



## Public Disclosure for Tax-Exempt Organizations

Tax-exempt organizations are required to make a copy of their application for exemption and Form(s) 990 (and 990-T, if applicable) available for public inspection and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the “Using the Internet” section which follows.) These rules apply to an organization’s Form(s) 990 (and 990-T, if applicable) for the last three years and to its application for exemption.<sup>1</sup> If the application was filed prior to July 15, 1987, disclosure is not required unless the organization had a copy of the application on July 15, 1987. An organization **may omit names and addresses of contributors from its return(s)**. Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

While disclosure rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form(s) 990/990-T before filing.

### *Where Must Information Be Provided?*

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there.

### *How Quickly Must Organizations Reply?*

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent.

### *Written Requests*

Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

### *What Can an Organization Charge?*

You are currently allowed to charge a maximum fee of \$.20 cents per page in addition to actual postage costs.

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<sup>1</sup> Certain information within an application for exemption can be withheld from public inspection if public availability would adversely affect the organization, *e.g.*, information relating to a trade secret, patent, process, style of work or apparatus of the organization.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

### ***Local or Subordinate Organizations***

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization that does not file its own Form(s) 990/990-T but is covered under a group return. Again, the local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

### ***Using the Internet***

As an alternative to providing copies, an organization may provide access to its exemption application and Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet must be in such a format that it may be accessed, downloaded, viewed or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

There is nothing that prevents others from posting your Forms 990, 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

### ***What if the Requests Are a Form of Harassment?***

If an organization believes it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

Please contact your BKD advisor if you have questions about these rules.

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2016

Department of the Treasury  
Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

**A** For the **2016** calendar year, or tax year beginning **07/01, 2016**, and ending **06/30, 2017**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization NORTH TEXAS FOOD BANK		<b>D</b> Employer identification number 75-1785357
	Doing Business As		<b>E</b> Telephone number (214) 330-1396
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ 136,109,785.
	4500 S. COCKRELL HILL ROAD DALLAS, TX 75236-2028		
<b>F</b> Name and address of principal officer: TRISHA CUNNINGHAM 4500 S. COCKRELL HILL ROAD DALLAS, TX 75236-2028			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ WWW.NTFB.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1982 <b>M</b> State of legal domicile: TX

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: THE FOOD BANK PASSIONATELY PURSUES A HUNGER FREE COMMUNITY.	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 22.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 22.
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b> 252.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 32,200.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> -25,240.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> -25,240.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year: 152,403,989. Current Year: 131,061,443.
	<b>9</b> Program service revenue (Part VIII, line 2g)	2,200,392. 1,963,224.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	382,051. 610,500.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-173,236. -77,131.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	154,813,196. 133,558,036.
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	108,770,808. 105,018,194.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,804,943. 11,511,794.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	663,802. 767,016.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,659,459.	
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,221,367. 6,438,499.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	129,460,920. 123,735,503.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	25,352,276. 9,822,533.
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year: 55,708,536. End of Year: 58,826,447.
<b>Net Assets or Fund Balances</b>	<b>21</b> Total liabilities (Part X, line 26)	9,163,263. 2,224,544.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	46,545,273. 56,601,903.

COPY FOR PUBLIC INSPECTION

## 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.

<b>Sign Here</b>	Signature of officer	Date
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name JEANETTE VERRELLI	Preparer's signature <i>Jeanette Verrelli</i>	Date 5/14/2018	Check <input type="checkbox"/> if self-employed	PTIN P00742631
	Firm's name ▶ BKD, LLP	Firm's EIN ▶ 44-0160260		Phone no. 972-702-8262	
	Firm's address ▶ 14241 DALLAS PARKWAY, SUITE 1100 DALLAS, TX 75254				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

THE FOOD BANK PASSIONATELY PURSUES A HUNGER FREE COMMUNITY.

**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 \$ 109,190,618. including grants of \$ 98,380,102. ) (Revenue \$ 1,963,224. )

ATTACHMENT 1

**4b** (Code: ) (Expenses \$ 5,003,002. including grants of \$ 4,335,240. ) (Revenue \$ )

IN 2000, NTFB BECAME THE FIRST COMMODITY SUPPLEMENTAL FOOD PROGRAM (KNOWN LOCALLY AS PEOPLE AND NUTRITION, OR PAN) DISTRIBUTOR IN TEXAS. THE PROGRAM PROVIDES MONTHLY FOOD PACKAGES TO LOW-INCOME SENIOR CITIZENS WHO MEET CERTAIN REQUIREMENTS. EACH MONTH, 8,075 PARTICIPANTS RECEIVE AN ESTIMATED 32 POUNDS OF USDA COMMODITIES AT 105 PAN DISTRIBUTION SITES IN DALLAS, DENTON, COLLIN, DELTA, ELLIS, FANNIN, HUNT, KAUFMAN AND ROCKWALL COUNTIES. PAN IS A PARTNERSHIP OF THE U.S. DEPARTMENT OF AGRICULTURE, TEXAS DEPARTMENT OF AGRICULTURE AND NTFB.

**4c** (Code: ) (Expenses \$ 2,002,557. including grants of \$ 1,645,498. ) (Revenue \$ )

ATTACHMENT 2

**4d** Other program services (Describe in Schedule O.) ATTACHMENT 3  
(Expenses \$ 818,478. including grants of \$ 657,354. ) (Revenue \$ )

**4e** Total program service expenses 117,014,655.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> 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> . . . . .		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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> . . . . .		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .		X
<b>6</b> 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> . . . . .		X
<b>7</b> 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> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .		X
<b>9</b> 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> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .		X
<b>11</b> 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.		
<b>a</b> 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> . . . . .	X	
<b>b</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> . . . . .		X
<b>c</b> 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> . . . . .		X
<b>d</b> 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> . . . . .		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>f</b> 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> . . . . .		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .	X	
<b>b</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> . . . . .		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?. . . . .		X
<b>b</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> . . . . .		X
<b>15</b> 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> . . . . .		X
<b>16</b> 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> . . . . .		X
<b>17</b> 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</i> (see instructions). . . . .	X	
<b>18</b> 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> . . . . .	X	
<b>19</b> 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> . . . . .		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 20a through 38 regarding organizational operations, financial statements, grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-7a (relationships and governance), 7b (reserved decisions), 8 (documentation), 8a (governing body), 8b (committees), 9 (reachability).

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

Table with 3 columns: Question, Yes, No. Rows include 10a (local chapters), 10b (policies), 11a (Form 990 distribution), 11b (review process), 12a (conflict of interest), 12b (disclosure requirements), 12c (policy enforcement), 13 (whistleblower), 14 (document retention), 15 (compensation review), 15a (CEO), 15b (other officers), 16a (joint ventures), 16b (policy for joint ventures).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

JEANNE CLARK 4500 S. COCKRELL HILL ROAD DALLAS, TX 75236-2028

214-330-1396



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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TOM BLACK CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(2) ANURAG JAIN VICE CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(3) JULIA BUTHMAN DIRECTOR	1.00 0.	X						0.	0.	0.
(4) JESSE HIBBARD DIRECTOR	1.00 0.	X						0.	0.	0.
(5) BILL HOGG DIRECTOR	1.00 0.	X						0.	0.	0.
(6) SHAUN MARA DIRECTOR	1.00 0.	X						0.	0.	0.
(7) KIM WARMBIER DIRECTOR	1.00 0.	X						0.	0.	0.
(8) MICHAEL BROOKSHIRE DIRECTOR	1.00 0.	X						0.	0.	0.
(9) BOBBY CHESTNUT DIRECTOR	1.00 0.	X						0.	0.	0.
(10) TYLER COOPER DIRECTOR	1.00 0.	X						0.	0.	0.
(11) JOHN A. CUELLAR DIRECTOR	1.00 0.	X						0.	0.	0.
(12) NANCY GOPEZ DIRECTOR	1.00 0.	X						0.	0.	0.
(13) CALVIN HILTON DIRECTOR	1.00 0.	X						0.	0.	0.
(14) SONYA HOSTETLER DIRECTOR	1.00 0.	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) CHERYL HUGHES ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
16) KEVIN JONES ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
17) JAMES D. JORDAN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
18) KIM MURPHY ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
19) MARY MARTHA PICKENS ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
20) KATHERINE PEROT REEVES ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
21) PRIYA SARJOO ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
22) ANDREW STOKER ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
23) SIMON POWELL ----- INTERIM PRESIDENT & CEO	39.50 ----- .50			X			209,119.	0.	30,016.	
24) JEANNE CLARK ----- VP OF FINANCE & ADMINISTRATION	39.00 ----- 1.00			X			120,946.	0.	14,739.	
25) JANIS PRUITT ----- PRESIDENT/CEO END: 9/2016	40.00 ----- 0.			X			346,907.	0.	33,831.	
<b>1b Sub-total</b> . . . . .							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							1,282,331.	0.	156,295.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							1,282,331.	0.	156,295.	

