . . .						
		c Rental income or (loss) . .						
		d Net rental income or (loss) ▶			NONE			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss) ▶			NONE			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.	a						
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events ▶			NONE			
	9a Gross income from gaming activities. See Part IV, line 19.	a						
		b Less: direct expenses	b					
		c Net income or (loss) from gaming activities ▶			NONE			
	10a Gross sales of inventory, less returns and allowances	a						
		b Less: cost of goods sold	b					
		c Net income or (loss) from sales of inventory. ▶			NONE			
Miscellaneous Revenue			Business Code					
11a MISCELLANEOUS			900099	11,432.	11,432.			
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d ▶				11,432.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶				6,874,353.	588,667.		6,019.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	4,927,929.	4,927,929.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	44,381.	44,381.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	270,203.	175,828.	40,896.	53,479.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	19,500.	13,650.	2,535.	3,315.
9 Other employee benefits	64,095.	44,867.	8,332.	10,896.
10 Payroll taxes	22,160.	15,512.	2,881.	3,767.
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	NONE			
c Accounting	38,380.	38,380.		
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	8,638.	8,638.		
12 Advertising and promotion	2,253.	1,577.	293.	383.
13 Office expenses	121,699.	85,189.	15,821.	20,689.
14 Information technology	17,458.	17,458.		
15 Royalties	NONE			
16 Occupancy	76,514.	53,560.	9,947.	13,007.
17 Travel	456.	456.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	5,968.	5,968.		
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	49,036.	34,325.	6,375.	8,336.
23 Insurance	24,270.	16,989.	3,155.	4,126.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PURCHASED PRODUCTS _____	663,208.	663,208.		
b MISCELLANEOUS _____	28,303.	19,812.	3,679.	4,812.
c FUNDRAISER _____	4,412.			4,412.
d _____				
e _____				
f All other expenses _____				
25 Total functional expenses. Add lines 1 through 24f	6,388,863.	6,167,727.	93,914.	127,222.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	467,999.	1	504,119.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	70,660.	3	54,654.
	4 Accounts receivable, net	34,985.	4	45,996.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use	956,841.	8	1,466,945.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis	10a 1,308,838.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 927,126.	311,314.	10c 381,712.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,841,799.	16	2,453,426.	
Liabilities	17 Accounts payable and accrued expenses	27,006.	17	32,552.
	18 Grants payable		18	
	19 Deferred revenue	3,620.	19	2,903.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25.	30,626.	26	35,455.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,761,173.	27	2,417,971.
	28 Temporarily restricted net assets	50,000.	28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,811,173.	33	2,417,971.
	34 Total liabilities and net assets/fund balances	1,841,799.	34	2,453,426.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	

Public Charity Status and Public Support

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization TRI-STATE FOOD BANK, INC.	Employer identification number 35-1539870
--	---

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		X
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		X
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		X
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 99.07%; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 95.39%; 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 16b 33 1/3% support test - 2007. 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 10%-facts-and-circumstances test - 2008. 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 "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)); 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)); 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

- 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
RENT	3,600.					3,600.
MISCELLANEOUS INCOME	90,656.	4,232.	5,450.	9,152.	11,432.	120,922.
TOTALS	94,256.	4,232.	5,450.	9,152.	11,432.	124,522.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

TRI-STATE FOOD BANK, INC.

Employer identification number

35-1539870

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33¹/₃% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization TRI-STATE FOOD BANK, INC.

Employer identification number

35-1539870**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CITY OF EVANSVILLE IN DEPT OF METRO DEV 306 CIVIC CENTER COMPLEX EVANSVILLE, IN 47708	\$ 30,166.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	IN OFFICE OF COMMUNITY & RURAL AFFAIRS ONE NORTH CAPITOL, STE 600 INDIANAPOLIS, IN 46204-2288	\$ 507,413.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	KY DEPARTMENT OF AGRICULTURE 32 FOUNTAIN PLACE FRANKFORT, KY 40601	\$ 458,271.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	STATE OF IL DEPT OF HUMAN SERVICES 100 SOUTH GRANT AVENUE EAST SPRINGFIELD, IL 62762	\$ 597,665.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ALCOA HWY 66 P.O. BOX 10 NEWBURGH, IN 47629	\$ 5,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	ALTRUSA INTERNATIONAL, INC. 2705 E. CHANDLER AVE EVANSVILLE, IN 47714	\$ 21,560.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization TRI-STATE FOOD BANK, INC.

Employer identification number

35-1539870**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>	<u>BRISTOL-MYERS SQUIBB</u> <u>P. O. BOX 7907</u> <u>PRINCETON, NY 08543</u>	\$ <u>11,137.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>8</u>	<u>CALIFORNIA COMMUNITY FD</u> <u>455 S FIGUEROA ST., SUITE 322</u> <u>LOS ANGELES, CA 90071</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>9</u>	<u>COMMUNITY FOUNDATION ALLIANCE, INC.</u> <u>123 NW FOURTH ST, SUITE 322</u> <u>EVANSVILLE, IN 47708</u>	\$ <u>11,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>10</u>	<u>BRET MOYE/COUNTRYMARK</u> <u>1200 REFINERY ROAD</u> <u>EVANSVILLE, IN 47708</u>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>11</u>	<u>ALLEN SHOWERS/LOVE FD</u> <u>P. O. BOX 3646</u> <u>EVANSVILLE, IN 47735</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>12</u>	<u>JAMES FOWLER</u> <u>918 LOMBARD AVENUE</u> <u>EVANSVILLE, IN 47714</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization TRI-STATE FOOD BANK, INC.

