

Return of Organization Exempt From Income Tax

2017

Open to Public Inspection

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.

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

A For the 2017 calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 2018

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

C Name of organization: NORTH TEXAS FOOD BANK
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 3677 MAPLESHADE LANE
 City or town, state or province, country, and ZIP or foreign postal code: PLANO, TX 75075

D Employer identification number: 75-1785357

E Telephone number: (214) 330-1396

F Name and address of principal officer: TRISHA CUNNINGHAM
3677 MAPLESHADE LANE PLANO, TX 75075

G Gross receipts \$: 143,005,011.

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

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

J Website: WWW.NTFB.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1982 **M** State of legal domicile: TX

H(c) Group exemption number ▶

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO CLOSE THE HUNGER GAP IN NORTH TEXAS BY PROVIDING ACCESS TO NUTRITIOUS FOOD.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>22.</u>
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>22.</u>
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	<u>251.</u>
6 Total number of volunteers (estimate if necessary)	6	<u>36,296.</u>
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0.</u>
7b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>0.</u>

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	<u>131,061,443.</u>	<u>139,225,360.</u>
9 Program service revenue (Part VIII, line 2g)	<u>1,963,224.</u>	<u>1,945,064.</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>610,500.</u>	<u>851,341.</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>-77,131.</u>	<u>20,074.</u>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>133,558,036.</u>	<u>142,041,839.</u>
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>105,018,194.</u>	<u>110,032,124.</u>
14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>	<u>0.</u>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>11,511,794.</u>	<u>12,083,609.</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>767,016.</u>	<u>720,727.</u>
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>4,882,267.</u>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>6,438,499.</u>	<u>6,560,372.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>123,735,503.</u>	<u>129,396,832.</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>9,822,533.</u>	<u>12,645,007.</u>
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	<u>58,826,447.</u>	<u>71,547,430.</u>
21 Total liabilities (Part X, line 26)	<u>2,224,544.</u>	<u>2,028,878.</u>
22 Net assets or fund balances. Subtract line 21 from line 20.	<u>56,601,903.</u>	<u>69,518,552.</u>

Part II Signature Block

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

Sign Here

Signature of officer: Jeanne Clark Date: 5/10/19

Type or print name and title: Jeanne Clark, VP of Finance & Admin

Paid Preparer Use Only

Print/Type preparer's name: JEANETTE VERRELLI Preparer's signature: Jeanette Verrelli Date: 5/10/2019 Check if self-employed PTIN: P00742631

Firm's name: BKD, LLP Firm's EIN: 44-0160260

Firm's address: 14241 DALLAS PARKWAY, SUITE 1100 DALLAS, TX 75254 Phone no.: 972-702-8262

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** (2017)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2017

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the **2017** calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 2018

B Check if applicable: <input checked="" 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	C Name of organization NORTH TEXAS FOOD BANK Doing Business As			D Employer identification number 75-1785357
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number (214) 330-1396
	3677 MAPLESHADE LANE City or town, state or province, country, and ZIP or foreign postal code PLANO, TX 75075			
	F Name and address of principal officer: TRISHA CUNNINGHAM 3677 MAPLESHADE LANE PLANO, TX 75075			
I 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		G Gross receipts \$ 143,005,011.		
J Website: ▶ WWW.NTFB.ORG				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1982	M State of legal domicile: TX

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO CLOSE THE HUNGER GAP IN NORTH TEXAS BY PROVIDING ACCESS TO NUTRITIOUS FOOD.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	22.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22.	
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	251.	
	6	Total number of volunteers (estimate if necessary)	6	36,296.	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
Revenue			Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	131,061,443.	139,225,360.	
	9	Program service revenue (Part VIII, line 2g)	1,963,224.	1,945,064.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	610,500.	851,341.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-77,131.	20,074.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	133,558,036.	142,041,839.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	105,018,194.	110,032,124.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,511,794.	12,083,609.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	767,016.	720,727.
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,882,267.			
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,438,499.	6,560,372.		
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	123,735,503.	129,396,832.		
19	Revenue less expenses. Subtract line 18 from line 12	9,822,533.	12,645,007.		
Net Assets or Fund Balances			Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	58,826,447.	71,547,430.	
	21	Total liabilities (Part X, line 26)	2,224,544.	2,028,878.	
22	Net assets or fund balances. Subtract line 21 from line 20	56,601,903.	69,518,552.		

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.

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JEANETTE VERRELLI	Preparer's signature <i>Jeanette Verrelli</i>	Date 5/10/2019	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** (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO CLOSE THE HUNGER GAP IN NORTH TEXAS BY PROVIDING ACCESS TO NUTRITIOUS FOOD.

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 [X] 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 [X] 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 \$ 114,239,749. including grants of \$ 102,513,699.) (Revenue \$ 1,945,064.)

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, 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.

4b (Code:) (Expenses \$ 5,720,682. including grants of \$ 5,615,048.) (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, 8,030 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 \$ 1,530,503. including grants of \$ 1,268,181.) (Revenue \$)

ATTACHMENT 1

4d Other program services (Describe in Schedule O.) ATTACHMENT 2 (Expenses \$ 758,821. including grants of \$ 635,196.) (Revenue \$)

4e Total program service expenses 122,249,755.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 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
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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 question numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

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 4 columns: Question ID, Question Text, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its 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 3677 MAPLESHADE LANE PLANO, TX 75075