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 ▶ 7

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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

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



**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	611,838.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	25,746,353.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	104,703,252.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		99,069,567.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			131,061,443.				
	<b>Program Service Revenue</b>	<b>2a</b> <u>SHARED MAINTENANCE</u>			<b>Business Code</b>			
			624100	1,963,224.	1,963,224.			
<b>b</b>								
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b> All other program service revenue . . . . .								
<b>g Total.</b> Add lines 2a-2f . . . . .						1,963,224.		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .				300,758.		300,758.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .				0.			
	<b>5</b> Royalties . . . . .				0.			
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal					
				17,709.				
		<b>b</b> Less: rental expenses . . . . .				67,486.		
		<b>c</b> Rental income or (loss) . . . . .				-49,777.		
	<b>d</b> Net rental income or (loss) . . . . .				-49,777.	-25,240.	-24,537.	
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other					
				2,521,295.				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .				2,211,553.		
		<b>c</b> Gain or (loss) . . . . .				309,742.		
	<b>d</b> Net gain or (loss) . . . . .				309,742.		309,742.	
	<b>8a</b> Gross income from fundraising events (not including \$ <u>611,838.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .			ATCH 4				
		<b>a</b>				215,092.		
<b>b</b> Less: direct expenses . . . . .					272,710.			
<b>c</b> Net income or (loss) from fundraising events. . . . .			ATCH 5		-57,618.	-57,618.		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .								
	<b>a</b>				0.			
	<b>b</b> Less: direct expenses . . . . .				0.			
<b>c</b> Net income or (loss) from gaming activities . . . . .				0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .								
	<b>a</b>				0.			
	<b>b</b> Less: cost of goods sold . . . . .				0.			
<b>c</b> Net income or (loss) from sales of inventory . . . . .				0.				
<b>Miscellaneous Revenue</b>				<b>Business Code</b>				
<b>11a</b> <u>OTHER REVENUE</u>				624100	9,868.		9,868.	
	<b>b</b> <u>UTILITY REIMBURSEMENT</u>				900099	20,396.		20,396.
	<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .					30,264.			
<b>12 Total revenue.</b> See instructions. . . . .					133,558,036.	1,963,224.	-25,240.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 . . . . .	87,104,536.	87,104,536.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	17,913,658.	17,913,658.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,048,742.	666,932.	153,700.	228,110.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	7,708,411.	4,814,590.	1,170,032.	1,723,789.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	222,900.	157,580.	25,370.	39,950.
9 Other employee benefits . . . . .	1,919,292.	1,356,853.	218,448.	343,991.
10 Payroll taxes . . . . .	612,449.	388,209.	91,511.	132,729.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	3,680.		3,680.	
c Accounting . . . . .	48,650.		48,650.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	767,016.			767,016.
f Investment management fees . . . . .	50,004.		50,004.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	250,997.	73,390.	41,428.	136,179.
12 Advertising and promotion . . . . .	1,100,155.	59,341.	2,979.	1,037,835.
13 Office expenses . . . . .	243,473.	161,173.	24,470.	57,830.
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	1,442,188.	1,347,815.	41,740.	52,633.
17 Travel . . . . .	1,151,910.	1,151,820.	40.	50.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	8,301.	5,290.	1,020.	1,991.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	1,290,743.	1,160,153.	52,236.	78,354.
23 Insurance . . . . .	57,617.	43,901.	8,330.	5,386.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	352,034.	328,038.	9,360.	14,636.
b EQUIPMENT MAINTENANCE	127,490.	27,699.	90,320.	9,471.
c BAD DEBT EXPENSE	99,851.	99,851.		
d _____				
e All other expenses _____	211,406.	153,826.	28,071.	29,509.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>123,735,503.</b>	<b>117,014,655.</b>	<b>2,061,389.</b>	<b>4,659,459.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	1,504,983.	<b>1</b>	2,570,631.	
	<b>2</b> Savings and temporary cash investments . . . . .	6,554,755.	<b>2</b>	6,173,680.	
	<b>3</b> Pledges and grants receivable, net . . . . .	19,495,455.	<b>3</b>	22,398,049.	
	<b>4</b> Accounts receivable, net . . . . .	640,626.	<b>4</b>	1,601,427.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.	
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.	
	<b>8</b> Inventories for sale or use . . . . .	6,462,537.	<b>8</b>	4,811,603.	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	268,282.	<b>9</b>	180,443.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 20,820,782.			
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 8,577,550.	12,813,652.	<b>10c</b>	12,243,232.
	<b>11</b> Investments - publicly traded securities . . . . .	7,968,246.	<b>11</b>	8,847,382.	
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	0.	
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.	
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>15</b>	0.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	55,708,536.	<b>16</b>	58,826,447.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,870,476.	<b>17</b>	1,863,665.	
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.	
	<b>19</b> Deferred revenue . . . . .	0.	<b>19</b>	0.	
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	7,100,000.	<b>23</b>	0.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	250,000.	
	<b>25</b> 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 . . . . .	192,787.	<b>25</b>	110,879.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	9,163,263.	<b>26</b>	2,224,544.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets . . . . .	19,017,294.	<b>27</b>	20,314,244.	
	<b>28</b> Temporarily restricted net assets . . . . .	27,527,979.	<b>28</b>	36,287,659.	
	<b>29</b> Permanently restricted net assets . . . . .	0.	<b>29</b>	0.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>		
<b>33</b> Total net assets or fund balances . . . . .	46,545,273.	<b>33</b>	56,601,903.		
<b>34</b> Total liabilities and net assets/fund balances . . . . .	55,708,536.	<b>34</b>	58,826,447.		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	133,558,036.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	123,735,503.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	9,822,533.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	46,545,273.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	234,097.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0.
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0.
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	56,601,903.

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2016)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization

NORTH TEXAS FOOD BANK

Employer identification number

75-1785357

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations. . . . .

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

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

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

Schedule A (Form 990 or 990-EZ) 2016



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

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2016 (90.26%); 15 Public support percentage from 2015 Schedule A, Part II, line 14 (91.16%); 16a 33 1/3% support test - 2016 (checked); 16b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; 17b 10%-facts-and-circumstances test - 2015; 18 Private foundation.

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

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2016, 2015. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2015 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2016, 2015. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests - 2016. 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.
19b 33 1/3% support tests - 2015. 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.
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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows a, b.

