

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022**2021**Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

TRI-STATE FOOD BANK

EIN or SSN

35-1539870Name and title of officer or person subject to tax **GLENN ROBERTS
EXECUTIVE DIRECTOR****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** 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, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>23,604,678.</u>
2a Form 990-EZ check here ... ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ... ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here ▶ <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here ▶ <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here ▶ <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 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

☒ I authorize KEMPER CPA GROUP LLP to enter my PIN 39870
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 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.

35297644511

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ MICHELLE SMITH, CPA Date ▶ 01/17/23

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

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

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

OMB No. 1545-0047

- **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 or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. TRI-STATE FOOD BANK	Taxpayer identification number (TIN) 35-1539870
	Number, street, and room or suite no. If a P.O. box, see instructions. 2504 LYNCH ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. EVANSVILLE, IN 47711	

Enter the Return Code for the return that this application is for (file a separate application for each return)

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

GLENN ROBERTS

- The books are in the care of ► **2504 LYNCH ROAD - EVANSVILLE, IN 47711**

Telephone No. ► **812-425-0775**

Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

EXTENDED TO MAY 15, 2023

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2021Open to Public
Inspection**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**TRI-STATE FOOD BANK**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

2504 LYNCH ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

EVANSVILLE, IN 47711**F** Name and address of principal officer: **GLENN ROBERTS****SAME AS C ABOVE****D** Employer identification number**35-1539870****E** Telephone number**812-425-0775****G** Gross receipts \$ **23,613,785.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.TRISTATEFOODBANK.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	41
	6 Total number of volunteers (estimate if necessary)	6	1080
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	32,495,687.	23,044,896.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	604,749.	497,628.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-244,223.	47,560.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	269,136.	14,594.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	33,125,349.	23,604,678.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	26,570,593.	19,531,261.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,114,873.	1,243,237.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 301,793.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,516,237.	2,887,218.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,201,703.	23,661,716.
	19 Revenue less expenses. Subtract line 18 from line 12	1,923,646.	-57,038.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	12,602,794.	11,766,941.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,716,867.	2,011,546.
		9,885,927.	9,755,395.

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		
	GLENN ROBERTS, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MICHELLE SMITH, CPA	MICHELLE SMITH, CPA	01/17/23		P00844511
	Firm's name ▶ KEMPER CPA GROUP LLP	Firm's EIN ▶ 37-0818432			
	Firm's address ▶ 7200 EAGLE CREST BLVD EVANSVILLE, IN 47715	Phone no. (812) 421-8000			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

TRI-STATE FOOD BANK, INC SOLICITS, WAREHOUSES, AND DISBURSES DONATED
AND PURCHASED FOOD PRODUCTS TO OTHER NOT-FOR-PROFIT ENTITIES 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 23,046,827. including grants of \$ 19,531,261.) (Revenue \$ 497,628.)

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 A 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 DONATIONS, NOT DUMPING, USUABLE
SURPLUS FOOD.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **23,046,827.**

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
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>	7	X
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>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d 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 transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	X
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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
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>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part 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	41
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c 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).		
a 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?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a 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	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
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 the 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.		
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	13													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.														
b Enter the number of voting members included on line 1a, above, who are independent		13												
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?														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?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?														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?														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?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										X				
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														X

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?															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?															
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X												
b Describe on 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					X										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					X										
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done							X								
13 Did the organization have a written whistleblower policy?							X								
14 Did the organization have a written document retention and destruction policy?							X								
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?															
a The organization's CEO, Executive Director, or top management official							X								
b Other officers or key employees of the organization												X			
If "Yes" to line 15a or 15b, describe the process on 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?															X
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?															

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **IN, IL**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