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) ANURAG JAIN CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(2) TOM BLACK DIRECTOR	1.00 0.	X						0.	0.	0.
(3) MICHAEL BROOKSHIRE DIRECTOR	1.00 0.	X						0.	0.	0.
(4) JULIA BUTHMAN DIRECTOR	1.00 0.	X						0.	0.	0.
(5) BILL HOGG DIRECTOR	1.00 0.	X						0.	0.	0.
(6) CHERYL HUGHES DIRECTOR	1.00 0.	X						0.	0.	0.
(7) SHAUN MARA DIRECTOR	1.00 0.	X						0.	0.	0.
(8) PRIYA SARJOO DIRECTOR	1.00 0.	X						0.	0.	0.
(9) STEPHEN CHASE DIRECTOR	1.00 0.	X						0.	0.	0.
(10) BOBBY CHESTNUT DIRECTOR	1.00 0.	X						0.	0.	0.
(11) TYLER COOPER DIRECTOR	1.00 0.	X						0.	0.	0.
(12) JOHN A. CUELLAR 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) KEVIN JONES ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(16) JAMES D. JORDAN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(17) RETTA MILLER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(18) MARY MARTHA PICKENS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(19) KATHERINE PEROT REEVES ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(20) ANGELA WALKER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(21) TODD YODER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(22) NANCY GOPEZ ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(23) JESSE HIBBARD ----- DIRECTOR END: 12/17	1.00 ----- .50	X						0.	0.	0.
(24) TRISHA CUNNINGHAM ----- PRESIDENT & CEO	39.00 ----- 1.00			X				107,580.	0.	6,078.
(25) JEANNE CLARK ----- VP FINANCE & ADMIN	39.00 ----- 1.00			X				133,054.	0.	26,633.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,036,328.	0.	164,885.
d Total (add lines 1b and 1c)								1,036,328.	0.	164,885.

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 former 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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	670,231.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	24,673,606.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	113,881,523.				
	g Noncash contributions included in lines 1a-1f: \$		105,891,256.				
	h Total. Add lines 1a-1f			139,225,360.			
	Program Service Revenue	2a SHARED MAINTENANCE	Business Code				
		624100		1,945,064.	1,945,064.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			1,945,064.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			441,628.			441,628.
	4 Income from investment of tax-exempt bond proceeds			0.			
	5 Royalties			0.			
	6a Gross rents	(i) Real		16,225.			
		(ii) Personal					
		b Less: rental expenses		69,076.			
		c Rental income or (loss)		-52,851.			
	d Net rental income or (loss)			-52,851.			-52,851.
	7a Gross amount from sales of assets other than inventory	(i) Securities		480,806.			
		(ii) Other		526,060.			
		b Less: cost or other basis and sales expenses		71,093.	526,060.		
		c Gain or (loss)		409,713.			
	d Net gain or (loss)			409,713.			409,713.
	8a Gross income from fundraising events (not including \$ 670,231. of contributions reported on line 1c). See Part IV, line 18	a		325,214.			
		b Less: direct expenses		296,943.			
c Net income or (loss) from fundraising events. ATCH 4			28,271.			28,271.	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities			0.			
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory			0.			
Miscellaneous Revenue			Business Code				
11a OTHER REVENUE	624100		24,353.			24,353.	
	b UTILITY REIMBURSEMENT	900099		20,301.			20,301.
	c						
d All other revenue							
e Total. Add lines 11a-11d			44,654.				
12 Total revenue. See instructions.			142,041,839.	1,945,064.		871,415.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	87,512,554.	87,512,554.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	22,519,570.	22,519,570.		
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	797,468.	287,088.	207,342.	303,038.
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	8,299,630.	5,162,916.	1,197,371.	1,939,343.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	234,190.	172,932.	25,067.	36,191.
9 Other employee benefits	2,119,073.	1,476,046.	262,685.	380,342.
10 Payroll taxes	633,248.	388,627.	93,371.	151,250.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	18,846.		18,846.	
c Accounting	54,839.		54,839.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	720,727.			720,727.
f Investment management fees	42,414.		42,414.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	240,845.	86,087.	4,816.	149,942.
12 Advertising and promotion	664,263.	41,437.	984.	621,842.
13 Office expenses	296,569.	201,948.	34,811.	59,810.
14 Information technology	308,066.	19,217.	456.	288,393.
15 Royalties	0.			
16 Occupancy	1,474,751.	1,370,139.	50,750.	53,862.
17 Travel	1,230,790.	1,230,701.		89.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	29,334.	20,483.	3,639.	5,212.
20 Interest	71,867.		71,867.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,230,495.	1,154,895.	22,420.	53,180.
23 Insurance	64,024.	50,900.	8,091.	5,033.
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	409,019.	385,364.	11,460.	12,195.
b EQUIPMENT MAINTENANCE	251,898.	75,572.	115,371.	60,955.
c BAD DEBT EXPENSE	23,600.	23,600.		
d _____				
e All other expenses _____	148,752.	69,679.	38,210.	40,863.
25 Total functional expenses. Add lines 1 through 24e	129,396,832.	122,249,755.	2,264,810.	4,882,267.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	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
Assets	1 Cash - non-interest-bearing	2,570,631.	1	992,462.
	2 Savings and temporary cash investments	6,173,680.	2	10,599,433.
	3 Pledges and grants receivable, net	22,398,049.	3	15,422,316.
	4 Accounts receivable, net	1,601,427.	4	1,463,390.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 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.	6	0.
	7 Notes and loans receivable, net	0.	7	16,838,300.
	8 Inventories for sale or use	4,811,603.	8	6,219,561.
	9 Prepaid expenses and deferred charges	180,443.	9	225,048.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,259,573.		
	b Less: accumulated depreciation	10b 9,845,002.		
	11 Investments - publicly traded securities	8,847,382.	11	7,349,982.
	12 Investments - other securities. See Part IV, line 11	0.	12	4,022,367.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	0.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	58,826,447.	16	71,547,430.	
Liabilities	17 Accounts payable and accrued expenses	1,863,665.	17	2,001,158.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 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.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	250,000.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	110,879.	25	27,720.
	26 Total liabilities. Add lines 17 through 25	2,224,544.	26	2,028,878.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	20,314,244.	27	39,279,422.
	28 Temporarily restricted net assets	36,287,659.	28	30,239,130.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	56,601,903.	33	69,518,552.	
34 Total liabilities and net assets/fund balances	58,826,447.	34	71,547,430.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	142,041,839.
2	Total expenses (must equal Part IX, column (A), line 25)	2	129,396,832.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,645,007.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	56,601,903.
5	Net unrealized gains (losses) on investments	5	-243,655.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	515,297.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	69,518,552.