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7:                   \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 2016. . . .			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
OTHER REVENUE	19,061.	18,891.	6,590.	6,641.	9,868.	61,051.
UTILITY REIMBURSEMENT			15,157.	20,494.	20,396.	56,047.
<b>TOTALS</b>	<u>19,061.</u>	<u>18,891.</u>	<u>21,747.</u>	<u>27,135.</u>	<u>30,264.</u>	<u>117,098.</u>

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2016**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

NORTH TEXAS FOOD BANK

Employer identification number

75-1785357

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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



Name of organization **NORTH TEXAS FOOD BANK**

Employer identification number  
**75-1785357**

**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 13,065,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 6,522,146.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 21,739,974.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 3,044,636.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 10,978,335.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **NORTH TEXAS FOOD BANK**

Employer identification number  
75-1785357

**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 14,720,286.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 3,160,149.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTH TEXAS FOOD BANK

Employer identification number

75-1785357

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	FOOD _____ _____ _____	\$ 13,065,480.	VAR
3	FOOD _____ _____ _____	\$ 6,522,146.	VAR
4	FOOD _____ _____ _____	\$ 21,739,974.	VAR
5	FOOD _____ _____ _____	\$ 2,963,930.	VAR
6	FOOD _____ _____ _____	\$ 10,978,335.	VAR
7	FOOD _____ _____ _____	\$ 14,186,747.	VAR

Name of organization **NORTH TEXAS FOOD BANK**

Employer identification number

75-1785357

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
8	FOOD _____ _____ _____	\$ 2,965,254.	VAR
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization **NORTH TEXAS FOOD BANK**

Employer identification number  
**75-1785357**

**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
_____	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2016

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

NORTH TEXAS FOOD BANK

75-1785357

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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., 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?, 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)?, 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.

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

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

Schedule D (Form 990) 2016

JSA 6E1268 1.000

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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 Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Table with Yes/No columns for 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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT	110,879.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	134,300,734.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	234,097.
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	192,912.
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	13,598.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	440,607.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	133,860,127.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-302,091.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-302,091.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	133,558,036.

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	124,244,104.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	192,912.
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	302,091.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	495,003.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	123,749,101.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-13,598.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-13,598.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	123,735,503.

**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.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH RETURN:

PLEDGE BAD DEBT EXPENSE IN AUDIT REVENUE	\$13,598
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SCHEDULE D, PART XI, LINE 4B

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH RETURN:

FUNDRAISING EXPENSES	\$(272,710)
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NET RENTAL LOSS	(49,777)
-----------------	----------

UTILITY REIMBURSEMENT	20,396
-----------------------	--------

TOTAL	\$(302,091)
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SCHEDULE D, PART XII, LINE 2D

RECONCILIATION OF EXPENSE PER AUDITED FINANCIAL STATEMENTS WITH RETURN:

FUNDRAISING EXPENSES	\$272,710
----------------------	-----------

NET RENTAL LOSS	49,777
-----------------	--------

UTILITY REIMBURSEMENT	(20,396)
-----------------------	----------

TOTAL	\$302,091
-------	-----------

SCHEDULE D, PART XII, LINE 4B

RECONCILIATION OF EXPENSE PER AUDITED FINANCIAL STATEMENTS WITH RETURN:

PLEDGE BAD DEBT EXPENSE IN AUDIT REVENUE	\$(13,598)
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**Part XIII** Supplemental Information *(continued)*

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SCHEDULE D, PART X, LINE 2

ASC 740 FOOTNOTE:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		HARVEST (event type)	TASTE OF THE C (event type)	1. (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	322,880.	349,230.	154,820.	826,930.
	<b>2</b> Less: Contributions . . . . .	193,426.	272,368.	146,044.	611,838.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	129,454.	76,862.	8,776.	215,092.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	18,420.	24,500.	4,730.	47,650.
	<b>7</b> Food and beverages . . . . .	4,400.			4,400.
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	103,570.	92,260.	24,830.	220,660.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				272,710.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-57,618.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
BRAD CECIL & ASSOCIATES 2115 ARLINGTON DOWNS RD ARLINGTON TX 76011	DIRECT MAIL CAP CAMPN		X	14,699,259.	727,016.	13,972,243.
CBS RADIO TEXAS INC 4125-4131 N CENTRAL EXPRESSWAY DALLAS TX 75204	PUBLICITY & SUPPORT		X	527,260.	40,000.	487,260.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

NORTH TEXAS FOOD BANK

Employer identification number

75-1785357

**Part I General Information on Grants and Assistance**

- 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
- 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VARIOUS ORGANIZATIONS SEE ATTACHMENT	00-0000000	501(C)(3)	113,000.	75,258,646.	AVG DONATED VALUE	FOOD	HUNGER RELIEF
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 185.

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

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

Schedule I (Form 990) (2016)



**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 non-cash assistance
1 FOOD	233,958.		17,913,658.	AVG DONATED VALUE	FOOD
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.:

THE USE OF GRANT FUNDS IS MONITORED BY COLLECTING THE FOLLOWING INFORMATION FROM OUR RECIPIENTS, SUCH AS: MONTHLY FEEDING DATA (# OF INDIVIDUALS AND FAMILIES SERVED, ETC.), REVIEW OF DOCUMENTED EXPENSES, AND CONDUCTING ANNUAL COMPLIANCE AUDITS AND REVIEWS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NORTH TEXAS FOOD BANK

**Compensation Information**

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

75-1785357

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a	X	
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SIMON POWELL INTERIM PRESIDENT & CEO	(i)	152,729.	50,000.	6,390.	13,982.	16,034.	239,135.	
	(ii)	0.	0.	0.	0.	0.	0.	
2 COLLEEN BRINKMANN CHIEF PHILANTHROPY OFFICER	(i)	157,011.	50,000.	8,574.	13,540.	8,922.	238,047.	
	(ii)	0.	0.	0.	0.	0.	0.	
3 WILLIAM BRETT GRAY CHIEF MARKETING OFFICER	(i)	127,586.	25,000.	15,719.	10,714.	12,458.	191,477.	
	(ii)	0.	0.	0.	0.	0.	0.	
4 JANIS PRUITT PRESIDENT/CEO END: 9/2016	(i)	185,696.	150,000.	11,211.	21,852.	11,979.	380,738.	
	(ii)	0.	0.	0.	0.	0.	0.	
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

SCHEDULE J, PART I, LINE 5A

COMPENSATION CONTINGENT ON REVENUE OF ORGANIZATION:

FOR THE 2016 CALENDAR YEAR, JANIS PRUITT AND COLLEEN BRINKMANN HAD LETTER AGREEMENTS GUARANTEEING THEM BONUSES BASED ON FUNDS RAISED IN THE CAPITAL CAMPAIGN.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

NORTH TEXAS FOOD BANK

Employer identification number

75-1785357

**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 . . . . .	X	22.	1,620,088.	VALUE WHEN DONATED
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	18,921.	97,326,405.	FA PROD VALUE REPOR
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( AUCTION ITEMS ) . . . . .	X	327.	123,074.	FMV
26 Other ▶ ( _____ ) . . . . .				
27 Other ▶ ( _____ ) . . . . .				
28 Other ▶ ( _____ ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 2.

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

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

Schedule M (Form 990) (2016)

JSA

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

---

SCHEDULE M, PART I, COLUMN B

NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED:

THE AMOUNTS REPORTED IN THIS COLUMN ARE THE NUMBER OF CONTRIBUTIONS RECEIVED.

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NORTH TEXAS FOOD BANK

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

75-1785357

FORM 990, PART VI, SECTION A, LINE 1A

DELEGATION OF AUTHORITY:

AN EXECUTIVE COMMITTEE IS ELECTED BY THE BOARD AND IS ABLE TO EXERCISE ALL THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE ORGANIZATION BETWEEN BOARD MEETINGS. ALSO, THE EXECUTIVE COMMITTEE HANDLES THE HIRING AND REVIEW OF THE PRESIDENT & CEO.

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

PROCESS TO REVIEW THE FORM 990:

THE ORGANIZATION'S BOARD OF DIRECTORS HAS FORMALLY DELEGATED AUTHORITY FOR THE REVIEW OF ITS FORM 990 TO THE ORGANIZATION'S AUDIT COMMITTEE. A COPY IS THEN DISTRIBUTED TO ALL BOARD MEMBERS. IN ADDITION, THE ORGANIZATION'S ACCOUNTING FIRM AND LAW FIRM REVIEWED THE FORM 990 PRIOR TO FILING. THE ORGANIZATION UTILIZED THIS PROCESS TO ENSURE THAT ITS FORM 990 RECEIVED SUBSTANTIVE REVIEW BY DIRECTORS AND PROFESSIONALS WITH SPECIFIC KNOWLEDGE OF THE ORGANIZATION'S ACTIVITIES AND EXTENSIVE FINANCIAL ACCOUNTING AND TAX EXPERTISE.