GLENN ROBERTS - 812-425-0775
2504 LYNCH ROAD, EVANSVILLE, IN 47711

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GLENN ROBERTS EXECUTIVE DIRECTOR	40.00			X				98,920.	0.	0.
(2) PAT THOMAS PRESIDENT	4.00	X		X				0.	0.	0.
(3) STEPHANIE DRAPER-MOORE VICE PRESIDENT	4.00	X		X				0.	0.	0.
(4) DARRYL SPURLOCK TREASURER	4.00	X		X				0.	0.	0.
(5) ROBIN O'NEAL SECRETARY	4.00	X		X				0.	0.	0.
(6) SCOTT BERRY BOARD MEMBER	2.00	X						0.	0.	0.
(7) JEREMY DAVIS BOARD MEMBER	2.00	X						0.	0.	0.
(8) ALLI ENGELBRECHT BOARD MEMBER	2.00	X						0.	0.	0.
(9) KENDALL MARTIN BOARD MEMBER	2.00	X						0.	0.	0.
(10) ERIC SCHMIDT BOARD MEMBER	2.00	X						0.	0.	0.
(11) JOSHUA SWANSON BOARD MEMBER	2.00	X						0.	0.	0.
(12) ANDREW SISULAK BOARD MEMBER	2.00	X						0.	0.	0.
(13) JOHN WHINREY BOARD MEMBER	2.00	X						0.	0.	0.
(14) STEVE RUSSELL BOARD MEMBER	2.00	X						0.	0.	0.
(15) LARRY WARREN BOARD MEMBER	2.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
1b Subtotal								98,920.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								98,920.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	10,773,241.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	12,271,655.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 18,807,717.			
	h	Total. Add lines 1a-1f		23,044,896.			
Program Service Revenue	2 a	SMF PURCHASED PRODUCT	Business Code	624210	332,997.	332,997.	
	b	SHARED MAINTENANCE	624210	71,874.	71,874.		
	c	BACK PACK PURCHASE PROGRAM	624210	70,917.	70,917.		
	d	DELIVERY	624210	21,840.	21,840.		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		497,628.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		17,119.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real				
b		Less: rental expenses ...	(ii) Personal				
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities	30,441.			
b		Less: cost or other basis and sales expenses	(ii) Other	0.			
c		Gain or (loss)		30,441.			
d		Net gain or (loss)		30,441.	30,441.		
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		24,075.			
b		Less: direct expenses		9,107.			
c		Net income or (loss) from fundraising events		14,968.			14,968.
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS	Business Code	900099	-374.	-374.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		-374.			
	12	Total revenue. See instructions		23,604,678.	527,695.	0.	32,087.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	19,531,261.	19,531,261.		
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	98,920.	9,892.	39,568.	49,460.
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	910,687.	718,539.	50,186.	141,962.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	157,442.	111,815.	12,029.	33,598.
10 Payroll taxes	76,188.	54,970.	6,773.	14,445.
11 Fees for services (nonemployees):				
a Management				
b Legal	76,581.	76,581.		
c Accounting	21,292.		21,292.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	21,390.	14,972.	5,348.	1,070.
13 Office expenses	118,386.	106,547.	10,655.	1,184.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	67,841.	56,512.	11,058.	271.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	720,625.	600,280.	117,462.	2,883.
23 Insurance	80,474.	67,035.	13,117.	322.
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 O.)				
a PURCHASED PRODUCTS	1,232,243.	1,232,243.		
b UTILITIES	165,404.	157,134.	7,443.	827.
c REPAIRS AND MAINTENANCE	152,630.	144,999.	6,868.	763.
d NONCASH COMMODITY DISBU	84,292.	84,292.		
e All other expenses	146,060.	79,755.	11,297.	55,008.
25 Total functional expenses. Add lines 1 through 24e	23,661,716.	23,046,827.	313,096.	301,793.
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)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	144,523.	1	161,268.
	2 Savings and temporary cash investments	100,583.	2	26,103.
	3 Pledges and grants receivable, net	522,339.	3	1,248,244.
	4 Accounts receivable, net	27,137.	4	42,880.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,429,429.	8	2,649,033.
	9 Prepaid expenses and deferred charges	23,169.	9	38,876.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,802,683.		
	b Less: accumulated depreciation	10b 1,750,612.	10c	6,052,071.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,166,633.	12	718,297.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	783,787.	15	830,169.
16 Total assets. Add lines 1 through 15 (must equal line 33)	12,602,794.	16	11,766,941.	
Liabilities	17 Accounts payable and accrued expenses	377,685.	17	400,926.
	18 Grants payable		18	
	19 Deferred revenue	265,006.	19	136,511.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,074,176.	23	1,474,109.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,716,867.	26	2,011,546.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,873,504.	27	8,857,171.
	28 Net assets with donor restrictions	1,012,423.	28	898,224.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	9,885,927.	32	9,755,395.
	33 Total liabilities and net assets/fund balances	12,602,794.	33	11,766,941.

Part XI Reconciliation of Net AssetsCheck 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	23,604,678.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,661,716.
3	Revenue less expenses. Subtract line 2 from line 1	3	-57,038.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,885,927.
5	Net unrealized gains (losses) on investments	5	-164,876.
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	91,382.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,755,395.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
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? _____	<input checked="" type="checkbox"/>	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<input checked="" type="checkbox"/>	

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

TRI-STATE FOOD BANK

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: (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12984398.	148299382	21576397.	32891643.	23044896.	238796716
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	12984398.	148299382	21576397.	32891643.	23044896.	238796716
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						238796716

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	12984398.	148299382	21576397.	32891643.	23044896.	238796716
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,027.	25,014.	21,537.	12,729.	17,119.	81,426.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						238878142
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	99.97 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.97 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a 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.		
2a		
b Did the activities described on 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.		
2b		
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 .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Supplemental Information.

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021**Open to Public
Inspection****Name of the organization**

TRI-STATE FOOD BANK

Employer identification number

35-1539870

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

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

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
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, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ _____ %

b Permanent endowment ☐ _____ %

c Term endowment ☐ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		341,000.		341,000.
b Buildings		5,424,698.	932,305.	4,492,393.
c Leasehold improvements		85,332.	4,459.	80,873.
d Equipment		1,951,653.	813,848.	1,137,805.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,052,071.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) OLD NATIONAL BANK WEALTH		
(B) MANAGEMENT	718,297.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	718,297.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUST	830,169.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	830,169.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	23,531,184.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-164,876.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	91,382.
e	Add lines 2a through 2d	2e	-73,494.
3	Subtract line 2e from line 1	3	23,604,678.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	23,604,678.

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

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

1	Total expenses and losses per audited financial statements	1	23,661,716.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	23,661,716.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	23,661,716.