Employer identification number

35-1539870

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	HOLIDAY MANAGEMENT 1202 W BUENA VISTA ROAD EVANSVILLE, IN 47710	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	HOUCHEMS FOOD GROUP 700 CHURCH ST, PO BOX 90009 BOWLING GREEN, KY 42102	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	MATT LOTHAMER/ANN MCLAUGHLIN 1822 ROLLING RIDGE DRIVE NEWBURGH, IN 47630	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	METHODIST TEMPLE 2109 LINCOLN AVENUE EVANSVILLE, IN 47714	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	RUDD EQUIPMENT P. O. BOX 3935 EVANSVILLE, IN 47725	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	LEO AND MARILYN SCHULTHEIS 1021 CAMPBELL ROAD EVANSVILLE, IN 47711	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization TRI-STATE FOOD BANK, INC.

Employer identification number

35-1539870

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	MELISSA SIEBERT 416 STERLING KENIQORTH, IL 60043	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	GRAINGER FOUNDATION 100 GRAINGER PKY LAKE FORST, IL 60045	\$ 17,810.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	TURNING POINT METHODIST CHURCH 9710 MIDDLE MT. VERNON ROAD EVANSVILLE, IN 47712	\$ 7,786.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	TRINITY UNITED METHODIST CHURCH 216 SW 3RD ST EVANSVILLE, IN 47713	\$ 5,674.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	JEFFERY AND NANCY TROCKMAN 803 CANTERBURY EVANSVILLE, IN 47715	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	VANGUARD CHARITABLE ENDOWMENT P. O. BOX 3075 SOUTHEASTERN, PA 19398	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **TRI-STATE FOOD BANK, INC.**

Employer identification number

35-1539870

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	WAL-MART FOUNDATION 702 SW 8TH STREET BENTONVILLE, AR 72716	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization TRI-STATE FOOD BANK, INC.

Employer identification number

35-1539870

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	FOOD INVENTORY _____ _____ _____	\$ 507,413.	VARIOUS _____
3	FOOD INVENTORY _____ _____ _____	\$ 458,271.	VARIOUS _____
4	FOOD INVENTORY _____ _____ _____	\$ 597,665.	VARIOUS _____
_____	_____ _____ _____ _____	\$ _____	_____ _____
_____	_____ _____ _____ _____	\$ _____	_____ _____
_____	_____ _____ _____ _____	\$ _____	_____ _____
_____	_____ _____ _____ _____	\$ _____	_____ _____

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

Name of the organization

Employer identification number

TRI-STATE FOOD BANK, INC.

35-1539870

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Term endowment ▶ _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		17,790.		17,790.
b Buildings		672,579.	464,200.	208,379.
c Leasehold improvements				
d Equipment		273,004.	231,081.	41,923.
e Other		345,465.	231,845.	113,620.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				381,712.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Table with 10 rows for Part XI reconciliation. Line 1: Total revenue (6,874,353). Line 2: Total expenses (6,388,863). Line 3: Excess or (deficit) for the year (485,490). Line 7: Prior period adjustments (121,308). Line 9: Total adjustments (net) (121,308). Line 10: Excess or (deficit) for the year per financial statements (606,798).

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows for Part XII reconciliation. Line 1: Total revenue (6,874,353). Line 2e: Subtotal of adjustments (0). Line 3: Subtract line 2e from line 1 (6,874,353). Line 4c: Subtotal of adjustments (0). Line 5: Total revenue (6,874,353).

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows for Part XIII reconciliation. Line 1: Total expenses (6,388,863). Line 2e: Subtotal of adjustments (0). Line 3: Subtract line 2e from line 1 (6,388,863). Line 4c: Subtotal of adjustments (0). Line 5: Total expenses (6,388,863).

Part XIV Supplemental Information

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Series of horizontal dashed lines provided for entering supplemental information.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

TRI-STATE FOOD BANK, INC.