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

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

ALL BOARD MEMBERS, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY AND THEY ARE REQUIRED TO STATE IN WRITING ANY POTENTIAL AREAS OF CONFLICT. THE BOARD REVIEWS AND RESOLVES, IF NECESSARY, ANY TRANSACTIONS AS THEY ARISE

Name of the organization NORTH TEXAS FOOD BANK	Employer identification number 75-1785357
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THROUGHOUT THE YEAR ON A ROUTINE BASIS. THE CONFLICTED PERSON WILL  
ABSTAIN FROM VOTING ON THE TRANSACTION.

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

REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION:

THE FOOD BANK'S EXECUTIVE COMMITTEE OF THE BOARD REVIEWS SALARY DATA WHEN  
EVALUATING COMPENSATION OF THE PRESIDENT AND CEO ON AN ONGOING BASIS. THE  
EXECUTIVE COMMITTEE IS RESPONSIBLE FOR MONITORING/REVIEWING THIS PROCESS  
ANNUALLY, AND THE EXECUTIVE COMMITTEE IS COMPRISED ENTIRELY OF  
INDEPENDENT DIRECTORS. THE REVIEW IS DOCUMENTED IN THE PRESIDENT'S HUMAN  
RESOURCE FILES.

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

REVIEW OF OTHER OFFICERS OR KEY EMPLOYEES COMPENSATION:

USUALLY, THE FOOD BANK'S PRESIDENT REVIEWS SALARY DATA WHEN EVALUATING  
COMPENSATION OF THE OTHER OFFICERS OR KEY EMPLOYEES ON AN ONGOING BASIS.  
THE PRESIDENT IS RESPONSIBLE FOR MONITORING/REVIEWING THIS PROCESS  
ANNUALLY. THE REVIEW IS DOCUMENTED IN THE EMPLOYEE'S HUMAN RESOURCE  
FILES.

FOR THE CURRENT TAX YEAR, THE VP OF HUMAN RESOURCES PERFORMED THE REVIEW  
AS THE ORGANIZATION WAS LOOKING FOR A NEW PRESIDENT.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF DOCUMENTS:

THE ORGANIZATION'S GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS



Name of the organization NORTH TEXAS FOOD BANK	Employer identification number 75-1785357
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ARE AVAILABLE ON THEIR WEB-SITE AND UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

GENEROUS CONTRIBUTIONS OF FOOD PRODUCTS, FUNDS AND VOLUNTEER SERVICE SUPPORT 14 PROGRAMS OF THE NORTH TEXAS FOOD BANK. THESE PROGRAMS BENEFIT APPROXIMATELY 1,000 FEEDING AND EDUCATION LOCATIONS IN 13 NORTH TEXAS COUNTIES, INCLUDING FOOD PANTRIES, SOUP KITCHENS AND SHELTERS, AFTER SCHOOL PROGRAMS, SENIOR CITIZEN CENTERS, AND OTHER SOCIAL SERVICE CENTERS. THESE AGENCIES RECEIVE FOOD FROM THE FOOD BANK AND DISTRIBUTE IT TO NORTH TEXANS IN NEED THROUGH THEIR PANTRY AND ON SITE MEAL PROGRAMS. NORTH TEXANS WHO SEEK ASSISTANCE FORM OUR PARTNER AGENCIES COME FROM A VARIETY OF ECONOMIC AND SOCIAL BACKGROUNDS. THE SENIORS, CHILDREN AND FAMILIES WE SERVE MAY BE YOUR NEIGHBORS, YOUR COWORKERS, YOUR FRIENDS OR EVEN YOUR FAMILY. MANY OF THEM ARE THE WORKING POOR, THEY HAVE JOBS BUT STILL STRUGGLE TO MAKE ENDS MEET. EACH MONTH THEY MUST PAY FOR TRANSPORTATION, HOUSING AND UTILITIES IN THAT ORDER -- AND THEN HOPE THAT THEIR ALREADY LIMITED RESOURCES WILL COVER A MONTH'S SUPPLY OF FOOD FOR THEIR FAMILY. MANY OF THE SENIORS THAT WE SERVE STRUGGLE TO FIND ENOUGH MONEY TO PAY FOR THE MEDICATIONS THAT THEY NEED, DECIDING TO FORGO THESE NECESSARY PRESCRIPTIONS IN ORDER TO PAY FOR FOOD. MANY OF THOSE SERVED BY OUR PARTNER AGENCIES HAVE RECENTLY LOST THEIR JOBS, THROUGH NO FAULT OF THEIR OWN. OTHERS ARE DEALING WITH OVERWHELMING HEALTHCARE EXPENSES. NATURAL DISASTERS CAN PLAY A PART IN STRAINING AN ALREADY OVER EXTENDED INCOME.

Name of the organization NORTH TEXAS FOOD BANK	Employer identification number 75-1785357
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ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4C

THE FOOD 4 KIDS PROGRAM FEEDS HUNGRY STUDENTS WHEN THEY ARE THE MOST VULNERABLE ON THE WEEKENDS WHEN SCHOOL FEEDING PROGRAMS ARE CLOSED. FOOD 4 KIDS PROVIDES CHILDREN WITH BACKPACKS OF NUTRITIOUS FOOD EVERY FRIDAY THROUGHOUT THE SCHOOL YEAR. EACH BACKPACK CONTAINS KID-FRIENDLY SNACKS CAREFULLY SELECTED BY OUR REGISTERED DIETITIAN TO PROVIDE TWO-THIRDS OF A CHILD'S WEEKEND NUTRITIONAL NEEDS. IN THE 2016-2017 SCHOOL YEAR, FOOD 4 KIDS PROVIDED 9,951 CHILDREN WITH 283,340 BACKPACKS, THE EQUIVALENT OF 944,467 MEALS. AFTER PARTICIPATING IN FOOD FOR KIDS, CHILDREN IMPROVED SIGNIFICANTLY ON THESE MEASURES: EXHIBITED FEWER BEHAVIORS ASSOCIATED WITH FOOD INSECURITY, TALKED LESS FREQUENTLY ABOUT ISSUES RELATED TO FOOD INSECURITY, WERE JUDGED TO BE MORE EMOTIONALLY HEALTHY, AND PERFORMED BETTER ACADEMICALLY.

ATTACHMENT 3FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
KIDS CAFE	657,354.	818,478.	
TOTALS	<u>657,354.</u>	<u>818,478.</u>	

ATTACHMENT 4FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
HARVEST	193,426.
TASTE OF THE COWBOYS	272,368.