Part XIII Supplemental Information.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN TRUST

SCH D, LINE XI, LINE 2D

RECONCILIATION OF REVENUE - OTHER CHANGES

CHANGE IN BENEFICIAL TRUST \$91,382

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

TRI-STATE FOOD BANK

Employer identification number

35-1539870

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
4C'S CHRISTIAN COMM CENTER PO BOX 422 HARRISBURGG, IL 62946	25-4600004	501 C3	0.	287,579.	FMV	FOOD	FEED THE NEEDY
ARROWLEAF FOOD PANTRY-CAIRO 1401 WASHINGTON AVENUE CAIRO, IL 62914	37-6147532	501 C3	1,500.	16,265.	FMV	FOOD	FEED THE NEEDY
ARROWLEAF-SENIOR MEALS-VIENNA 406 E VINE STREET VIENNA, IL 62995	37-6147532	501 C3	0.	11,631.	FMV	FOOD	FEED THE NEEDY
AURORA 1100 LINCOLN AVE EVANSVILLE, IN 47701	35-1759576	501 C3	0.	14,504.	FMV	FOOD	FEED THE NEEDY
BETHANY VILLAGE 41 E DAVIE STREET ANNA, IL 62906	37-1295609	501 C3	0.	41,408.	FMV	FOOD	FEED THE NEEDY
BETHEL TEMPLE EVANGELISTIC MINISTRIES - 424 N FRONT ST - MOUNDS, IL 62964	30-0185108	501 C3	0.	167,010.	FMV	FOOD	FEED THE NEEDY

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

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

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

Schedule I (Form 990) 2021

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHESDA MINISTRIES 1820 STRINGTOWN EVANSVILLE, IN 47711	37-1255584	501 C3	1,000.	193,173.	FMV	FOOD	FEED THE NEEDY
BIBLE CENTER CATHEDRAL 5000 1ST AVE EVANSVILLE, IN 47710	35-1858745	501 C3	1,000.	154,063.	FMV	FOOD	FEED THE NEEDY
BIBLEWAY COGIC 460 N CHESTNUT PULASKI, IL 62976	APPLIED FOR	501 C3	0.	23,198.	FMV	FOOD	FEED THE NEEDY
BOULWARE MISSION 609 WING AVE OWENSBORO, KY 42303	61-0486968	501 C3	0.	40,439.	FMV	FOOD	FEED THE NEEDY
CANNELTON FOOD PANTRY 200 N 5TH STREET CANNELTON, IN 47520	23-7330365	501 C3	1,000.	120,158.	FMV	FOOD	FEED THE NEEDY
CAPE POSEY COUNTY 1113 N MAIN STREET MT VERNON, IN 47620	26-8887921	501 C3	1,000.	28,329.	FMV	FOOD	FEED THE NEEDY
CATALYST CHURCH FP 3232 W CLAREMENT AVE EVANSVILLE, IN 47712	32-5692391	501 C3	0.	39,658.	FMV	FOOD	FEED THE NEEDY
CENTER OF HOPE CHURCH, INC 808 SE 3RD EVANSVILLE, IN 47713	01-0944219	501 C3	0.	80,729.	FMV	FOOD	FEED THE NEEDY
CHANDLER UNITED METHODIST 127 S STATE ST CHANDLER, IL 47610	35-1383258	501 C3	0.	21,095.	FMV	FOOD	FEED THE NEEDY

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHERRY STREET GENERAL PO BOX 68 CARMI, IL 62821	99-8996338	501 C3	0.	49,224.	FMV	FOOD	FEED THE NEEDY
CHRISTIAN FP-HOPKINS 114 N FRANKLIN MADISONVILLE, KY 42431	34-5689233	501 C3	0.	695,423.	FMV	FOOD	FEED THE NEEDY
CHRISTIAN RESOURCE CENTER 410 MAIN ST ROCKPORT, IN 47635	35-0975325	501 C3	1,000.	67,527.	FMV	FOOD	FEED THE NEEDY
CHURCH ALIVE 325 CARTER RD OWENSBORO, KY 42301	APPLIED FOR	501 C3	0.	18,131.	FMV	FOOD	FEED THE NEEDY
CIRCLE A CUPBOARD 103 S STATE ST ALLENDAL, IL 62410	84-4519868	501 C3	0.	41,042.	FMV	FOOD	FEED THE NEEDY
COPE 1013 NORTH AVE METROPOLIS, IL 62960	37-1173652	501 C3	0.	170,991.	FMV	FOOD	FEED THE NEEDY
COVENANT CARE 1055 N MAIN STREET MADISONVILLE, KY 42431	61-1380236	501 C3	0.	66,996.	FMV	FOOD	FEED THE NEEDY
CRITTENDEN COUNTY FOOD PANTRY 351 BRIARWOOD DRIVE MARION, KY 42064	61-6000867	501 C3	0.	177,888.	FMV	FOOD	FEED THE NEEDY
CRITTENDEN PACS SENIOR CENTER 210 N WALKER ST MARION, KY 42064	61-0862133	501 C3	0.	55,615.	FMV	FOOD	FEED THE NEEDY