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

35-1539870

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SETTLE MEMORIAL 201 E 4TH STREET OWENSBORO, KY 42303	61-0458392	501(C)(3)		40,879.	FMV	FOOD	FEED THE NEEDY
FIRST CHRISTIAN CHURCH 702 N ADAMS STREET STRUGIS, KY 42459	66-0655893	501(C)(3)		34,368.	FMV	FOOD	FEED THE NEEDY
BELLEVOUE BAPTIST CHURCH 4950 ST WHY 56 OWENSBORO, KY 42301	61-9226583	501(C)(3)		5,460.	FMV	FOOD	FEED THE NEEDY
AMERICAN RED CROSS 404 E WALNUT BOONVILLE, IN 47601	35-2583678	501(C)(3)		17,280.	FMV	FOOD	FEED THE NEEDY
AMERICAN RED CROSS 29 S STOCKWELL ROAD EVANSVILLE, IN 47714	35-1112540	501(C)(3)		12,619.	FMV	FOOD	FEED THE NEEDY
DAYSTAR COMMUNITY PROGRAM 909 WASHINGTON CAIRO, IL 62914	61-0458392	501(C)(3)		68,207.	FMV	FOOD	FEED THE NEEDY
WADI-ALBION RR4 BOX 136 ALBION, IL 62806	37-0890111	501(C)(3)		23,877.	FMV	FOOD	FEED THE NEEDY
WADI_MCLEANSBORO 108 E JEFFERSON MCLEANSBORO, IL 62850	37-0890111	501(C)(3)		25,323.	FMV	FOOD	FEED THE NEEDY
SHAMBE DEVELOPMENT-ELIZABETHTOWN P.O. BOX 168 ELIZABETHTOWN, IL 62931	37-0888749	501(C)(3)		32,497.	FMV	FOOD	FEED THE NEEDY
SIGN OF THE KINGDOM EAST P.O. BOX 663 LAWRENCEVILLE, IL 62439	37-1279695	501(C)(3)		34,929.	FMV	FOOD	FEED THE NEEDY
SIGN OF THE KINGDOM 905 JEFFERSON BRIDGEPORT, IL 62417	37-1351897	501(C)(3)		23,899.	FMV	FOOD	FEED THE NEEDY
FAITH TABERNACLE 8TH & BROADWAY METROPOLIS, IL 62960	37-1161667	501(C)(3)		88,909.	FMV	FOOD	FEED THE NEEDY
SHAMBE DEVELOPMENT-GOLCONDA P.O. BOX 366 GOLCONDA, IL 62938	37-0888749	501(C)(3)		26,388.	FMV	FOOD	FEED THE NEEDY
LIVING HOPE FELLOWSHIP P.O. BOX 111 GRAND CHAIN, IL 62941	99-6759270	501(C)(3)		21,861.	FMV	FOOD	FEED THE NEEDY
FIRST BAPTIST CHURCH-KARNAK THIRD & MAIN KARNAK, IL 62956	99-7734730	501(C)(3)		21,816.	FMV	FOOD	FEED THE NEEDY

2 Enter total number of Section 501(c)(3) and government organizations 233

3 Enter total number of other organizations NONE

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Schedule I-1 (Form 990) 2008

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Name of the organization

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SHAMNEE DEVELOPMENT-WOUNDS 124 N OAK STREET WOUNDS, IL 62964	37-0888749	501(C)(3)		54,012.	FMV	FOOD	FEED THE NEEDY
GOOD SAMARITAN 211 E MAIN STREET OLNEY, IL 62450	37-5080440	501(C)(3)		59,588.	FMV	FOOD	FEED THE NEEDY
CHRISTIAN COMMUNITY CENTER FOOD PANTRY 632 N JACKSON HARRISBURG, IL 62946	25-4600004	501(C)(3)		60,363.	FMV	FOOD	FEED THE NEEDY
WADI-HARRISBURG 14 VETERANS DRIVE HARRISBURG, IL 62946	37-0890111	501(C)(3)		20,607.	FMV	FOOD	FEED THE NEEDY
BETHANY VILLIAGE 414 E DAVIE STREET ANNA, IL 62906	37-1295609	501(C)(3)		32,272.	FMV	FOOD	FEED THE NEEDY
JESUS ES EL SENOR P.O. BOX 149 COBDEN, IL 62920	37-1362718	501(C)(3)		17,928.	FMV	FOOD	FEED THE NEEDY
SHAMNEE DEVELOPMENT-ANNA P.O. BOX 439 ANNA, IL 62906	37-0888749	501(C)(3)		33,159.	FMV	FOOD	FEED THE NEEDY
WADI-MT. CARMEL 823 W NINTH STREET MT. CARMEL, IL 62863	37-0890111	501(C)(3)		52,257.	FMV	FOOD	FEED THE NEEDY
WADI-FAIRFIELD 902 S FIRST STREET FAIRFIELD, IL 62837	37-0890111	501(C)(3)		50,094.	FMV	FOOD	FEED THE NEEDY
CHURCH OF GOD NORRIS CITY 106 SPENCE STREET NORRIS CITY, IL 62869	E9947-3615-	501(C)(3)		25,908.	FMV	FOOD	FEED THE NEEDY
CROSSROADS BIBLE CHURCH 5370 HWY 141 NORRIS CITY, IL 62869	37-1166371	501(C)(3)		78,773.	FMV	FOOD	FEED THE NEEDY
HELPING HAND 463 151 STATE STREET CROSSVILLE, IL 62827	37-0755264	501(C)(3)		23,773.	FMV	FOOD	FEED THE NEEDY
COPE 1013 N AVE METROPOLIS, IL 62960	37-1173652	501(C)(3)		39,775.	FMV	FOOD	FEED THE NEEDY
THE KITCHEN TABLE P.O. BOX 22 CAIRO, IL 62914	37-0755264	501(C)(3)		19,161.	FMV	FOOD	FEED THE NEEDY
HARVEST DELIVERANCE CENTER 38 S VINE STREET HARRISBURG, IL 62946	39-1974979	501(C)(3)		31,868.	FMV	FOOD	FEED THE NEEDY