Name of the organization NORTH TEXAS FOOD BANK	Employer identification number 75-1785357
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ATTACHMENT 4 (CONT'D)FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
EMPTY BOWLS	146,044.
TOTAL	<u>611,838.</u>

ATTACHMENT 5FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
HARVEST	129,454.	126,390.	3,064.
TASTE OF THE COWBOYS	76,862.	116,760.	-39,898.
EMPTY BOWLS	8,776.	29,560.	-20,784.
TOTALS	<u>215,092.</u>	<u>272,710.</u>	<u>-57,618.</u>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

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

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization

NORTH TEXAS FOOD BANK

Employer identification number

75-1785357

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FEEDING NORTH TEXAS FOUNDATION 4500 S. COCKRELL HILL ROAD DALLAS, TX 75236 46-1402484	SUPPORT	TX	501(C)(3)	12, TYPE I	NTFB	X	
(2) NTFB - PEROT FAMILY CAMPUS 4500 S. COCKRELL HILL ROAD DALLAS, TX 75236 82-1959635	LANDLORD	TX	501(C)(3)	12, TYPE I	NTFB	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2016

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NTFB - PEROT FAMILY CAMPUS	D	79,459.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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**Part VII** **Supplemental Information**

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

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**Grants & Other Assistance to Domestic Organizations**

Name Of Organization Or Government	Street	City	State	ZIP Code	EIN	Tax Status	Grants (\$)	Grants (Donated Food Value)	Method of Valuation	Description of Non-cash Assistance	Purpose of Grant Assistance
SHARING LIFE COMM OUTREACH	3544 E. EMPORIUM CIRCLE	MESQUITE	TX	75150	75-2831756	501(c)(3)	100,000	4,686,117	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
CROSSROADS COMMUNITY SERVICES, INC	1822 Young Street	DALLAS	TX	75201	47-2676714	501(c)(3)	-	3,182,237	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
BRIGHTER BITES	PO BOX 25456	HOUSTON	TX	77265	47-4070026	501(c)(3)	-	2,968,064	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
BAPTIST GENERAL CONVENTION OF TEXAS	620 W AVENUE B	GARLAND	TX	75040	75-6044885	501(c)(3)	-	2,660,598	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
LIFE MESSAGE, INC.	P.O. BOX 2087	ROWLETT	TX	75030	26-4642683	501(c)(3)	-	2,607,163	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
CHRISTIAN COMMUNITY ACTION	200 SOUTH MILL ST	LEWISVILLE	TX	75057	23-7319371	501(c)(3)	-	2,517,359	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
CITY SQUARE	511 N. Akard Street Ste. 302	DALLAS	TX	75201	75-2332948	501(c)(3)	-	2,346,571	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
LAMAR COUNTY FOOD PANTRY INC (DOWNTOWN FOOD PANTRY)	124 W. CHERRY ST.	PARIS	TX	75460	47-4531021	501(c)(3)	-	2,303,567	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
FOOD BANK WEST CENTRAL TEXAS	5505 N. FIRST	ABILENE	TX	79603	75-1888192	501(c)(3)	-	2,194,375	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
SEVEN LOAVES FOOD PANTRY	5801 WEST PLANO PARKWAY	PLANO	TX	75093	27-1883333	501(c)(3)	-	1,912,424	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
SALVATION ARMY PLANO CORPS	P.O. BOX 860006	PLANO	TX	75074	58-0660607	501(c)(3)	-	1,827,693	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
GEN COUNCIL OF FIN. ADMIN. OF UNITED METHODIST	210 SOUTH BROADWAY	BELLS	TX	75414	31-1813333	501(c)(3)	-	1,638,139	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
A CHRISTIAN FOOD PANTRY	1116 DOBIE	PLANO	TX	75074	45-0635029	501(c)(3)	-	1,591,901	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
SHARE CENTER	103 W JONES	TERRELL	TX	75160	75-2825568	501(c)(3)	-	1,478,114	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
METROCREST SERVICES	13801 HUTTON DRIVE, SUITE 150	FARMERS BRANCH	TX	75234	75-1548334	501(c)(3)	1,000	1,371,487	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
ALLEN COMMUNITY OUTREACH	801 E MAIN STREET	ALLEN	TX	75002	75-1986190	501(c)(3)	-	1,348,649	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
CARVER HEIGHTS BAPTIST CHURCH	2510 E. LEDBETTER DRIVE	DALLAS	TX	75216	75-1947095	501(c)(3)	-	1,319,514	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
NAVARRO COUNTY FOOD PANTRY	P.O. BOX 1263	CORSICANA	TX	75151	75-2430044	501(c)(3)	-	1,219,433	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
GOOD SAMARITANS	214 N 12TH STREET	GARLAND	TX	75040	75-1916118	501(c)(3)	-	1,151,608	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
MINNIES FOOD PANTRY	3033 W. PARKER RD SUITE 116	PLANO	TX	75023	27-2363211	501(c)(3)	-	1,063,120	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
BROTHER BILLS HELPING HAND	P.O. BOX 565846	DALLAS	TX	75356	75-6027740	501(c)(3)	-	991,726	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
VOLUNTEER CENTER OF NORTH TEXAS	2800 LIVE OAK STREET	DALLAS	TX	75204	75-1364145	501(c)(3)	-	917,176	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
FANNIN CO COMMUNITY MINISTRIES	PO BOX 69	BONHAM	TX	75418	75-2453309	501(c)(3)	-	848,440	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
NORTH DALLAS SHARED MINISTRIES	2875 MERRELL RD	DALLAS	TX	75229	75-1908563	501(c)(3)	-	830,546	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
AMAZING GRACE FOOD PANTRY	1711 PARKER RD	WYLIE	TX	75098	81-4228493	501(c)(3)	-	790,200	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
GRAND CENTRAL STATION	P.O. BOX 3173	SHERMAN	TX	75090	26-3653572	501(c)(3)	-	774,415	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
WHITE ROCK CENTER HOPE/SEDEA	PO BOX 180358	DALLAS	TX	75218	75-2248813	501(c)(3)	-	772,249	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
WILKINSON CENTER	P.O. BOX 720248	DALLAS	TX	75372	75-2712117	501(c)(3)	-	753,484	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
GRAND PRAIRIE UNITED CHARITIES	1417 DENSMAN ST	GRAND PRAIRIE	TX	75051	75-0939084	501(c)(3)	-	726,374	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
SM WRIGHT FOUNDATION	9213 SOVEREIGN ROW	DALLAS	TX	75247	31-1613179	501(c)(3)	-	706,202	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
MT TABOR BAPTIST CHURCH	PO BOX 41139	DALLAS	TX	75241	75-1942071	501(c)(3)	-	704,406	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
RESOURCE CENTER	PO BOX 190869	DALLAS	TX	75219	75-1892059	501(c)(3)	-	688,047	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
CUMBY FOOD PANTRY	P O BOX 225	CUMBY	TX	75433	26-0789846	501(c)(3)	-	659,955	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
CATHOLIC CHARITIES OF DALLAS	1421 W MOCKINGBIRD LN	DALLAS	TX	75247	53-0196617	501(c)(3)	-	631,882	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
COMMUNITY OUTREACH CONNECTION	P.O. BOX 763214	DALLAS	TX	75376	20-1461732	501(c)(3)	-	615,871	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF