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSSROADS, INC 400 CRABTREE OWENSBORO, KY 42301	30-0363137	501 C3	0.	977,277.	FMV	FOOD	FEED THE NEEDY
DANIEL PITINO SHELTER 501 WALNUT OWENSBORO, KY 42301	61-1245271	501 C3	0.	564,833.	FMV	FOOD	FEED THE NEEDY
DAYSTAR 909 WASHINGTON CAIRO, IL 62914	61-0458392	501 C3	0.	155,771.	FMV	FOOD	FEED THE NEEDY
DESTINY OF FAITH 3314 FORREST AVE EVANSVILLE, IN 47712	35-2077335	501 C3	0.	11,556.	FMV	FOOD	FEED THE NEEDY
DUBOIS COMM. FP 1404 MERIDIAN RD JASPER, IN 47546	35-1866079	501 C3	1,000.	481,958.	FMV	FOOD	FEED THE NEEDY
EAST GIBSON FP 7366 S DIVISION OAKLAND CITY, IN 47660	36-2167731	501 C3	1,000.	35,566.	FMV	FOOD	FEED THE NEEDY
EMMANUEL TEMPLE MINISTRIES COGIC 509 BRAODWAY METROPOLIS, IL 62960	APPLIED FOR	501 C3	0.	44,803.	FMV	FOOD	FEED THE NEEDY
EVANSVILLE RESCUE MISSION 300 SE ML KING BLVD EVANSVILLE, IN 47713	35-0942622	501 C3	0.	56,344.	FMV	FOOD	FEED THE NEEDY
FEED MY SHEEP PO BOX 543 WASHINGTON, IN 45701	35-1861266	501 C3	1,000.	570,688.	FMV	FOOD	FEED THE NEEDY

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST BAPTIST CH-KARNAK 3RD & MAIN STREET KARNAK, IL 62956	99-7734730	501 C3	0.	62,730.	FMV	FOOD	FEED THE NEEDY
FIRST BAPTIST CHURCH-MT CARMEL 118 W 6TH ST MT CARMEL, IL 62863	37-0755264	501 C3	0.	9,367.	FMV	FOOD	FEED THE NEEDY
FOOD PANTRY CONSORTIUM PO BOX 2536 EVANSVILLE, IN 47728	37-1697515	501 C3	0.	293,202.	FMV	FOOD	FEED THE NEEDY
FRIENDS OF JESUS PO BOX 39 EQUALITY, IL 62934	37-1141934	501 C3	0.	63,158.	FMV	FOOD	FEED THE NEEDY
GALLATIN COUNTY FOOD PANTRY 9200 BAUER RD RIDGEWAY, IL 62979	37-0890111	501 C3	0.	26,867.	FMV	FOOD	FEED THE NEEDY
GIBSON CAPE 401 S E 6TH STREET PRINCETON, IN 47713	35-2014955	501 C3	1,000.	136,138.	FMV	FOOD	FEED THE NEEDY
GOD'S HOUSE OF BLESSINGS MINISTRY 40842 ST RT 3 MCCLURE, IL 62957	35-2280331	501 C3	0.	23,035.	FMV	FOOD	FEED THE NEEDY
GOD'S HOUSE OF HOPE PO BOX 621 CALHOUN, KY 42372	61-1240776	501 C3	0.	282,973.	FMV	FOOD	FEED THE NEEDY
GOOD SAMARITAN PO BOX 365 OLNEY, IL 62450	37-5080440	501 C3	0.	205,743.	FMV	FOOD	FEED THE NEEDY

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE BAPTIST CHURCH 1200 N GARVIN EVANSVILLE, IN 47724	35-6006699	501 C3	0.	17,858.	FMV	FOOD	FEED THE NEEDY
GREATER GALATIA 105 E MAIN STREET GALITA, IL 62446	37-6899217	501 C3	0.	88,428.	FMV	FOOD	FEED THE NEEDY
HANDS OF COMPASSION 401 W SYCAMORE CARMI, IL 62821	APPLIED FOR	501 C3	0.	17,000.	FMV	FOOD	FEED THE NEEDY
HARVEST DELIVERENCE CNTR 38 S VINE HARRISBURG, IL 62946	39-1974979	501 C3	0.	182,653.	FMV	FOOD	FEED THE NEEDY
HARVEST TIME 518 S LINWOOD EVANSVILLE, IN 47713	35-1866682	501 C3	1,000.	34,773.	FMV	FOOD	FEED THE NEEDY
HEAVEN'S KITCHEN HARRISBURG 21 W LOCUST HARRISBURG, IL 62946	45-4454609	501 C3	0.	43,913.	FMV	FOOD	FEED THE NEEDY
HELP OFFICE OF OWENSBORO, INC 1316 W 4TH ST OWENSBORO, KY 42301	61-0724292	501 C3	0.	32,097.	FMV	FOOD	FEED THE NEEDY
HEMENWAY CHURCH 124 E SYCAMORE BOONVILLE, IN 47601	23-6393377	501 C3	0.	157,967.	FMV	FOOD	FEED THE NEEDY
HENDERSON CHRISTIAN PO BOX 363 HENDERSON, KY 42420	61-1109652	501 C3	0.	597,446.	FMV	FOOD	FEED THE NEEDY