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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LANDMARK HOUSE OF PRAISE 708 W ELM STREET HARRISBURG, IL 62946	96-4774501	501(C)(3)		10,343.	FMV	FOOD	FEED THE NEEDY
SWAN 1114 S WEST STREET OLNEY, IL 62450	37-1106456	501(C)(3)		43,992.	FMV	FOOD	FEED THE NEEDY
ANNA BIXBY 213 S SHAW STREET HARRISBURG, IL 62946	37-1083368	501(C)(3)		32,138.	FMV	FOOD	FEED THE NEEDY
POSEY COUNTY CAPE 1113 N MAIN STREET MT. VERNON, IN 47620	35-1176665	501(C)(3)		31,589.	FMV	FOOD	FEED THE NEEDY
ST. PETERS 10430 HWY 66 WADESVILLE, IN 47638	34-1927041	501(C)(3)		65,869.	FMV	FOOD	FEED THE NEEDY
ST. PAULS FOOD PANTRY 16 E MICHIGAN STREET EVANSVILLE, IN 47711	35-1077186	501(C)(3)		201,240.	FMV	FOOD	FEED THE NEEDY
BETHANY APOSTOLIC CHURCH 212 MULBERRY STREET EVANSVILLE, IN 47734	35-5586594	501(C)(3)		36,464.	FMV	FOOD	FEED THE NEEDY
GRACE BAPTIST CHURCH 1200 N GARVIN EVANSVILLE, IN 47713	35-6006699	501(C)(3)		68,772.	FMV	FOOD	FEED THE NEEDY
COUNCIL OF CHURCHES-THERE ARE 7 PANTRIES 2001 BAYARD PARK DRIVE EVANSVILLE, IN 47714	35-1045078	501(C)(3)		435,355.	FMV	FOOD	FEED THE NEEDY
EVANSVILLE RESCUE MISSION 300 SE MLK DRIVE EVANSVILLE, IN 47713	35-0942622	501(C)(3)		38,758.	FMV	FOOD	FEED THE NEEDY
GOODWILL FAMILY CENTER 1351 W BUENA VISTA ROAD	35-1808532	501(C)(3)		27,316.	FMV	FOOD	FEED THE NEEDY
OZANAM FAMILY CENTER 1100 READ STREET EVANSVILLE, IN 47710	35-1771442	501(C)(3)		23,211.	FMV	FOOD	FEED THE NEEDY
FEED MY SHEEP P.O. BOX 543 WASHINGTON, IN 45701	35-1861266	501(C)(3)		95,469.	FMV	FOOD	FEED THE NEEDY
SALVATION ARMY-OWENSBORO 215 EWING ROAD OWENSBORO, KY 42301	58-0660607	501(C)(3)		26,644.	FMV	FOOD	FEED THE NEEDY
HENDERSON CHRISTIAN COMM. OUTREACH P.O. BOX 363 HENDERSON, KY 42420	61-1109652	501(C)(3)		43,131.	FMV	FOOD	FEED THE NEEDY

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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COVENANT CARE 1055 N MAIN STREET MADISONVILLE, KY 42431	61-1380236	501(C)(3)		76,090.	FMV	FOOD	FEED THE NEEDY
LIVINGSTON COUNTY HELPING HANDS P.O. BOX 296 SMITHLAND, KY 42081	61-1340706	501(C)(3)		67,479.	FMV	FOOD	FEED THE NEEDY
STURGIS CHURCH OF GOD 722 KING STREET STURGIS, KY 42459	74-8106975	501(C)(3)		19,220.	FMV	FOOD	FEED THE NEEDY
THE FIVE THOUSAND 370 ST. RT 109 N CLAY, KY 42404	36-2167731	501(C)(3)		69,218.	FMV	FOOD	FEED THE NEEDY
ST. VINCENT DEPAUL-MORGANFIELD 218 JIM VEATCH ROAD MORGANFIELD, KY 42437	61-0458381	501(C)(3)		56,631.	FMV	FOOD	FEED THE NEEDY
BOULWARE MISSION 731 HALL STREET OWENSBORO, KY 42303	61-0486968	501(C)(3)		23,684.	FMV	FOOD	FEED THE NEEDY
DANIEL PINTO SHELTER 501 WALNUT STREET OWENSBORO, KY 42301	61-1245271	501(C)(3)		40,480.	FMV	FOOD	FEED THE NEEDY
OASIS 2150 19TH STREET OWENSBORO, KY 42302	61-0995748	501(C)(3)		14,751.	FMV	FOOD	FEED THE NEEDY
SALVATION ARMY-HENDERSON 1213 WASHINGTON STREET HENDERSON, KY 42420	58-0660607	501(C)(3)		13,799.	FMV	FOOD	FEED THE NEEDY
ZION BAPTIST CHURCH 1800 S GOVERNOR EVANSVILLE, IN 47713	35-1045078	501(C)(3)		11,954.	FMV	FOOD	FEED THE NEEDY
PATCHWORK 100 WASHINGTON AVE EVANSVILLE, IN 47713	35-0886837	501(C)(3)		20,352.	FMV	FOOD	FEED THE NEEDY
ST. MATTHEWS 3007 FIRST AVE EVANSVILLE, IN 47710	35-1592410	501(C)(3)		15,083.	FMV	FOOD	FEED THE NEEDY
LORDS PANTRY P.O. BOX 74 FT. BRANCH, IN 47648	35-1580135	501(C)(3)		20,828.	FMV	FOOD	FEED THE NEEDY
GALLATIN COUNTY FOOD PANTRY P.O. BOX 121 SHAWNEETOWN, IL 62984	37-0890111	501(C)(3)		6,543.	FMV	FOOD	FEED THE NEEDY
NEWBURGH FOOD PANTRY 526 FRAME ROAD NEWBURGH, IN 47630	35-2116077	501(C)(3)		24,424.	FMV	FOOD	FEED THE NEEDY