Part XII Financial Statements and Reporting

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

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)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	84,508,867.	109,701,446.	152,403,989.	131,061,443.	139,225,360.	616,901,105.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	84,508,867.	109,701,446.	152,403,989.	131,061,443.	139,225,360.	616,901,105.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						40,910,610.
6 Public support. Subtract line 5 from line 4						575,990,495.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.	84,508,867.	109,701,446.	152,403,989.	131,061,443.	139,225,360.	616,901,105.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	280,847.	348,659.	337,883.	300,758.	457,853.	1,726,000.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	34,608.	0.	0.	0.	28,271.	62,879.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	18,891.	21,747.	27,135.	30,264.	44,654.	142,691.
11 Total support. Add lines 7 through 10						618,832,675.
12 Gross receipts from related activities, etc. (see instructions)					12	11,825,977.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	93.08%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	90.26%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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	2013	2014	2015	2016	2017	TOTAL
OTHER REVENUE	18,891.	6,590.	6,641.	9,868.	24,353.	66,343.
UTILITY REIMBURSEMENT		15,157.	20,494.	20,396.	20,301.	76,348.
TOTALS	<u>18,891.</u>	<u>21,747.</u>	<u>27,135.</u>	<u>30,264.</u>	<u>44,654.</u>	<u>142,691.</u>

Schedule of Contributors

2017

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

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	_____ _____ _____	\$ 51,707,213.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 20,114,349.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 15,031,851.	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.)

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
1	FOOD _____ _____ _____	\$ 51,707,213.	VAR
2	FOOD _____ _____ _____	\$ 20,114,349.	VAR
3	FOOD _____ _____ _____	\$ 15,031,851.	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
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

NORTH TEXAS FOOD BANK

Employer identification number

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: 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: Revenue, Assets. 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 on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2017

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____%
 - b** Permanent endowment _____%
 - c** Temporarily restricted endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		993,575.		993,575.
b Buildings		5,236,404.	1,417,269.	3,819,135.
c Leasehold improvements		3,747,388.	2,623,303.	1,124,085.
d Equipment		7,494,097.	5,804,430.	1,689,667.
e Other		788,109.		788,109.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,414,571.

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) INVESTMENT IN NTFB - PFC	4,022,367.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	4,022,367.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	27,720.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	27,720.

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 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	\$(23,600)
FNTF - AUDIT REVENUE	200
NTFB PFC - AUDIT REVENUE	859,404

	\$836,004

SCHEDULE D, PART XI, LINE 4B

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH RETURN:

FUNDRAISING EXPENSES	\$(296,943)
NET RENTAL LOSS	(52,851)
UTILITY REIMBURSEMENT	20,301

TOTAL	\$(329,493)

SCHEDULE D, PART XII, LINE 2D

RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS WITH RETURN:

FUNDRAISING EXPENSES	\$296,943
NET RENTAL LOSS	52,851
UTILITY REIMBURSEMENT	(20,301)
NTFB PFC - AUDIT EXPENSE	344,107
FNTF - AUDIT EXPENSE	55

TOTAL	\$673,655

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 4B

RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS WITH RETURN:

PLEDGE BAD DEBT EXPENSE IN AUDIT REVENUE \$23,600

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
		TOTC (event type)	HARVEST (event type)	1. (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	590,936.	241,765.	162,744.	995,445.
	2 Less: Contributions	370,775.	191,675.	107,781.	670,231.
	3 Gross income (line 1 minus line 2)	220,161.	50,090.	54,963.	325,214.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	67,219.	46,506.	11,312.	125,037.
	7 Food and beverages	14,405.	11,617.	4,614.	30,636.
	8 Entertainment	5,000.	1,300.		6,300.
	9 Other direct expenses	76,994.	39,595.	18,381.	134,970.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				296,943.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				28,271.

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	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 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	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 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	13a	%
b An outside facility	13b	%

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).

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**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.

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

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)	84,500.	80,665,228.	AVG DONATED VALUE	FOOD	HUNGER RELIEF
(2) NTFB - PEROT FAMILY CAMPUS 3677 MAPLESHADE LANE PLANO, TX 75075	82-1959635	501(C)(3)	3,507,070.				PURCHASE OF PROPERTY
(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) (2017)

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	56,790.		22,519,570.	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

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

NORTH TEXAS FOOD BANK

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) 2017

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 JEANNE CLARK VP FINANCE & ADMIN	(i)	108,035.	20,000.	5,019.	6,516.	20,117.	159,687.	
	(ii)	0.	0.	0.	0.	0.	0.	
2 SIMON POWELL COO	(i)	159,655.	75,000.	6,390.	15,917.	33,343.	290,305.	
	(ii)	0.	0.	0.	0.	0.	0.	
3 COLLEEN BRINKMANN CHIEF PHILANTHROPY OFFICER	(i)	158,047.	42,500.	8,574.	13,330.	11,367.	233,818.	
	(ii)	0.	0.	0.	0.	0.	0.	
4 DALE LONG INTERIM VP OF OPERATIONS	(i)	107,957.	10,000.	4,554.	6,263.	21,563.	150,337.	
	(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 2017 CALENDAR YEAR, COLLEEN BRINKMANN HAD A LETTER AGREEMENT

GUARANTEEING A BONUS BASED ON FUNDS RAISED IN THE CAPITAL CAMPAIGN.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

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

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	21.	1,515,975.	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	16,166.	104,028,985.	FA PROD VALUE REPOR
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		420.	346,296.	
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) (2017)

JSA

7E1298 1.000

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 IN THIS COLUMN ARE THE NUMBER OF CONTRIBUTIONS RECEIVED.