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE 2 ALL 92 S MAIN NORTONVILLE, KY 42442	20-5647399	501 C3	0.	293,006.	FMV	FOOD	FEED THE NEEDY
HOPE MINISTRIES 104 CHURCH STREET GEFF, IL 62842	37-1235287	501 C3	0.	149,471.	FMV	FOOD	FEED THE NEEDY
HOWELL GENERAL BAPTIST 1520 DELMAR AVE EVANSVILLE, IN 47712	35-1956418	501 C3	1,000.	170,294.	FMV	FOOD	FEED THE NEEDY
JASPER APOSTOLIC 231 HILLSIDE DR JASPER, IN 47546	43-0679185	501 C3	0.	16,954.	FMV	FOOD	FEED THE NEEDY
JESUE NAME PENTECOSTAL CHURCH 1112 S.W. 6TH STREET FAIRFIELD, IL 62837	43-0679185	501 C3	0.	13,487.	FMV	FOOD	FEED THE NEEDY
LANDMARK HOUSE OF PRAISE 708 W ELM ST HARRISBURG, IL 62946	96-4774501	501 C3	0.	42,445.	FMV	FOOD	FEED THE NEEDY
LANDON'S HOPE 2900 41 SOUTH SEBREE, KY 42455	81-3735866	501 C3	0.	279,052.	FMV	FOOD	FEED THE NEEDY
LIGHTHOUSE ASSEMBLY OF GOD 670 AIRPORT RD METROPOLIS, IL 62960	44-0577787	501 C3	0.	14,962.	FMV	FOOD	FEED THE NEEDY
LIVINGSTON CTY HELPING HAND PO BOX 296 SMITHLAND, KY 42081	61-1340706	501 C3	0.	251,798.	FMV	FOOD	FEED THE NEEDY

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN COMMUNITY FOOD PANTRY 100 E MICHIGAN EVANSVILLE, IN 47711	35-1077186	501 C3	1,000.	452,976.	FMV	FOOD	FEED THE NEEDY
MANNA MARKET 302 N 2ND ST BOONVILLE, IN 47601	20-8986652	501 C3	1,000.	509,370.	FMV	FOOD	FEED THE NEEDY
MARION BAPTIST CHURCH PO BOX 384 MARION, KY 42064	61-0449637	501 C3	0.	33,404.	FMV	FOOD	FEED THE NEEDY
MARTINS CLOAK 2980 CARLETON DRIVE SIBERIA, IN 47515	35-1018460	501 C3	1,000.	22,635.	FMV	FOOD	FEED THE NEEDY
MATTHEW 25 452 OLD CORYDON RD HENDERSON, KY 42420	61-1351672	501 C3	0.	10,085.	FMV	FOOD	FEED THE NEEDY
MCCLURE PENTECOSTAL CHURCH 32627 GLADYS AVENUE MCCLURE, IL 62957	43-0679185	501 C3	0.	15,261.	FMV	FOOD	FEED THE NEEDY
MCLEAN COUNTY HELP OFFICE 225 HILL ST LIVERMORE, KY 42352	61-1037774	501 C3	0.	8,647.	FMV	FOOD	FEED THE NEEDY
MORGANFIELD UMC 213 S MORGAN ST MORGANFIELD, KY 42437	APPLIED FOR	501 C3	0.	10,668.	FMV	FOOD	FEED THE NEEDY
NEW HARMONY MINISTRIES PO BOX 203 NEW HARMONY, IN 47631	35-1899847	501 C3	1,000.	30,814.	FMV	FOOD	FEED THE NEEDY

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH SPENCER COMM ACT PO BOX 79 DALE, IN 47523	35-1885941	501 C3	1,000.	75,940.	FMV	FOOD	FEED THE NEEDY
OAKHILL BAPTIST 4615 OAK HILL ROAD EVANSVILLE, IN 47711	23-7317256	501 C3	0.	29,979.	FMV	FOOD	FEED THE NEEDY
OASIS CHURCH/SOULED OUT SATURDAY 1104 S STOUT STREET PRINCETON, IN 47670	35-1338334	501 C3	1,000.	276,286.	FMV	FOOD	FEED THE NEEDY
OASIS INC 2150 9TH STREET OWENSBORO, KY 42302	61-0995748	501 C3	0.	179,345.	FMV	FOOD	FEED THE NEEDY
OHIO VALLEY BAPTIST CHURCH PO BOX 214 LEDBETTER, KY 52058	61-1046233	501 C3	0.	9,439.	FMV	FOOD	FEED THE NEEDY
OWENSVILLE MINST ALLIANCE PO BOX 646 OWENSVILLE, IN 47665	39-2061883	501 C3	1,000.	36,413.	FMV	FOOD	FEED THE NEEDY
OZANAM FAMILY SHELTER 1100 READ ST EVANSVILLE, IN 47710	31-5648211	501 C3	1,000.	19,941.	FMV	FOOD	FEED THE NEEDY
POTTERS WHEEL 333 JEFFERSON EVANSVILLE, IN 47711	74-3105998	501 C3	0.	28,188.	FMV	FOOD	FEED THE NEEDY
PROVIDENCE COMM FP 2500 LIBERTY RD PROVIDENCE, KY 42450	32-8953111	501 C3	0.	202,544.	FMV	FOOD	FEED THE NEEDY