2 Enter total number of Section 501(c)(3) and government organizations

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SOUTHSIDE BAPTIST 244 YANKEETOWN ROAD BOONVILLE, IN 47601	35-2469014	501(C)(3)		8,763.	FMV	FOOD	FEED THE NEEDY
DUBOIS COMMUNITY FOOD BANK 1404 MERIDIAN RD JASPER, IN 47546	35-1866079	501(C)(3)		44,871.	FMV	FOOD	FEED THE NEEDY
TRI-CAP 499 W HWY 62 BOONVILLE, IN 47601	35-1121163	501(C)(3)		50,939.	FMV	FOOD	FEED THE NEEDY
EAST GIBSON FOOD PANTRY MULLBERRY & DIVISION ST	36-2167731	501(C)(3)		10,999.	FMV	FOOD	FEED THE NEEDY
OWENSVILLE MINISTRIES ALLIANCE P.O. BOX 646 OWENSVILLE, IN 47665	39-2061883	501(C)(3)		9,300.	FMV	FOOD	FEED THE NEEDY
SALVATION ARMY-PRINCETON P.O. BOX 1258 PRINCETON, IN 47670	13-5582351	501(C)(3)		46,047.	FMV	FOOD	FEED THE NEEDY
RUSHING WIND CHURCH OF GOD P.O. BOX 22415 OWENSBORO, KY 42301	61-1112265	501(C)(3)		25,942.	FMV	FOOD	FEED THE NEEDY
CHERRY STREET GENERAL BAPTIST CHURCH P.O. BOX 68 CARMIL, IL 62821	37-8963380	501(C)(3)		22,591.	FMV	FOOD	FEED THE NEEDY
FIRST ASSEMBLY OF GOD 2208 US HWY 60 E HENDERSON, KY 42420	61-6685327	501(C)(3)		36,609.	FMV	FOOD	FEED THE NEEDY
MARTINS CLOAK 2980 CARLETON DRIVE SIBERIA, IN 47515	35-1018460	501(C)(3)		34,159.	FMV	FOOD	FEED THE NEEDY
PIKE COUNTY CHRISTIAN ASSISTANCE 27 W LOCUST STREET PETERSBURG, IN 47567	35-2047995	501(C)(3)		140,542.	FMV	FOOD	FEED THE NEEDY
WATKINS TEMPLE P.O. BOX 4118 EVANSVILLE, IN 47713	35-1547374	501(C)(3)		21,009.	FMV	FOOD	FEED THE NEEDY
CHRISTIAN RESOURCE CENTER 410 MAIN STREET ROCKFORD, IN 47635	35-0975325	501(C)(3)		23,450.	FMV	FOOD	FEED THE NEEDY
ST. MARYS CATHOLIC CHURCH 613 CHERRY STREET EVANSVILLE, IN 47713	35-1076612	501(C)(3)		49,007.	FMV	FOOD	FEED THE NEEDY
WIDOWS BARREL 821 10TH STREET TELL CITY, IN 47586	35-1308613	501(C)(3)		67,602.	FMV	FOOD	FEED THE NEEDY