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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
SUPPLIES AND TICKETS	X	14.	6,528.	FAIR MARKET VALUE
AUCTION ITEMS	X	406.	339,768.	FAIR MARKET VALUE
TOTALS		<u>420.</u>	<u>346,296.</u>	

**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.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

75-1785357

FORM 990, PART VI, SECTION A, LINE 4

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS:

THE BYLAWS WERE AMENDED AND ADOPTED MARCH 29, 2018. CHANGES MADE TO THE BYLAWS INCLUDE CONTINUITY OF CHAIR/VICE CHAIR LEADERSHIP OVER 4 YEARS, INCREASED EXECUTIVE COMMITTEE SIZE (UP TO 10, PREVIOUSLY 7), QUORUM IS A SIMPLE MAJORITY (VS 13), AND FLEXIBILITY IN ELECTING BOARD OFFICERS IN A MEETING PRIOR TO JULY 1 (PREVIOUSLY MARCH).

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, OFFICERS, 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

Name of the organization NORTH TEXAS FOOD BANK	Employer identification number 75-1785357
---	--

CONFLICT. THE BOARD REVIEWS AND RESOLVES, IF NECESSARY, ANY TRANSACTIONS AS THEY ARISE 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:

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.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF DOCUMENTS:

THE ORGANIZATION'S GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE ON THEIR WEB-SITE AND UPON REQUEST.

Name of the organization NORTH TEXAS FOOD BANK	Employer identification number 75-1785357
---	--

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

DELEGATION OF AUTHORITY:

AN EXECUTIVE COMMITTEE IS MADE UP OF THE BOARD CHAIR AND THE CHAIRS OF EACH COMMITTEE. THE COMMITTEE 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 III, LINE 4D

OTHER PROGRAM SERVICES:

KIDS CAFE PROGRAM PROVIDES NUTRITIOUS AFTERSCHOOL MEALS TO CHILDREN WHO MAY NOT HAVE ENOUGH TO EAT WHEN THEY GET HOME FROM SCHOOL. NTFB HAS EXPANDED THE KIDS CAFE PROGRAM TO INCLUDE THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP), AS WELL AS THE SUMMER FOOD SERVICE PROGRAM (SFSP), PROVIDING AFTER-SCHOOL MEALS DURING THE SCHOOL YEAR, AND LUNCH AND SNACKS DURING THE SUMMER MONTHS. THROUGH THE KIDS CAFE PROGRAM, THE NTFB SERVES ON AVERAGE 1,600 STUDENTS AFTER-SCHOOL AND NEARLY 2,400 CHILDREN DURING THE SUMMER MONTHS.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS:

ELIMINATION OF NTFB - PFC IN NET ASSETS \$515,297

ATTACHMENT 1

FORM 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

Name of the organization NORTH TEXAS FOOD BANK	Employer identification number 75-1785357
---	--

ATTACHMENT 1 (CONT'D)

FOOD EVERY FRIDAY THROUGHOUT THE SCHOOL YEAR. EACH BACKPACK CONTAINS KID-FRIENDLY SNACKS CAREFULLY SELECTED BY OUR NUTRITION SERVICES MANAGER TO PROVIDE TWO-THIRDS OF A CHILD'S WEEKEND NUTRITIONAL NEEDS. IN THE 2017-2018 SCHOOL YEAR, FOOD 4 KIDS PROVIDED 11,521 CHILDREN WITH 274,522 BACKPACKS, THE EQUIVALENT OF 915,073 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 2FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
KIDS CAFE	635,196.	758,821.	
TOTALS	<u>635,196.</u>	<u>758,821.</u>	

ATTACHMENT 3FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
HARVEST	191,675.
TASTE OF THE COWBOYS	370,775.
EMPTY BOWLS	107,781.
TOTAL	<u>670,231.</u>

Name of the organization NORTH TEXAS FOOD BANK	Employer identification number 75-1785357
---	--

ATTACHMENT 4

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
HARVEST	50,090.	99,018.	-48,928.
TASTE OF THE COWBOYS	220,161.	163,618.	56,543.
EMPTY BOWLS	54,963.	34,307.	20,656.
TOTALS	<u>325,214.</u>	<u>296,943.</u>	<u>28,271.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

**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.

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

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 3677 MAPLESHADE LANE PLANO, TX 75075 46-1402484	SUPPORT	TX	501(C)(3)	12, TYPE I	NTFB	X	
(2) NTFB - PEROT FAMILY CAMPUS 3677 MAPLESHADE LANE PLANO, TX 75075 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) 2017

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)	X	
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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	B	3,507,070.	LAND VALUE
(2) NTFB - PEROT FAMILY CAMPUS	D	23,850,000.	NMTC PGM
(3) NTFB - PEROT FAMILY CAMPUS	G	526,060.	LAND VALUE
(4) NTFB - PEROT FAMILY CAMPUS	Q	285,165.	COST
(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)													