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVER BEND FOOD PANTRY 716 LOCUST STREET MT VERNON, IN 47620	32-2879589	501 C3	0.	49,639.	FMV	FOOD	FEED THE NEEDY
ROADS CHURCH PO BOX 300 NORRIS CITY, IL 62869	37-1166371	501 C3	0.	172,328.	FMV	FOOD	FEED THE NEEDY
SALEM BAPTIST CHURCH 711 HOOK DRIVE SALEM, KY 42078	35-4527700	501 C3	0.	37,928.	FMV	FOOD	FEED THE NEEDY
SALEM EVANGELICAL LUTHERAN CHURCH 101 W MARKET ST JONESBORO, IL 62952	41-1568278	501 C3	0.	103,076.	FMV	FOOD	FEED THE NEEDY
SALAVATION ARMY-EVANSVILLE PO BOX 4055 EVANSVILLE, IN 47710	36-2167910	501 C3	2,000.	504,704.	FMV	FOOD	FEED THE NEEDY
SALVATION ARMY-HENDERSON 1213 WASHINGTON HENDERSON, KY 42420	58-0660607	501 C3	0.	276,520.	FMV	FOOD	FEED THE NEEDY
SALVATION ARMY-MADISONVILLE PO 489 MADISONVILLE, KY 42431	61-0452065	501 C3	0.	32,547.	FMV	FOOD	FEED THE NEEDY
SALVATION ARMY-OWENSBORO 215 EWING ROAD OWENSBORO, KY 42301	58-0660607	501 C3	0.	272,306.	FMV	FOOD	FEED THE NEEDY
SALVATION ARMY-PRINCETON PO BOX 1258 PRINCETON, IN 47670	13-5582351	501 C3	1,000.	92,399.	FMV	FOOD	FEED THE NEEDY

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARED ABUNDANCE/CHRISTIAN MINISTRIES - 321 FOURTH STREET - HUNTINGBURG, IN 47542	35-1866079	501 C3	0.	13,841.	FMV	FOOD	FEED THE NEEDY
SHAW-DEV-ANNA PO BOX 439 ANNA, IL 62906	37-0888749	501 C3	0.	509,025.	FMV	FOOD	FEED THE NEEDY
SHAW-DEV-ELIZABETHTOWN PO BOX 168 ELIZABETHTOWN, IL 62931	37-0888749	501 C3	0.	89,066.	FMV	FOOD	FEED THE NEEDY
SHAW-DEV-GOLCONDA PO BOX 336 GOLCONDA, IL 62938	37-0888749	501 C3	0.	84,260.	FMV	FOOD	FEED THE NEEDY
SIGN TO THE KINGDOM 203 S CHRISTY SUMNER, IL 62466	37-1351897	501 C3	0.	1,032,003.	FMV	FOOD	FEED THE NEEDY
SIGN TO THE KINGDOM EAST PO BOX 663 LAWRENCEVILLE, IL 62439	37-1279695	501 C3	0.	551,788.	FMV	FOOD	FEED THE NEEDY
SOMEBODY'S PLACE 27 W LOCUST ST PETERSBURG, IN 47567	35-2047995	501 C3	1,000.	145,020.	FMV	FOOD	FEED THE NEEDY
ST ANTHONY SOUP KITCHEN 713 N 2ND AVE EVANSVILLE, IN 47710	35-2139958	501 C3	1,000.	75,402.	FMV	FOOD	FEED THE NEEDY
ST JOHN'S UMC 1900 N FULTON EVANSVILLE, IN 47713	35-8859269	501 C3	0.	25,348.	FMV	FOOD	FEED THE NEEDY

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MARK'S FOOD PANTRY 2300 WASHINGTON AVE EVANSVILLE, IN 47714	41-1568278	501 C3	0.	46,137.	FMV	FOOD	FEED THE NEEDY
ST MATTHEW'S UCC 3007 FIRST AVE EVANSVILLE, IN 47710	35-1592410	501 C3	0.	61,604.	FMV	FOOD	FEED THE NEEDY
ST PAUL'S EPISCIPAL PANTRY 301 SE 1ST ST EVANSVILLE, IN 47713	31-1629166	501 C3	0.	37,104.	FMV	FOOD	FEED THE NEEDY
ST VINCENT DE PAUL FOOD PANTRY 809 N LAFAYETTE EVANSVILLE, IN 47711	35-0886837	501 C3	0.	14,375.	FMV	FOOD	FEED THE NEEDY
ST PETERS UCC 10430 HWY 66 WADESVILLE, IN 47638	34-1927041	501 C3	1,000.	101,792.	FMV	FOOD	FEED THE NEEDY
ST VINCENT DEPAUL-MOR 218 JIM VEATCH RD MORGANFIELD, KY 42437	61-0458381	501 C3	0.	261,207.	FMV	FOOD	FEED THE NEEDY
STOPPING WOMAN ABUSE NOW 1114 S WEST STREET OLNEY, IL 62450	37-1106456	501 C3	0.	92,982.	FMV	FOOD	FEED THE NEEDY
STS MARY AND JOHN CATHOLIC CHURCH 613 CHERRY STREET EVANSVILLE, IN 47713	35-1076612	501 C3	0.	17,347.	FMV	FOOD	FEED THE NEEDY
STUGIS CHURCH OF GOD 722 KING STREET STUGIS, KY 42459	74-8106975	501 C3	0.	38,504.	FMV	FOOD	FEED THE NEEDY