**Grants & Other Assistance to Domestic Organizations**

Name Of Organization Or Government	Street	City	State	ZIP Code	EIN	Tax Status	Grants (\$)	Grants (Donated Food Value)	Method of Valuation	Description of Non-cash Assistance	Purpose of Grant Assistance
UNION GOSPEL MISSION	3211 IRVING BLVD	DALLAS	TX	75247	75-6003612	501(c)(3)	-	613,626	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
REGIONAL FOOD BANK OF OKLAHOMA	3355 PURDUE	OKLAHOMA CITY	OK	73137	73-1100380	501(c)(3)	-	595,457	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
SOUPMOBILE	3017 COMMERCE ST	DALLAS	TX	75226	20-0154935	501(c)(3)	-	591,271	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
WAXAHACHIE CARE SERVICES	PO BOX 371	WAXAHACHIE	TX	75168	75-2490584	501(c)(3)	-	560,903	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
IRVING CARES, INC	P. O. BOX 177425	IRVING	TX	75017	75-1436937	501(c)(3)	-	543,580	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
SOUL FOR CHRIST MINISTRY, INC	P.O. BOX 570831	DALLAS	TX	75357	75-2946782	501(c)(3)	-	537,558	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
GOLDEN GATE BAPTIST CHURCH	1101 REVEREND CBT SMITH SR ST.	DALLAS	TX	75203	75-2832604	501(c)(3)	-	481,451	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
JEWISH FAMILY SERVICE	5402 ARAPAHO RD	DALLAS	TX	75248	75-1992728	501(c)(3)	-	473,932	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
EAST TEXAS FOOD BANK	P.O. BOX 6974	TYLER	TX	75711	75-2222686	501(c)(3)	-	465,857	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
DELTA HOPE HOUSE	P O Box 341	COOPER	TX	75432	46-5365310	501(c)(3)	-	461,075	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
SVDP OUR LADY OF VICTORY	3065 ASPEN DRIVE	PARIS	TX	75462	13-5562362	501(c)(3)	-	456,165	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
HUNT COUNTY SHARED MINISTRIES	P.O. BOX 124	GREENVILLE	TX	75403	75-2344035	501(c)(3)	-	446,290	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
DESOTO FOOD PANTRY	302 N. HAMPTON RD	DESOTO	TX	75115	90-0399912	501(c)(3)	-	444,960	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
CHOCOLATE MINT FOUNDATION	201 EXECUTIVE WAY, SUITE 106	DESOTO	TX	75115	27-1589053	501(c)(3)	-	433,695	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
TR HOOVER CDC	5106 BEXAR ST	DALLAS	TX	75215	75-2700136	501(c)(3)	-	423,258	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
PLEASANT GROVE FOOD PANTRY	P.O. Box 171221	DALLAS	TX	75217	27-5301210	501(c)(3)	-	421,186	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
MASTERKEY MINISTRIES OF GRAYSON CTY, INC.	209 S. FM 1417	SHERMAN	TX	75092	27-0956504	501(c)(3)	-	396,828	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
CEDAR HILL SHARES	P. O. BOX 2694	CEDAR HILL	TX	75106	75-2486449	501(c)(3)	-	388,168	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
MINISTERIAL ALLIANCE	P O BOX 2218	SULPHUR SPRINGS	TX	75483	75-2197104	501(c)(3)	-	387,831	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
MANNA HOUSE BONHAM	914 S. 5TH	BONHAM	TX	75418	75-2599207	501(c)(3)	-	356,775	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
RICHARDSON EAST COC	1504 E. CAMPBELL RD	RICHARDSON	TX	75081	75-1009625	501(c)(3)	-	352,125	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
HOMEWARD BOUND	PO BOX 222194	DALLAS	TX	75222	74-2127841	501(c)(3)	-	351,342	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
FRISCO FAMILY SERVICES CENTER	PO BOX 1387	FRISCO	TX	75034	75-2530888	501(c)(3)	-	348,038	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
COMMUNITY CHEST, INC	P O BOX 353	SULPHUR SPRINGS	TX	75483	27-2789504	501(c)(3)	-	317,439	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
UNITED UNIVERSE	1729 OATES DRIVE #914	MESQUITE	TX	75150	90-0545632	501(c)(3)	-	290,547	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
MOUNTAIN VIEW COC	4111 W ILLINOIS AVE	DALLAS	TX	75211	75-1903822	501(c)(3)	-	282,037	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
FOUR RIVERS OUTREACH INC.	210 SOUTH RUSK ST.	SHERMAN	TX	75090	20-5079885	501(c)(3)	-	277,935	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
HARMONY COMMUNITY DEVELOPMENT CORP	6969 PASTOR BAILEY DR, SUITE 110	DALLAS	TX	75237	75-1523441	501(c)(3)	-	274,712	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
METRO RELIEF	P.O. BOX 560962	THE COLONY	TX	75056	45-2389719	501(c)(3)	-	272,512	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
NEW BEGINNING CENTER	218 N TENTH ST	GARLAND	TX	75040	75-1884025	501(c)(3)	-	268,880	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
CARE CENTER MINISTRIES	P.O. BOX 171059	DALLAS	TX	75217	75-2306428	501(c)(3)	-	265,193	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
LAKE AREA SHARED MINISTRIES	P O BOX 492	QUINLAN	TX	75474	03-0415402	501(c)(3)	-	249,842	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
NETWORK OF COMMUNITY MINISTRY	741 S SHERMAN ST	RICHARDSON	TX	75081	75-2060900	501(c)(3)	-	246,440	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
DALLAS LIFE	P.O. BOX 130116	DALLAS	TX	75313	75-2336522	501(c)(3)	-	246,159	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
HELPING HANDS OF ENNIS	P.O. BOX 472	ENNIS	TX	75120	75-2255724	501(c)(3)	-	238,256	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF

**Grants & Other Assistance to Domestic Organizations**

Name Of Organization Or Government	Street	City	State	ZIP Code	EIN	Tax Status	Grants (\$)	Grants (Donated Food Value)	Method of Valuation	Description of Non-cash Assistance	Purpose of Grant Assistance
MANNA HOUSE	210 W AVE F	MIDLOTHIAN	TX	76065	75-2442266	501(c)(3)	-	225,464	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
DUNCANVILLE OUTREACH MINISTRY	P.O. BOX 380998	DUNCANVILLE	TX	75138	75-2254616	501(c)(3)	-	225,373	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
NEW BEGINNING FELLOWSHIP	1201 W. SHEPHERD	DENISON	TX	75020	75-2287939	501(c)(3)	-	218,990	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
KAUFMAN CHRISTIAN HELP CENTER	400 TERRELL HIGHWAY	KAUFMAN	TX	75142	30-0334168	501(c)(3)	-	218,522	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
GOOD STREET SOCIAL CENTER	3110 BONNIE VIEW RD	DALLAS	TX	75216	75-6001681	501(c)(3)	-	211,182	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
PATHWAY OF LIFE CHURCH	8510 MILITARY PARKWAY	DALLAS	TX	75227	73-6109354	501(c)(3)	-	207,044	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
BAPTIST BENEVOLENT IRVING	PO BOX 170115	IRVING	TX	75017	75-2497546	501(c)(3)	-	203,260	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
FIRST ASSEMBLY OF GOD TERRELL	203 MAIN STREET	TERRELL	TX	75160	05-0577468	501(c)(3)	-	202,686	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
TABERNACLE BAPTIST CHURCH	3403 MCBROOM ST	DALLAS	TX	75212	75-1155619	501(c)(3)	-	202,318	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
STRAIGHT STREET LADIES OF CHARITY DBA VICKERY MEADOWS NEIGHBORHOOD	PO BOX 1674	CEDAR HILL	TX	75106	75-2051641	501(c)(3)	-	190,259	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
	PO BOX 595666	DALLAS	TX	75359	75-2491424	501(c)(3)	-	185,349	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
LIFESOURCE MINISTRIES	2109 W. PARKER RD, STE. 208	PLANO	TX	75023	75-2491864	501(c)(3)	-	173,354	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
FOUR CORNERS OUTREACH	15642 HWY 160	BLUE RIDGE	TX	75424	45-5543026	501(c)(3)	-	169,384	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
THE BRIDGE CONNECTION	P.O. BOX 732	WYLIE	TX	75098	45-4969105	501(c)(3)	-	164,664	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
HANDS OF COMPASSION	809 SAHARA DRIVE	GREENVILLE	TX	75402	75-6004485	501(c)(3)	-	155,971	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
SHEPHERDS STOREHOUSE	P.O. BOX 826	PILOT POINT	TX	76258	75-2276185	501(c)(3)	-	154,038	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
YOUR NEIGHBOR'S HOUSE	201 SOUTH UNION ST	WHITESBORO	TX	76273	90-0140564	501(c)(3)	-	151,185	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
CEDAR CREEK NON-PROFIT HOUSING	2675 N STATE HWY 34	KAUFMAN	TX	75142	75-2923564	501(c)(3)	-	147,012	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
THE JOSEPH STOREHOUSE EMERGENCY RELIEF CENTER	PO Box 531428	GRAND PRAIRIE	TX	75053	75-2133779	501(c)(3)	-	135,518	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
SOUL'S HARBOR, INC.	P.O. BOX 360455	DALLAS	TX	75253	75-1190109	501(c)(3)	-	133,512	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
PINE FOREST PANTRY	3932 FM 269	PICKTON	TX	75471	75-2669699	501(c)(3)	-	131,889	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
BREAD OF LIFE CHURCH	301 HWY 224	COMMERCE	TX	75428	45-0552034	501(c)(3)	-	131,790	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
TEENLIFE CHALLENGE OF DALLAS	P O BOX 181794	DALLAS	TX	75218	57-1194048	501(c)(3)	-	129,775	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
DENISON HELPING HANDS	418 W CHESTNUT	DENISON	TX	75020	75-2031131	501(c)(3)	-	125,821	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
THIS IS YOUR SEASON MINISTRIES	PO BOX 206	ROCKWALL	TX	75087	20-5363024	501(c)(3)	-	118,854	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
WESLEY RANKIN COMMUNITY CENTER	3100 CROSSMAN AVE	DALLAS	TX	75212	75-0808775	501(c)(3)	-	118,352	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
DUNCANVILLE CHURCH OF CHRIST	PO BOX 382000	DUNCANVILLE	TX	75138	75-1737365	501(c)(3)	-	117,698	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
HOUSTON FOOD BANK	535 PORTWALL ST.	HOUSTON	TX	77029	74-2181456	501(c)(3)	-	116,780	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
FORNEY FOOD PANTRY	PO BOX 2343	FORNEY	TX	75126	75-2320701	501(c)(3)	-	114,820	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
ESTATES AT GRAND PRAIRIE INC.	1005 SW 3RD ST	GRAND PRAIRIE	TX	75051	41-6008491	501(c)(3)	-	110,122	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
RECONCILIATION OUTREACH MIN.	1421 NORTH PEAK	DALLAS	TX	75204	75-2192081	501(c)(3)	-	107,328	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
VOICE OF HOPE MINISTRIES	P.O. BOX 224845	DALLAS	TX	75222	75-1850380	501(c)(3)	1,600	102,950	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
GRACE BRIDGE FOOD BANK	SUITE 330	FRISCO	TX	75035	46-3829284	501(c)(3)	-	102,428	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
NEXUS RECOVERY CENTER	8733 LA PRADA DRIVE	DALLAS	TX	75228	23-7169388	501(c)(3)	-	101,956	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
HARMONY MISSIONARY BAPTIST	2111 E. TUCK STREET	SHERMAN	TX	75090	75-2002183	501(c)(3)	-	100,367	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF

**Grants & Other Assistance to Domestic Organizations**

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COMMUNITIES IN SCHOOLS OF THE DALLAS REGION	1341 W. MOCKINGBIRD LANE, SUITE 1000E	DALLAS	TX	75247	75-2044117	501(c)(3)		100,033	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
BOLES HOME, INC.	7065 LOVE ST	QUINLAN	TX	75474	75-0904045	501(c)(3)	-	99,409	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
OAK CLIFF CHURCHES EMERG AID	PO BOX 3923	DALLAS	TX	75208	51-0161462	501(c)(3)	-	98,410	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
GRAND PRAIRIE FAMILY CHURCH	P.O. BOX 531594	GRAND PRAIRIE	TX	75053	44-0552034	501(c)(3)	-	96,643	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
JUBILEE CENTER	P. O. BOX 710759	DALLAS	TX	75371	75-2726296	501(c)(3)	-	94,033	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
SOUTHWEST HARVEST CHURCH	201 W. CENTER ST	DUNCANVILLE	TX	75116	75-2345364	501(c)(3)	-	89,342	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
LIFENET COMMUNITY BEHAVIORAL	9708 SKILLMAN ST	DALLAS	TX	75243	75-1666000	501(c)(3)	-	87,650	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
FRUITFUL HARVEST MINISTRY	P O BOX 1130	SULPHUR SPRINGS	TX	75482	75-2467585	501(c)(3)	-	85,297	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
OUTCRY IN THE BARRIO	P.O. BOX 151716	DALLAS	TX	75315	45-1168452	501(c)(3)	-	84,886	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
FAMILY GATEWAY	711 South St. Paul Street	DALLAS	TX	75201	75-2105579	501(c)(3)	-	83,769	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
JUBILEE EMERGENCY AID CENTER	1440 SUNNY GLEN	DALLAS	TX	75232	58-1381196	501(c)(3)	-	80,860	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
PRECIOUS GEMS SVC INC	7702 LOS GATOS	DALLAS	TX	75232	75-2635716	501(c)(3)	-	76,477	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
HUNGRY HEARTS FOOD PANTRY	5220 BLAIR OAKS DR.	THE COLONY	TX	75056	44-0577787	501(c)(3)	-	74,650	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
TRINITY RIVER MISSION	2060 SINGLETON BLVD. SUITE 104	DALLAS	TX	75212	75-6055203	501(c)(3)	-	68,053	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
HELPING HANDS GLEANING	808 HILLTOP CIRCLE	DESOTO	TX	75115	68-0514975	501(c)(3)	-	64,756	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
VOLUNTEERS OF AMERICA	300 E MIDWAY DR	EULESS	TX	76039	13-1692595	501(c)(3)	-	63,991	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
TURN AROUND AGENDA	1808 W CAMP WISDOM RD	DALLAS	TX	75232	75-1548305	501(c)(3)	-	61,345	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
NEW LIFE CHURCH OF NTX	P.O. BOX 224423	DALLAS	TX	75222	56-2452141	501(c)(3)	-	60,994	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
BURNING BUSH CHRISTIAN ACADEMY	4943 BONNIE VIEW RD	DALLAS	TX	75241	31-1786514	501(c)(3)	-	59,826	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
TARRANT AREA FOOD BANK	2600 CULLEN ST.	FT WORTH	TX	76107	75-1822473	501(c)(3)	-	59,731	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
MORNING STARR NEW BEGINNINGS	1242 APRIL SHOWERS	LANCASTER	TX	75134	26-1559367	501(c)(3)	-	59,429	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
GIRLS INCORPORATED	2040 EMPIRE CENTRAL	DALLAS	TX	75235	75-1305705	501(c)(3)	800	58,839	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
RIVER VALLEY REGIONAL FB	P.O. BOX 4069	FORT SMITH	AR	72914	47-1536412	501(c)(3)	-	58,512	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
NORTHWEST CHRISTIAN COMM SRVS	108 PECAN STREET	ROANOKE	TX	76262	75-2206095	501(c)(3)	-	58,402	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
CHRIST CARES FOR PRINCETON	P.O. BOX 1155	PRINCETON	TX	75407	75-2575496	501(c)(3)	-	56,982	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
CLIFF VIEW CHURCH OF CHRIST	2424 SIMPSON STUART ROAD	DALLAS	TX	75241	75-2267015	501(c)(3)	-	55,635	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
BUCKNER CHILDREN & FAMILY SRV	5405 SHOE DR.	MESQUITE	TX	75149	75-2571395	501(c)(3)	-	54,300	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
BRIGHTER TOMORROWS	928 Blue Bird Drive	IRVING	TX	75061	75-2291809	501(c)(3)	-	52,533	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
GRAND PRAIRIE CO-OP	118 N.E. 4TH	GRAND PRAIRIE	TX	75050	75-2677691	501(c)(3)	-	52,218	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
DIVINE INSPIRATION MISSIONARY	4325 W LEDBETTER DRIVE	DALLAS	TX	75233	75-2828965	501(c)(3)	-	51,386	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
MESQUITE SOCIAL SERVICES	1035 MILITARY PKWY	MESQUITE	TX	75149	75-1108455	501(c)(3)	-	51,087	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
FROST COMMUNITY CENTER	P.O.BOX 388	FROST	TX	76641	26-4176277	501(c)(3)	-	50,239	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
TURTLE CREEK RECOVERY CENTER	2707 Routh Street	DALLAS	TX	75201	75-1282276	501(c)(3)	-	49,163	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
MESQUITE CHURCH OF CHRIST	400 W DAVIS ST	MESQUITE	TX	75149	75-1320665	501(c)(3)	-	48,969	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
PROJECT TRANSFORMATION GREATER DALLAS	547 E JEFFERSON	DALLAS	TX	75203	75-2930405	501(c)(3)	7,200	47,915	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF

**Grants & Other Assistance to Domestic Organizations**

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HOLY HIGHWAY	P O BOX 160	PICKTON	TX	75471	75-2251997	501(c)(3)	-	47,739	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
LAKE CITIES UNITED METHODIST	300 E. HUNDLEY DR.	LAKE DALLAS	TX	75065	36-2167731	501(c)(3)	-	46,818	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
DAYSRING FAMILY CHURCH	P.O. BOX 154142	IRVING	TX	75015	75-2621143	501(c)(3)	-	45,895	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
BASIC FOOD PANTRY	1924 COUNTY RD 1410	BONHAM	TX	75418	27-4123301	501(c)(3)	-	41,856	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
JACK & JILL DAY CARE	P.O. BOX 807	DENISON	TX	75020	75-1372756	501(c)(3)	-	39,900	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
ST PHILIPS COMMUNITY CENTER	1600 PENNSYLVANIA AVE	DALLAS	TX	75215	75-1097360	501(c)(3)	2,400	39,093	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
FAMILY PLACE	PO BOX 7999	DALLAS	TX	75209	75-1590896	501(c)(3)	-	36,434	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
MEAL A DAY SULPHUR SPRINGS	150 MARTIN LUTHER KING	SULPHUR SPRINGS	TX	75482	75-1793980	501(c)(3)	-	32,571	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
BROWN ST. CHURCH OF CHRIST	2471 BROWN STREET	WAXAHACHIE	TX	75165	75-1686689	501(c)(3)	-	31,924	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
COMMUNITY ACADEMY DAY CARE	1755 E ANN ARBOR AVE	DALLAS	TX	75216	23-7002419	501(c)(3)	-	30,684	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
GRAYSON COUNTY SHELTER	331 W MORTON	DENISON	TX	75020	75-2161951	501(c)(3)	-	29,162	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
ABRACADABRA, INC.	4041 W WHEATLAND SUITE 156	DALLAS	TX	75237	75-2635720	501(c)(3)	-	28,998	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
COMMUNITY LIFELINE CENTER	PO BOX 1792	MCKINNEY	TX	75070	75-2286990	501(c)(3)	-	27,344	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
YMCA MOORLAND	907 E LEDBETTER DR	DALLAS	TX	75216	75-0808816	501(c)(3)	-	23,449	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
BETHLEHEM PLACE	PO BOX 441	PROSPER	TX	75078	46-1062609	501(c)(3)	-	23,029	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
NORTH TEXAS YOUTH CONNECTION	P.O. BOX 1625	SHERMAN	TX	75091	75-1550809	501(c)(3)	-	22,790	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
CFT FISHER HOUSE	4500 S. LANCASTER RD, BLDG #79	DALLAS	TX	75216	75-0964565	501(c)(3)	-	21,280	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
TWELVE OVERFLOWING BASKETS	PO BOX 1012	CADDO MILLS	TX	75135	26-2591587	501(c)(3)	-	20,549	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
GENESIS WOMENS SHELTER	DRAWER G	DALLAS	TX	75208	75-1881365	501(c)(3)	-	17,828	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
A TOUCH OF FAITH INC.	PO BOX 1718	DESOTO	TX	75123	33-1063807	501(c)(3)	-	17,266	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
CHAI	13101 PRESTON RD SUITE 312	DALLAS	TX	75240	75-1894451	501(c)(3)	-	17,017	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
ISLAMIC ASSOCIATION OF COLLIN COUNTY	6401 INDEPENDENCE PARKWAY	PLANO	TX	75023	75-2705898	501(c)(3)	-	16,859	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
MOSAIC FAMILY SERVICES	4144 N. CENTRAL EXPY #530	DALLAS	TX	75204	75-2484565	501(c)(3)	-	16,701	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
AIDS SERVICES OF DALLAS	P.O. BOX 4338	DALLAS	TX	75208	75-2144518	501(c)(3)	-	16,584	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
ALAMEDA HEIGHTS	2721 LYOLA ST	DALLAS	TX	75241	75-2227185	501(c)(3)	-	15,942	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
BOYS & GIRLS CLUB OF DENISON	P.O. BOX 23	DENISON	TX	75020	75-6056229	501(c)(3)	-	15,942	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
PLANO FOOD PANTRY	2200 18TH STREET	PLANO	TX	75074	31-1629166	501(c)(3)	-	14,081	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
BRAZOS VALLEY FOOD BANK	P.O. BOX 9489	COLLEGE STATION	TX	77840	74-2380446	501(c)(3)	-	13,866	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
WAY OF TRUTH	PO BOX 172037	DALLAS	TX	75217	14-1858682	501(c)(3)	-	12,820	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
BRIDGE CONNECTION	401 SOUTH BIRMINGHAM #A	WYLIE	TX	75098	45-4969105	501(c)(3)	-	12,814	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
SOUTH LIBERTY BAPTIST CHURCH	1637 CR 1177	SULPHUR SPRINGS	TX	75482	75-1844984	501(c)(3)	-	11,946	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
EQUAL HEART	4848 LEMMON AVE, #513	DALLAS	TX	75219	46-2846816	501(c)(3)	-	10,919	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
5 LOAVES FOOD PANTRY	4401 WILLIFORD RD	SACHSE	TX	75048	81-4676309	501(c)(3)	-	10,169	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
CARROLLTON FRIENDSHIP HOUSE	1907 SUNRIDGE	CARROLLTON	TX	75006	75-6044885	501(c)(3)	-	8,832	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
TEXAS HEALTHY MARRIAGE INITIATIVE	2420 North I-35 East Suite 123	LANCASTER	TX	75134	11-3774629	501(c)(3)	-	8,800	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF

**Grants & Other Assistance to Domestic Organizations**

Name Of Organization Or Government	Street	City	State	ZIP Code	EIN	Tax Status	Grants (\$)	Grants (Donated Food Value)	Method of Valuation	Description of Non-cash Assistance	Purpose of Grant Assistance
SHARED HOUSING CENTER	402 N GOOD LATIMER	DALLAS	TX	75204	75-2137522	501(c)(3)	-	8,637	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
WOMEN IN NEED	P.O. BOX 349	GREENVILLE	TX	75403	75-1911978	501(c)(3)	-	7,980	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
CENTRAL BAPTIST CHURCH	840 CONNALLY STREET	SULPHUR SPRINGS	TX	75482	75-2468058	501(c)(3)	-	7,876	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
RISEN CHRIST FAMILY CHURCH	326 E CAMP WISDOM ROAD	DUNCANVILLE	TX	75116	75-2652815	501(c)(3)	-	7,523	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
AISHA'S LEARNING CENTER	6610 TYREE ST.	DALLAS	TX	75209	75-1820742	501(c)(3)	-	6,880	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
SANTA COPS OF DALLAS	6404 CREEKDALE	THE COLONY	TX	75056	75-2732926	501(c)(3)	-	6,797	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
GOOD SHEPHERD LUTHERAN	2620 W GRAUWYLER RD	IRVING	TX	75061	41-1568278	501(c)(3)	-	5,928	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
GOODNESS AND GRACE FOOD PANTRY	310 S CLARK RD	CEDAR HILL	TX	75104	75-2489213	501(c)(3)	-	5,900	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
SERVICES OF HOPE	PO BOX 227252	DALLAS	TX	75222	33-1104425	501(c)(3)	-	5,856	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
TEXAS MUSLIM WOMEN'S FOUNDATION, INC.	P.O. BOX 863388	PLANO	TX	75086	20-3060929	501(c)(3)	-	5,765	AVG DONATED VALUE/AVG PURCHASE COST	FOOD	HUNGER RELIEF
<b>TOTAL</b>							<b>113,000</b>	<b>75,258,646</b>			

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

► **File a separate application for each return.**  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

**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/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on 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	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	NORTH TEXAS FOOD BANK	75-1785357
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
4500 S. COCKRELL HILL ROAD		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
DALLAS, TX 75236-2028		

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	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

JEANNE CLARK

• The books are in the care of ► 4500 S. COCKRELL HILL ROAD DALLAS TX 75236-2028

Telephone No. ► 214 330-1396 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 EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20\_\_ or
- tax year beginning 07/01, 2016, and ending 06/30, 2017.

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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

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