Part VII **Supplemental Information**

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

Grants & Other Assistance to Domestic Organizations

Name of Organization or Government	Street	City	State	ZIP Code	EIN	IRC Section	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)	33,500	7,128,974	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
LIFE MESSAGE, INC.	P.O. BOX 2087	ROWLETT	TX	75030	26-4642683	501(C)(3)	-	3,923,063	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
CROSSROADS COMMUNITY SERVICES, INC	1822 Young Street	DALLAS	TX	75201	47-2676714	501(C)(3)	-	3,684,276	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
LAMAR CO. FOOD PANTRY INC.	124 W. Cherry St.	PARIS	TX	75460	47-4531021	501(C)(3)	-	3,040,650	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
CITY SQUARE	1610 S MALCOLM X BLVD	DALLAS	TX	75226	75-2332948	501(C)(3)	-	2,981,726	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
HELPING HANDS GLEANING	808 HILLTOP CIRCLE	DESOTO	TX	75115	68-0514975	501(C)(3)	-	2,458,041	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
THE STOREHOUSE OF COLLIN COUNTY	5801 WEST PLANO PARKWAY	PLANO	TX	75093	27-1883333	501(C)(3)	-	2,247,135	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
CHRISTIAN COMMUNITY ACTION	200 SOUTH MILL ST	LEWISVILLE	TX	75057	23-7319371	501(C)(3)	-	2,108,523	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SHARE CENTER	103 W JONES	TERRELL	TX	75160	75-2825568	501(C)(3)	-	1,842,512	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
METROCREST SERVICES	13801 HUTTON DRIVE	FARMERS BRANCH	TX	75234	75-1548334	501(C)(3)	1,000	1,643,525	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
Food Bank West Central Texas	5505 N. First	ABILENE	TX	79603	75-1888192	501(C)(3)	-	1,624,417	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
CARVER HEIGHTS BAPTIST CHURCH	2510 E. LEDBETTER DRIVE	DALLAS	TX	75216	75-1947095	501(C)(3)	-	1,542,303	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
A CHRISTIAN FOOD PANTRY	1116 DOBIE	PLANO	TX	75074	45-0635029	501(C)(3)	-	1,464,933	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
ALLEN COMMUNITY OUTREACH	801 E MAIN STREET	ALLEN	TX	75002	75-1986190	501(C)(3)	-	1,445,647	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
MINNIES FOOD PANTRY	3033 W. PARKER RD SUITE 116	PLANO	TX	75023	27-2363211	501(C)(3)	-	1,329,000	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
NORTH TEXAS FOOD BANK	4500 SOUTH COCKRELL HILL RD	DALLAS	TX	75236	75-1785357	501(C)(3)	-	1,282,271	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
NAVARRO COUNTY FOOD PANTRY	P.O. BOX 1263	CORSICANA	TX	75151	75-0904056	501(C)(3)	-	1,260,721	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
BROTHER BILLS HELPING HAND	P.O. BOX 565846	DALLAS	TX	75356	75-6027740	501(C)(3)	-	1,125,914	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
CATHOLIC CHARITIES OF DALLAS	1421 W MOCKINGBIRD LN	DALLAS	TX	75247	53-0196617	501(C)(3)	50,000	1,078,977	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
GOOD SAMARITANS	214 N 12TH STREET	GARLAND	TX	75040	75-1916118	501(C)(3)	-	1,069,860	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
VOLUNTEER CENTER OF NORTH TEXAS	2800 LIVE OAK STREET	DALLAS	TX	75204	75-1364145	501(C)(3)	-	1,064,495	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
GRAND CENTRAL STATION	P.O. BOX 3173	SHERMAN	TX	75090	26-3653572	501(C)(3)	-	948,215	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
NORTH DALLAS SHARED MINISTRIES	2875 MERRELL RD	DALLAS	TX	75229	75-1908563	501(C)(3)	-	879,940	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
CUMBY FOOD PANTRY	P O BOX 225	CUMBY	TX	75433	26-0789846	501(C)(3)	-	879,305	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
CHRISTIAN BENEVOLENT OUTREACH	1804 AVE P	PLANO	TX	75074	75-6044885	501(C)(3)	-	871,102	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
NETWORK OF COMMUNITY MINISTRY	741 S SHERMAN ST	RICHARDSON	TX	75081	75-2060900	501(C)(3)	-	858,205	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
AMAZING GRACE FOOD PANTRY	1711 PARKER RD	WYLIE	TX	75098	81-4228493	501(C)(3)	-	844,154	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SALVATION ARMY DALLAS	P.O. BOX 35928	DALLAS	TX	75235	58-0660607	501(C)(3)	-	736,573	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
REGIONAL FOOD BANK OF OKLAHOMA	3355 PURDUE	OKLAHOMACITY	OK	73137	73-1100380	501(C)(3)	-	729,565	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
RESOURCE CENTER	PO BOX 190869	DALLAS	TX	75219	75-1892059	501(C)(3)	-	719,678	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
FANNIN CO COMMUNITY MINISTRIES	PO BOX 69	BONHAM	TX	75418	75-2453309	501(C)(3)	-	717,852	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF