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SWIRCA PO BOX 3938 EVANSVILLE, IN 47710	35-1330782	501 C3	0.	51,622.	FMV	FOOD	FEED THE NEEDY
THE ASSEMBLY 4330 N BURKHARDT RD EVANSVILLE, IN 47711	35-1880616	501 C3	0.	40,832.	FMV	FOOD	FEED THE NEEDY
THE GATHERING CHURCH/RESTORE PO BOX 4118 EVANSVILLE, IN 47724	74-6051852	501 C3	0.	41,809.	FMV	FOOD	FEED THE NEEDY
THE KITCHEN TABLE PO BOX 22 CAIRO, IL 62914	37-0755264	501 C3	0.	43,256.	FMV	FOOD	FEED THE NEEDY
THE LORD'S PANTRY PO BOX 74 FT BRANCH, IN 47648	35-1580135	501 C3	0.	33,419.	FMV	FOOD	FEED THE NEEDY
THE MASTERS HAND 704 WHITTLE AVE OLNEY, IL 62450	37-8934971	501 C3	0.	531,515.	FMV	FOOD	FEED THE NEEDY
THE TABLE 105 OLIVER STREET VIENNA, IL 62995	APPLIED FOR	501 C3	0.	15,443.	FMV	FOOD	FEED THE NEEDY
UNITED CARING SHELTER 324 NW 6TH ST EVANSVILLE, IN 47708	35-1892153	501 C3	1,000.	42,753.	FMV	FOOD	FEED THE NEEDY
WADI-ALBION RR 4 BOX 136 ALBION, IL 62806	37-0890111	501 C3	0.	6,926.	FMV	FOOD	FEED THE NEEDY

Schedule I (Form 990)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WADI-FAIRFIELD 2004 WEST DELEWARE FAIRFIELD, IL 62837	37-0890111	501 C3	0.	115,195.	FMV	FOOD	FEED THE NEEDY
WADI-MCLEANSBORO 108 E JEFFERSON MCLEANSBORO, IL 62850	37-0890111	501 C3	0.	82,198.	FMV	FOOD	FEED THE NEEDY
WADI-MT CARMEL 823 W 9TH ST MT CARMEL, IL 62863	37-0890111	501 C3	0.	137,432.	FMV	FOOD	FEED THE NEEDY
WEBSTER CO SCHOOLS RESOURCE CENTER-FOOD - 157 N STATE ST - SEBREE, KY 42455	81-3735866	501 C3	0.	17,664.	FMV	FOOD	FEED THE NEEDY
WESTERN KY TEEN CHALL 231 STATE RR 2839 DIXON, KY 42409	21-5546890	501 C3	0.	24,977.	FMV	FOOD	FEED THE NEEDY
WHITE COUNTY SENIOR CITIZENS 113 SOUTH WALNUT CARMi, IL 62821	23-7156215	501 C3	0.	27,193.	FMV	FOOD	FEED THE NEEDY
WIDOWS BARREL 821 10TH STREET TELL CITY, IN 47586	35-1308613	501 C3	1,000.	316,675.	FMV	FOOD	FEED THE NEEDY
ZION MISSIONARY BAPTIST CHURCH 1800 S GOVERNOR EVANSVILLE, IN 47713	35-1045078	501 C3	0.	22,827.	FMV	FOOD	FEED THE NEEDY

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

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:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

OUR AGENCIES ARE MONITORED EVERY TWO YEARS BY FEEDING AMERICA GUIDELINES.

USDA AGENCIES ARE MONITORED EVERY YEAR AS STATED IN THE GUIDELINES. THE

ORGANIZATION KEEPS RECORDS OF ALL AGENCIES THAT RECEIVE FOOD, AND EACH

AGENCY RECEIVES AN INVOICE WITH THE PRODUCT, POUNDAGE, AND PRICE OF THE

ITEMS THEY RECEIVE.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

TRI-STATE FOOD BANK

Employer identification number

35-1539870

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	2,371	18,707,717.	INDEPENDENT SOURCES
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 V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2021

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

TRI-STATE FOOD BANK

Employer identification number
35-1539870

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

TRI-STATE FOOD BANK, INC SOLICITS, WAREHOUSES, AND DISBURSES DONATED

FOOD PRODUCT TO OTHER NOT-FOR-PROFIT CORPORATIONS IN INDIANA, ILLINOIS,

AND KENTUCKY.

FORM 990, PART VI, SECTION B, LINE 11B:

PROCESS TO REVIEW FORM 990

THE FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM. THE IRS FORM 990 IS

THEN REVIEWED BY THE EXECUTIVE DIRECTOR, DIRECTOR OF FINANCE AND THE BOARD

TREASURER THEN DISTRIBUTED TO THE BOARD PRIOR TO FILING WITH THE IRS.

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

CONFLICT OF INTEREST POLICY

OFFICERS, DIRECTORS, AND TRUSTEES COMPLETE AND SIGN THE CONFLICT OF

INTEREST EACH YEAR. IF THE ORGANIZATION HAS REASONABLE CAUSE TO BELIEVE A

DIRECTOR HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST,

IT SHALL INFORM THE DIRECTOR OF THE BASIS FOR SUCH BELIEF AND AFFORD THE

DIRECTOR AN OPPORTUNITY TO EXPLAIN THEIR ALLEGED FAILURE TO DISCLOSE. AFTER

HEARING THE EXPLANATION, IF THE ORGANIZATION DETERMINES THAT THE DIRECTOR

HAS FAILED TO DISCLOSE, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND

CORRECTIVE ACTION.

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

PROCESS FOR DETERMINING COMPENSATION

A COMPENSATION LEVEL WAS SET BY THE BOARD BASED UPON COMPARABLE CEO

SALARIES OF SIMILIAR NONPROFIT ORGANIZATIONS IN THE AREA. A REVIEW IS

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

Schedule O (Form 990) 2021

Name of the organization

TRI-STATE FOOD BANK

Employer identification number

35-1539870

PERFORMED ONCE EVERY TWO YEARS. ALL MEMEBERS OF THE BOARD ARE INDEPENDENT.