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

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BIBLE_CENTER_CATHEDRAL P.O. BOX 9200 EVANSVILLE, IN 47724	35-1308613	501(C)(3)		19,978.	FMV	FOOD	FEED THE NEEDY
EVANSVILLE_7TH_DAY_ADVENTIST 41 W CAMPGROUND ROAD EVANSVILLE, IN 47710	52-0643036	501(C)(3)		16,200.	FMV	FOOD	FEED THE NEEDY
LIFE_IN_ABUNDANCE 2323 WALNUT LANE EVANSVILLE, IN 47714	35-1419266	501(C)(3)		8,034.	FMV	FOOD	FEED THE NEEDY
OUTREACH_MINISTRIES 734 W DELAWARE STREET EVANSVILLE, IN 47713	36-2167731	501(C)(3)		28,126.	FMV	FOOD	FEED THE NEEDY
HARWOOD_BAPTIST_CHURCH 1803 ALLENS LANE EVANSVILLE, IN 47710	35-1663690	501(C)(3)		39,193.	FMV	FOOD	FEED THE NEEDY
PROGRESSIVE_HOLY_TEMPLE 1700 POLLACK AVE EVANSVILLE, IN 47714	23-7002419	501(C)(3)		16,012.	FMV	FOOD	FEED THE NEEDY
THE_RIVER_OF_EVANSVILLE 1138 E BLACKFORD AVE EVANSVILLE, IN 47714	35-2061485	501(C)(3)		26,089.	FMV	FOOD	FEED THE NEEDY
TRINITY_GOSPEL_TABERNACLE P.O. BOX 86 NORTONVILLE, KY 42442	61-1072905	501(C)(3)		56,679.	FMV	FOOD	FEED THE NEEDY
YMCA-CALDWELL 222 NW 6TH STREET EVANSVILLE, IN 47708	35-0869074	501(C)(3)		13,481.	FMV	FOOD	FEED THE NEEDY
CATHOLIC_CHARITIES 123 NW 4TH SUITE 603 EVANSVILLE, IN 47708	35-0890893	501(C)(3)		33,784.	FMV	FOOD	FEED THE NEEDY
LORDS_CHURCH_OF_PRAYER P.O. BOX 572 EVANSVILLE, IN 47704	35-0890893	501(C)(3)		6,682.	FMV	FOOD	FEED THE NEEDY
R._DEARON_BLACK_Ministries 1517 COPPERLINE ROAD MT. VERNON, IN 47620	35-1986960	501(C)(3)		11,090.	FMV	FOOD	FEED THE NEEDY
OAK_HILL_BAPTIST 4615 OAK HILL ROAD EVANSVILLE, IN 47711	23-7317256	501(C)(3)		41,984.	FMV	FOOD	FEED THE NEEDY
FAMILY_WORSHIP_CENTER 600 SALEM DRIVE OWENSBORO, KY 42303	61-0972019	501(C)(3)		26,528.	FMV	FOOD	FEED THE NEEDY
OWENSBORO_CHRISTIAN_CHURCH 2818 NEW HARTFORD ROAD OWENSBORO, KY 42303	61-0862202	501(C)(3)		67,282.	FMV	FOOD	FEED THE NEEDY

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

TRI-STATE FOOD BANK, INC.

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

35-1539870

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SPIRIT LIFE ASSEMBLY 302 S. GEIGER STREET HUNTINGBURG, IN 47542	35-2025778	501(C)(3)		6,446.	FMV	FOOD	FEED THE NEEDY
CROSSROADS NEW LIFE 400 CRABTREE AVE OWENSBORO, KY 42301	30-0363137	501(C)(3)		53,287.	FMV	FOOD	FEED THE NEEDY
CHRISTIAN MINISTRIES OF HUNTINGBURG 321 4TH STREET HUNTINGBURG, IN 47542	35-1866079	501(C)(3)		14,906.	FMV	FOOD	FEED THE NEEDY
ADAMS PANTRY P.O. BOX 4424 EVANSVILLE, IN 47724	26-1082634	501(C)(3)		93,863.	FMV	FOOD	FEED THE NEEDY
FREEDOM LIFE CENTER FOOD MINISTRIES 4600 N ST. JOSEPH AVE EVANSVILLE, IN 47720	31-0806555	501(C)(3)		32,813.	FMV	FOOD	FEED THE NEEDY
BETHEL TEMPLE 424 N FRONT STREET MOUNDS, IL 62964	30-0185108	501(C)(3)		30,132.	FMV	FOOD	FEED THE NEEDY
FIRST CHURCH OF THE NAZARENE 218 W 7TH STREET MT. CARMEL, IL 62863	37-1012545	501(C)(3)		6,404.	FMV	FOOD	FEED THE NEEDY
LIBERTY GENERAL 1520 DELMAR AVE EVANSVILLE, IN 47712	35-1956418	501(C)(3)		11,771.	FMV	FOOD	FEED THE NEEDY
OMAHA CHURCH OF THE NAZARENE 335 2ND STREET OMAHA, IL 62871	35-2117813	501(C)(3)		16,460.	FMV	FOOD	FEED THE NEEDY
TEN MILE BAPTIST CHURCH RT 1 BOX 279 MCLEANSBORO, IL 62850	37-6294454	501(C)(3)		5,296.	FMV	FOOD	FEED THE NEEDY
HOPE MINISTRIES 104 CHURCH STREET GEEFF, IL 62842	37-1235287	501(C)(3)		25,765.	FMV	FOOD	FEED THE NEEDY
HAPPY HELPER P.O. BOX 98 TAMMS, IL 62988	37-8161210	501(C)(3)		10,577.	FMV	FOOD	FEED THE NEEDY
MARY KENDAL HOME 193 PHILLIPS COURT OWENSBORO, KY 42301	61-0458375	501(C)(3)		6,707.	FMV	FOOD	FEED THE NEEDY
ST. ANTHONYS CENTER FOR FAMILY 713 N 2ND STREET EVANSVILLE, IN 47710	35-0869075	501(C)(3)		22,304.	FMV	FOOD	FEED THE NEEDY
DELTA CENTER 1400 COMMERCIAL AVE CAIRO, IL 62914	37-1295687	501(C)(3)		15,236.	FMV	FOOD	FEED THE NEEDY

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

TRI-STATE FOOD BANK, INC.

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)

OMB No. 1545-0047

2008

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35-1539870

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LITTLE SISTERS OF THE POOR 1236 LINCOLN AVE EVANSVILLE, IN 47714	35-1067810	501(C)(3)		16,765.	FMV	FOOD	FEED THE NEEDY
RIVER OF LIFE 725 WASHINGTON HENDERSON, KY 42420	20-8316207	501(C)(3)		11,949.	FMV	FOOD	FEED THE NEEDY
MANA MARKET 966 A AIGNER DRIVE BOONVILLE, IN 47601	20-8986652	501(C)(3)		13,016.	FMV	FOOD	FEED THE NEEDY
APOSTOLIC UNITED PENT. 231 HILLSIDE DRIVE JASPER, IN 47546	43-0679185	501(C)(3)		12,637.	FMV	FOOD	FEED THE NEEDY
EVANSVILLE CHRISTIAN LIFE CENTER 509 S. KENTUCKY AVE EVANSVILLE, IN 47714	31-1191608	501(C)(3)		28,868.	FMV	FOOD	FEED THE NEEDY
THE POTTERS WHEEL 1100 LINCOLN AVE EVANSVILLE, IN 47711	74-3105998	501(C)(3)		33,464.	FMV	FOOD	FEED THE NEEDY
AT THE CROSS MISSION 301 MAIN STREET MT. VERNON, IN 47620	35-1376317	501(C)(3)		31,823.	FMV	FOOD	FEED THE NEEDY
HARBOR LIGHT CHURCH 60 REYNOLDS ROAD HARRISBURG, IL 62946	37-4051482	501(C)(3)		51,701.	FMV	FOOD	FEED THE NEEDY
POOLE MISSIONARY BAPTIST CHURCH 9295 US 41A NORTH POOLE, KY 42444	61-1049968	501(C)(3)		12,043.	FMV	FOOD	FEED THE NEEDY
HEART OF HOPE HOUSE 106 N FIRST ALLENDALE, IL 62410	37-1235287	501(C)(3)		33,995.	FMV	FOOD	FEED THE NEEDY
RESTORE 9239 SOUTHPORT DRIVE EVANSVILLE, IN 47711	74-6051852	501(C)(3)		9,587.	FMV	FOOD	FEED THE NEEDY
UNITED CARING SHELTER 324 NW 6TH STREET EVANSVILLE, IN 47708	35-1892153	501(C)(3)		30,507.	FMV	FOOD	FEED THE NEEDY
SALVATION ARMY-EVANSVILLE P.O. BOX 4055 EVANSVILLE, IN 47710	36-2167910	501(C)(3)		198,682.	FMV	FOOD	FEED THE NEEDY
GRACE HOUSE TEEN CHALLENGE P.O. BOX 2470 EVANSVILLE, IN 47728	31-1078213	501(C)(3)		19,957.	FMV	FOOD	FEED THE NEEDY
BROADWAY CHRISTIAN 201 E BROADWAY PRINCETON, IN 47670	35-0868116	501(C)(3)		14,915.	FMV	FOOD	FEED THE NEEDY

2 Enter total number of Section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

TRI-STATE FOOD BANK, INC.

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Employer identification number

35-1539870

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ST. VINCENT DAYCARE 730 W DELAWARE EVANSVILLE, IN 47710	35-0907317	501(C)(3)		12,861.	FMV	FOOD	FEED THE NEEDY
CARING FRIENDS DAYCARE 2216 S GREEN RIVER ROAD	35-1667922	501(C)(3)		7,644.	FMV	FOOD	FEED THE NEEDY
DESTINYS CHILD CARE 3314 FOREST AVE EVANSVILLE, IN 47712	35-2077335	501(C)(3)		8,944.	FMV	FOOD	FEED THE NEEDY
CRITTENDEN COUNTY SR. CENTER 210 N WALKER MARION, KY 42064	61-6000867	501(C)(3)		10,937.	FMV	FOOD	FEED THE NEEDY
HOPE UNLIMITED 805 MARKET STREET METROPOLIS, IL 62960	37-6599501	501(C)(3)		9,251.	FMV	FOOD	FEED THE NEEDY
HUMMINGBIRD DAYCARE 205 NE 2ND AVE HOLLAND, IN 47541	36-2167731	501(C)(3)		12,624.	FMV	FOOD	FEED THE NEEDY
GIBSON CAPE 107 E STATE STREET PRINCETON, IN 47670	35-2014955	501(C)(3)		17,747.	FMV	FOOD	FEED THE NEEDY
ARG 201 NW 4TH STREET EVANSVILLE, IN 47708	35-1834665	501(C)(3)		11,980.	FMV	FOOD	FEED THE NEEDY
EVANSVILLE ARC P.O. BOX 4089 EVANSVILLE, IN 47724	35-0992718	501(C)(3)		16,991.	FMV	FOOD	FEED THE NEEDY
FOSTER PARENTS FOR CHILDRENS RIGHTS 4990 SCENIC DRIVE MT. VERNON, IN 47620	35-7803777	501(C)(3)		83,471.	FMV	FOOD	FEED THE NEEDY
HILLCREST YOUTH HOME 2700 W INDIANA STREET EVANSVILLE, IN 47712	31-1738958	501(C)(3)		14,068.	FMV	FOOD	FEED THE NEEDY
MATTHEW 25 452 OLD CORYDON ROAD HENDERSON, KY 42420	61-1351672	501(C)(3)		11,877.	FMV	FOOD	FEED THE NEEDY
WADI-SHAWNEETOWN 127 E LOGAN AVE SHAWNEETOWN, IL 62984	37-0890111	501(C)(3)		23,678.	FMV	FOOD	FEED THE NEEDY
FIRST BAPTIST CHURCH-VIENNA 7TH & WASHINGTON VIENNA, IL 62995	99-88536004	501(C)(3)		20,281.	FMV	FOOD	FEED THE NEEDY
ILLINOIS COALITION FOR COMM. SERVICE P.O. BOX 39 EQUALITY, IL 62934	37-1203458	501(C)(3)		5,973.	FMV	FOOD	FEED THE NEEDY