THE PROCESS INCLUDED DELIBERATION AND DOCUMENTATION OF THE HIRE. IT WAS

CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES OF THE MEETING.

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

MAKING FORMS AVAILABLE TO THE PUBLIC

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE AND BOARD MEETINGS ARE

OPEN TO THE PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST

91,382.

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Attorney General KWAME RAOUL State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # _____

Report for the Fiscal Period:

Beginning 07/01/2021

& Ending 06/30/2022
MO DAY YR

Make Checks
Payable to
the Illinois
Charity
Bureau Fund

Check all items attached:
☒ Copy of IRS Return
☒ Audited Financial Statements
☐ Copy of Form IFC
☒ \$15.00 Annual Report Filing Fee
☐ \$100.00 Late Report Filing Fee
MO DAY YR

Federal ID # 35-1539870

Are contributions to the organization tax deductible?

☒ Yes ☐ No

Date Organization was created:

LEGAL NAME TRI-STATE FOOD BANK MAIL ADDRESS 2504 LYNCH ROAD CITY, STATE EVANSVILLE, IN ZIP CODE 47711	Year-end amounts	
	A) ASSETS	A) \$ 11,766,941.
	B) LIABILITIES	B) \$ 2,011,546.
	C) NET ASSETS	C) \$ 9,755,395.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	54.096 %	D) \$ 12,769,283.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	45.640 %	E) \$ 10,773,241.
F) OTHER REVENUES	0.263 %	F) \$ 62,154.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 23,604,678.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	14.858 %	H) \$ 3,515,566.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	14.858 %	J) \$ 3,515,566.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	82.544 %	K) \$ 19,531,261.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	97.401 %	L) \$ 23,046,827.
M) MANAGEMENT AND GENERAL EXPENSE	1.323 %	M) \$ 313,096.
N) FUNDRAISING EXPENSE	1.275 %	N) \$ 301,793.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 23,661,716.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: GLENN ROBERTS		T) \$ 98,920.
U) NAME, TITLE: KEITH LEHMAN		U) \$ 53,424.
V) NAME, TITLE: JOHN STRAIN		V) \$ 53,727.
V. CHARITABLE PROGRAM DESCRIPTION:	CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES	List on back side of instructions CODE
W) DESCRIPTION: FOOD BANK		W) # 300
X) DESCRIPTION:		X) #
Y) DESCRIPTION:		Y) #

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____			
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: OLD NATIONAL BANK, PO BOX 718, EVANSVILLE, IN 47705			
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: GLENN ROBERTS - 812-425-0775			

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

PAT THOMAS

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

DARRYL SPURLOCK

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

MICHELLE SMITH, CPA

PREPARER (PRINT NAME)

SIGNATURE

DATE

Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal YearBeginning and Ending Place "X" in box if: Change of Address ☐ Amended Report ☐ Final Report: ☐ Indicate Date Closed _____

Due on the 15th day of the 5th month following the end of the tax year.

NO FEE REQUIRED

Name of Organization

Telephone Number

TRISTATE FOOD BANK

812 425 0775

Address

County

Indiana Taxpayer Identification Number

2504 LYNCH ROAD

82

City

State

ZIP Code

Federal Employer Identification Number

EVANSVILLE

IN

47711

35 1539870

Printed Name of Person to Contact

Contact's Telephone Number

GLENN ROBERTS

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. Indicate number of years your organization has been in continuous existence: 39
2. 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 importance? If yes, attach a detailed description of changes.
3. Attach a schedule, listing the names, titles and addresses of your current officers.
4. Briefly describe the purpose or mission of your organization below.

SEE STATEMENT 1Email 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

Title

Date

GLENN ROBERTS

812 425 0775

Name of Person(s) to Contact

Daytime Telephone Number

NP-20

STATEMENT 1

TRI-STATE FOOD BANK, INC SOLICITS, WAREHOUSES, AND DISBURSES DONATED FOOD
PRODUCT TO OTHER NOT-FOR-PROFIT CORPORATIONS IN INDIANA, ILLINOIS, AND
KENTUCKY.

FORM NP-20

LIST OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 2

NAME AND ADDRESS

TITLE

GLENN ROBERTS
2504 LYNCH ROAD
EVANSVILLE, IN 47711

EXECUTIVE DIRECTOR

PAT THOMAS
2504 LYNCH ROAD
EVANSVILLE, IN 47711

PRESIDENT

STEPHANIE DRAPER-MOORE
2504 LYNCH ROAD
EVANSVILLE, IN 47711

VICE PRESIDENT

DARRYL SPURLOCK
2504 LYNCH ROAD
EVANSVILLE, IN 47711

TREASURER

ROBIN O'NEAL
2504 LYNCH ROAD
EVANSVILLE, IN 47711

SECRETARY

SCOTT BERRY
2504 LYNCH ROAD
EVANSVILLE, IN 47711

BOARD MEMBER

JEREMY DAVIS
2504 LYNCH ROAD
EVANSVILLE, IN 47711

BOARD MEMBER

ALLI ENGELBRECHT
2504 LYNCH ROAD
EVANSVILLE, IN 47711

BOARD MEMBER

KENDALL MARTIN
2504 LYNCH ROAD
EVANSVILLE, IN 47711

BOARD MEMBER

ERIC SCHMIDT
2504 LYNCH ROAD
EVANSVILLE, IN 47711

BOARD MEMBER

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