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I-1 (Form 990) 2008

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

TRI-STATE FOOD BANK, INC.

Employer identification number

35-1539870

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded				
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory	X	35,371	5,685,973.	1.50 PER POUND VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Schedule M (Form 990) 2008

JSA

8E1298 1.000

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

TRI-STATE FOOD BANK, INC.

Employer identification number

35-1539870

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, QUESTION 12C

BOARD AND STAFF ARE REQUIRED TO COMPLETE AND SIGN CONFLICT OF INTEREST

YEARLY.

Name of the organization

Employer identification number

TRI-STATE FOOD BANK, INC.

35-1539870

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, SECTION B, QUESTION 15A

THE BOARD OF DIRECTORS CONDUCTED THE REVIEW FOR THE EXECUTIVE DIRECTOR IN

2007.

Name of the organization

Employer identification number

TRI-STATE FOOD BANK, INC.

35-1539870

MAKING FORMS AVAILABLE TO THE PUBLIC

FORM 990, PART VI, SECTION C, QUESTION 19

IT IS ON OUR WEBSITE. OUR BOARD MEETINGS ARE OPEN TO THE PUBLIC.

Name of the organization

Employer identification number

TRI-STATE FOOD BANK, INC.

35-1539870

PROCESS TO REVIEW FORM 990

FORM 990, PART VI, SECTION A, QUESTION 10

OUR CPA CONSULTANT AND OUR EXECUTIVE DIRECTOR REVIEW THE 990. THE 990 IS

SENT TO ALL OUR BOARD MEMBERS FOR THEM TO REVIEW.



400 E. Main Street, Suite 200 ■ P.O. Box 1196 ■ Bowling Green, KY 42102-1196 ■ 270.781.0111

Instructions for filing
TRI-STATE FOOD BANK, INC.
IN NP-20
Indiana NP-20 - Nonprofit Org. Annual Report
for the period ended June 30, 2009

Signature...

The original return should be dated and signed by an officer of the organization if applicable.

Filing...

The signed return should be filed on or before May 17, 2010 with...

Indiana Department of Revenue
Tax Administration
P. O. Box 7147
Indianapolis, Indiana 46207-7147

Form NP-20

State Form 51062

(R2/10-07)

**Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year**

Check if: Change of Address
 Amended Report
 Final Report: Indicate Date Closed _____

Beginning 07/01/2008 **and Ending** 06/30/2009
MM/DD/YYYY MM/DD/YYYY

**Due on the 15th day of the 5th month following the end of the tax year. See below for extension information.
NO FEE REQUIRED.**

Name of Organization TRI-STATE FOOD BANK, INC.			Telephone Number 812-425-0775
Address 801 E. MICHIGAN STREET		County VANDERBURGH	Indiana Taxpayer Identification Number 35-1539870
City EVANSVILLE	State IN	Zip Code 47711-5631	Federal Identification Number 35-1539870
Printed Name of Person to Contact MARY E. BLAIR		Contact's Telephone Number 812-425-0775	

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

Note: If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

Current Information

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes. **NO**
2. Indicate number of years your organization has been in continuous existence. 27
3. Attach a schedule, listing the names, titles and addresses of your current officers. **SEE ATTACHED FORM 990**
4. Briefly describe the purpose of mission of your organization.

TRI-STATE FOOD BANK, INC. SOLICITS, WAREHOUSES, AND DISTRIBUTES

DONATED FOOD PRODUCTS TO OTHER NOT-FOR-PROFIT CORPORATIONS IN

INDIANA, ILLINOIS, AND KENTUCKY

Email Address:

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

Signature of Officer or Trustee <u>MARY E. BLAIR</u>	Title <u>812-425-0775</u>	Date
Name of Person(s) to Contact	Daytime Telephone Number	

Important: Please submit this completed form and/or extension to:
 Indiana Department of Revenue, Tax Administration
 P.O. Box 7147
 Indianapolis, IN 46207-7147
 Telephone: (317) 232-2045

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 7147, Indianapolis, IN 46207-7147, (317) 232-2045.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.