Grants & Other Assistance to Domestic Organizations

Name of Organization or Government	Street	City	State	ZIP Code	EIN	IRC Section	Grants (\$)	Grants (Donated Food Value)	Method of Valuation	Description of Non-Cash Assistance	Purpose of Grant Assistance
AXE MEMORIAL UMC	1700 W. KINGSLEY RD.	GARLAND	TX	75041	31-1813333	501(C)(3)	-	711,964	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
WILKINSON CENTER	P.O. BOX 720248	DALLAS	TX	75372	75-2712117	501(C)(3)	-	672,666	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
MT TABOR BAPTIST CHURCH	PO BOX 41139	DALLAS	TX	75241	75-1942071	501(C)(3)	-	660,153	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
IRVING CARES, INC	P. O. BOX 177425	IRVING	TX	75017	75-1436937	501(C)(3)	-	643,345	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
GRAND PRAIRIE UNITED CHARITIES	1417 DENSMAN ST	GRAND PRAIRIE	TX	75051	75-0939084	501(C)(3)	-	624,367	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
CHOCOLATE MINT FOUNDATION	201 EXECUTIVE WAY, SUITE 106	DESOTO	TX	75115	27-1589053	501(C)(3)	-	600,228	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
MISSION OAK CLIFF	125 SUNSET AVE	DALLAS	TX	75208	75-6044885	501(C)(3)	-	587,822	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SOUL FOR CHRIST MINISTRY, INC	P.O. BOX 570831	DALLAS	TX	75357	75-2946782	501(C)(3)	-	587,331	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
HUNT COUNTY SHARED MINISTRIES	P.O. BOX 124	GREENVILLE	TX	75403	75-2344035	501(C)(3)	-	560,896	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
PLEASANT GROVE FOOD PANTRY	P.O. Box 171221	DALLAS	TX	75217	27-5301210	501(C)(3)	-	544,656	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
WAXAHACHIE CARE SERVICES	PO BOX 371	WAXAHACHIE	TX	75168	75-2490584	501(C)(3)	-	527,092	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
COMMUNITY OUTREACH CONNECTION	P.O. BOX 763214	DALLAS	TX	75376	20-1461732	501(C)(3)	-	523,498	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SM WRIGHT FOUNDATION	9213 SOVEREIGN ROW	DALLAS	TX	75247	31-1613179	501(C)(3)	-	522,692	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
DELTA HOPE HOUSE	P O Box 341	COOPER	TX	75432	46-5365310	501(C)(3)	-	506,506	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
HARMONY COMMUNITY DEVELOPMENT CORP	6969 PASTOR BAILEY DR, SUITE 110	DALLAS	TX	75237	26-1245799	501(C)(3)	-	495,741	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
JEWISH FAMILY SERVICE	5402 ARAPAHO RD	DALLAS	TX	75248	75-1992728	501(C)(3)	-	486,635	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
CEDAR HILL SHARES	P. O. BOX 2694	CEDAR HILL	TX	75106	75-2486449	501(C)(3)	-	479,419	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
DESOTO FOOD PANTRY	302 N. HAMPTON RD	DESOTO	TX	75115	90-0399912	501(C)(3)	-	478,739	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
NORTH TEXAS FOOD BANK	4500 S COCKRELL HILL	DALLAS	TX	75236	75-1785357	501(C)(3)	-	476,141	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
UNION GOSPEL MISSION	3211 IRVING BLVD	DALLAS	TX	75247	75-6003612	501(C)(3)	-	470,936	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
MANNA HOUSE BONHAM	914 S. 5TH	BONHAM	TX	75418	75-2599207	501(C)(3)	-	459,986	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
CARROLLTON FRIENDSHIP HOUSE	2400 N JOSEY LN	CARROLLTON	TX	75006	75-6044885	501(C)(3)	-	439,206	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
MINISTERIAL ALLIANCE	P O BOX 2218	SULPHUR SPRINGS	TX	75483	75-2197104	501(C)(3)	-	411,718	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
MASTERKEY MINISTRIES OF GRAYSON CTY, INC.	209 S. FM 1417	SHERMAN	TX	75092	27-0956504	501(C)(3)	-	407,968	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
EQUAL HEART	4848 LEMMON AVE #513	DALLAS	TX	75219	46-2846816	501(C)(3)	-	392,592	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
MANNA HOUSE	3241 ROBINSON RD	MIDLOTHIAN	TX	76065	75-2442266	501(C)(3)	-	380,189	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SOUPMOBILE	2423 S. GOOD LATIMER EXPY	DALLAS	TX	75215	20-0154935	501(C)(3)	-	375,995	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
BAPTIST BENEVOLENT IRVING	PO BOX 170115	IRVING	TX	75017	75-2497546	501(C)(3)	-	372,434	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
GOLDEN GATE ADULT REHAD MINISTRY	1101 REVEREND CBT SMITH SR ST.	DALLAS	TX	75203	75-2832604	501(C)(3)	-	372,408	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
RICHARDSON EAST COC	1504 E. CAMPBELL RD	RICHARDSON	TX	75081	75-1009625	501(C)(3)	-	353,920	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
FRISCO FAMILY SERVICES CENTER	PO BOX 1387	FRISCO	TX	75034	75-2530888	501(C)(3)	-	352,951	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF

Grants & Other Assistance to Domestic Organizations

Name of Organization or Government	Street	City	State	ZIP Code	EIN	IRC Section	Grants (\$)	Grants (Donated Food Value)	Method of Valuation	Description of Non-Cash Assistance	Purpose of Grant Assistance
LAKE AREA SHARED MINISTRIES	P O BOX 492	QUINLAN	TX	75474	03-0415402	501(C)(3)	-	331,232	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
NEW BEGINNING FELLOWSHIP	1201 W. SHEPHERD	DENISON	TX	75020	75-2287939	501(C)(3)	-	275,353	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SVDP OUR LADY OF VICTORY	3065 ASPEN DRIVE	PARIS	TX	75462	13-5562362	501(C)(3)	-	274,376	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
CALVARY BAPTIST CHURCH SS	130 LEE ST	SULPHUR SPRINGS	TX	75482	75-6044885	501(C)(3)	-	258,023	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
FUMC ROYSE CITY	P.O. Box 327	ROYSE CITY	TX	75189	31-1813333	501(C)(3)	-	257,293	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
GOOD STREET SOCIAL CENTER	3110 BONNIE VIEW RD	DALLAS	TX	75216	75-6001681	501(C)(3)	-	255,286	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SHEPHERDS STOREHOUSE	P.O. BOX 826	PILOT POINT	TX	76258	75-2276185	501(C)(3)	-	252,592	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
DALLAS LIFE	P.O. BOX 130116	DALLAS	TX	75313	75-2336522	501(C)(3)	-	242,104	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
KAUFMAN CHRISTIAN HELP CENTER	400 TERRELL HIGHWAY	KAUFMAN	TX	75142	30-0334168	501(C)(3)	-	240,591	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
5 LOAVES FOOD PANTRY	4401 WILLIFORD RD	SACHSE	TX	75048	81-4676309	501(C)(3)	-	237,071	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
BREAD OF LIFE CHURCH	PO BOX 1302	COMMERCE	TX	75428	44-0552034	501(C)(3)	-	211,237	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
TABERNACLE BAPTIST CHURCH	3403 MCBROOM ST	DALLAS	TX	75212	75-1155619	501(C)(3)	-	210,543	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
NEW LIFE CHURCH OF NTX	P.O. BOX 381506	DUNCANVILLE	TX	75138	56-2452141	501(C)(3)	-	209,771	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
NORTHSIDE BAPTIST CHURCH	2900 N. Beaton	CORSICANA	TX	75110	75-6044885	501(C)(3)	-	206,703	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SALVATION ARMY SHERMAN	P. O. BOX 490	SHERMAN	TX	75090	58-0660607	501(C)(3)	-	200,549	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
HELPING HANDS OF ENNIS	P.O. BOX 472	ENNIS	TX	75120	75-2255724	501(C)(3)	-	196,290	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SALVATION ARMY LEWISVILLE	PO BOX 1089	LEWISVILLE	TX	75067	58-0660607	501(C)(3)	-	195,442	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
UNITED UNIVERSE	1729 OATES DRIVE #914	MESQUITE	TX	75150	90-0545632	501(C)(3)	-	189,008	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
HOMEWARD BOUND	PO BOX 222194	DALLAS	TX	75222	74-2127841	501(C)(3)	-	182,221	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
PATHWAY OF LIFE CHURCH	8510 MILITARY PARKWAY	DALLAS	TX	75227	73-6109354	501(C)(3)	-	180,821	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
NEW BEGINNING CENTER	218 N TENTH ST	GARLAND	TX	75040	75-2038796	501(C)(3)	-	180,626	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
STRAIGHT STREET	PO BOX 1674	CEDAR HILL	TX	75106	75-2051641	501(C)(3)	-	180,492	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
LADIES OF CHARITY DBA VICKERY MEADOWS NEIGHBORHOOD	PO BOX 595666	DALLAS	TX	75359	75-2491424	501(C)(3)	-	174,591	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
FOUR CORNERS OUTREACH	15642 HWY 160	BLUE RIDGE	TX	75424	45-5543026	501(C)(3)	-	173,020	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
YOUR NEIGHBOR'S HOUSE	201 SOUTH UNION ST	WHITESBORO	TX	76273	90-0140564	501(C)(3)	-	171,808	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
TEEN/LIFE CHALLENGE OF DALLAS	P O BOX 181794	DALLAS	TX	75218	57-1194048	501(C)(3)	-	169,409	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
GRACE BRIDGE FOOD BANK	SUITE 330	FRISCO	TX	75035	46-3829284	501(C)(3)	-	164,197	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
NORTH DALLAS FOOD PANTRY	5201 S. COLONY BLVD. SUITE 650	THE COLONY	TX	75056	82-1288648	501(C)(3)	-	160,097	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
DENISON HELPING HANDS	418 W CHESTNUT	DENISON	TX	75020	75-2031131	501(C)(3)	-	158,994	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
DUNCANVILLE OUTREACH MINISTRY	P.O. BOX 380998	DUNCANVILLE	TX	75138	75-2254616	501(C)(3)	-	157,601	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
CEDAR CREEK NON-PROFIT HOUSING	2675 N STATE HWY 34	KAUFMAN	TX	75142	75-2923564	501(C)(3)	-	155,376	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF

Grants & Other Assistance to Domestic Organizations

Name of Organization or Government	Street	City	State	ZIP Code	EIN	IRC Section	Grants (\$)	Grants (Donated Food Value)	Method of Valuation	Description of Non-Cash Assistance	Purpose of Grant Assistance
COMMUNITY CARE CENTER	P.O. BOX 155	BELLS	TX	75414	31-1813333	501(C)(3)	-	154,768	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
FIRST BAPTIST DENTON	1100 Malone St.	DENTON	TX	76201	75-6044885	501(C)(3)	-	150,666	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
WOLFE CITY FOOD PANTRY	P.O. Box 74	WOLFE CITY	TX	75496	31-1813333	501(C)(3)	-	144,876	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
GRACE PLACE CHURCH OF CHRIST	PO BOX 382000	DUNCANVILLE	TX	75138	75-1737365	501(C)(3)	-	141,084	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
LAKE POINTE CHURCH	701 E INTERSTATE 30	ROCKWALL	TX	75087	75-6044885	501(C)(3)	-	139,861	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
PINE FOREST PANTRY	3932 FM 269	PICKTON	TX	75471	75-2669699	501(C)(3)	-	135,158	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
COMMUNITY CHEST, INC	P O BOX 353	SULPHUR SPRINGS	TX	75483	27-2789504	501(C)(3)	-	121,100	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
LIFESOURCE MINISTRIES	2109 W. PARKER RD	PLANO	TX	75023	75-2491864	501(C)(3)	-	119,160	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SOUL'S HARBOR, INC.	P.O. BOX 360455	DALLAS	TX	75253	75-1190109	501(C)(3)	-	118,052	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
COUNCIL OF DALLAS SVDP	3826 Gilbert Ave	DALLAS	TX	75219	13-5562362	501(C)(3)	-	113,416	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SALVATION ARMY OAK CLIFF	1617 WEST JEFFERSON BLVD	DALLAS	TX	75208	58-0660607	501(C)(3)	-	112,721	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
TURN AROUND AGENDA	1808 W CAMP WISDOM RD	DALLAS	TX	75232	75-1548305	501(C)(3)	-	106,085	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
THE BRIDGE CONNECTION	P.O. BOX 732	WYLIE	TX	75098	45-4969105	501(C)(3)	-	105,392	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
NEXUS RECOVERY CENTER	8733 LA PRADA DRIVE	DALLAS	TX	75228	23-7169388	501(C)(3)	-	103,322	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
FRUITFUL HARVEST MINISTRY	P O BOX 1130	SULPHUR SPRINGS	TX	75482	75-2467585	501(C)(3)	-	102,853	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
HARMONY MISSIONARY BAPTIST	2111 E. TUCK STREET	SHERMAN	TX	75090	75-2002183	501(C)(3)	-	96,552	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
HANDS OF COMPASSION	809 SAHARA DRIVE	GREENVILLE	TX	75402	75-60044885	501(C)(3)	-	89,246	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
MOUNTAIN VIEW COC	4111 W ILLINOIS AVE	DALLAS	TX	75211	75-1903822	501(C)(3)	-	88,487	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
HOLY TRINITY CENTER	3826 GILBERT AVENUE	DALLAS	TX	75219	53-0196617	501(C)(3)	-	87,854	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
ESTATES AT GRAND PRAIRIE INC.	1005 SW 3RD ST	GRAND PRAIRIE	TX	75051	41-6008491	501(C)(3)	-	87,574	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
OUTCRY IN THE BARRIO	4419 HAMILTON AVE	DALLAS	TX	75210	45-1168452	501(C)(3)	-	86,543	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SALVATION ARMY PARIS	P.O. BOX 689	PARIS	TX	75461	58-0660607	501(C)(3)	-	86,470	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
FAMILY GATEWAY	711 South St. Paul Street	DALLAS	TX	75201	75-2105579	501(C)(3)	-	84,740	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
FBC ALLEN FOOD PANTRY	201 E MCDERMOTT	ALLEN	TX	75002	75-1321109	501(C)(3)	-	84,129	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
ITALY MINISTERIAL ALLIANCE	P.O. Box 750	ITALY	TX	76651	31-1813333	501(C)(3)	-	82,297	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SALVATION ARMY CORSICANA	P.O. BOX 758	CORSICANA	TX	75151	58-0660607	501(C)(3)	-	82,146	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
HUNGRY HEARTS FOOD PANTRY	5220 BLAIR OAKS DR.	THE COLONY	TX	75056	44-0577787	501(C)(3)	-	81,833	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
EAST TEXAS FOOD BANK	P.O. BOX 6974	TYLER	TX	75711	75-2222686	501(C)(3)	-	81,293	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SALVATION ARMY PLANO CORPS	P.O. BOX 860006	PLANO	TX	75074	58-0660607	501(C)(3)	-	77,635	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
GRAND PRAIRIE FAMILY CHURCH	P.O. BOX 531594	GRAND PRAIRIE	TX	75053	44-0552034	501(C)(3)	-	75,417	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SOUTHWEST HARVEST CHURCH	201 W. CENTER ST	DUNCANVILLE	TX	75116	75-2345364	501(C)(3)	-	73,961	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF

Grants & Other Assistance to Domestic Organizations

Name of Organization or Government	Street	City	State	ZIP Code	EIN	IRC Section	Grants (\$)	Grants (Donated Food Value)	Method of Valuation	Description of Non-Cash Assistance	Purpose of Grant Assistance
BRIGHTER TOMORROWS	928 Blue Bird Drive	IRVING	TX	75061	75-2291809	501(C)(3)	-	73,332	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
COMMUNITIES IN SCHOOLS DALLAS	1341 W. Mockingbird Lane, Suite #1000E	DALLAS	TX	75247	75-2044117	501(C)(3)	-	69,509	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
VOICE OF HOPE MINISTRIES	P.O. BOX 224845	DALLAS	TX	75222	75-1850380	501(C)(3)	-	68,758	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
VOLUNTEERS OF AMERICA	300 E MIDWAY DR	EULESS	TX	76039	13-1692595	501(C)(3)	-	63,255	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
TARRANT AREA FOOD BANK	COUNTY	FT WORTH	TX	76107	75-1822473	501(C)(3)	-	62,391	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
FEED MY SHEEP	810 N. DENNY ST.	HOWE	TX	75459	32-0501854	501(C)(3)	-	60,816	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
CLIFF VIEW CHURCH OF CHRIST	2424 SIMPSON STUART ROAD	DALLAS	TX	75241	75-2267015	501(C)(3)	-	58,428	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
BOLES HOME, INC.	7065 LOVE ST	QUINLAN	TX	75474	75-0904045	501(C)(3)	-	56,783	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
THIS IS YOUR SEASON MINISTRIES	3023 IH 30 EAST SUITE 100	ROCKWALL	TX	75087	20-5363024	501(C)(3)	-	55,866	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
PRECIOUS GEMS SVC INC	7702 LOS GATOS	DALLAS	TX	75232	75-2635716	501(C)(3)	-	54,428	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
FORNEY FOOD PANTRY	PO BOX 2343	FORNEY	TX	75126	80-0706855	501(C)(3)	-	52,755	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SVDP FOOD PANTRY	411 PAULA RD	MCKINNEY	TX	75069	13-5562362	501(C)(3)	-	52,038	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
JUBILEE EMERGENCY AID CENTER	1440 SUNNY GLEN	DALLAS	TX	75232	58-1381196	501(C)(3)	-	51,919	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
MORNING STARR NEW BEGINNINGS	1242 APRIL SHOWERS	LANCASTER	TX	75134	26-1559367	501(C)(3)	-	51,691	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
GRAND PRAIRIE CO-OP	118 N.E. 4TH	GRAND PRAIRIE	TX	75050	75-2677691	501(C)(3)	-	50,121	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
GRAYSON COUNTY SHELTER	331 W MORTON	DENISON	TX	75020	75-2161951	501(C)(3)	-	50,076	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
RECONCILIATION OUTREACH MIN.	1421 NORTH PEAK	DALLAS	TX	75204	75-2192081	501(C)(3)	-	48,879	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
BURNING BUSH CHRISTIAN ACADEMY	4943 BONNIE VIEW RD	DALLAS	TX	75241	31-1786514	501(C)(3)	-	48,362	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
LAKE CITIES UNITED METHODIST	300 E. HUNDLEY DR.	LAKE DALLAS	TX	75065	36-2167731	501(C)(3)	-	47,841	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
PLANO FOOD PANTRY	2200 18TH STREET	PLANO	TX	75074	31-1629166	501(C)(3)	-	46,813	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
CHRIST CARES FOR PRINCETON	P.O. BOX 1155	PRINCETON	TX	75407	75-2575496	501(C)(3)	-	46,234	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
FOOD BANK OF THE RIO GRANDE VALLEY	P.O. BOX 6251	MCALLEN	TX	78502	74-2421560	501(C)(3)	-	41,174	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
METRO RELIEF	P.O. BOX 560962	THE COLONY	TX	75056	45-2389719	501(C)(3)	-	39,807	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
JACK & JILL DAY CARE	P.O. BOX 807	DENISON	TX	75020	75-1372756	501(C)(3)	-	37,249	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
MEAL A DAY SULPHUR SPRINGS	150 MARTIN LUTHER KING	SULPHUR SPRINGS	TX	75482	75-1793980	501(C)(3)	-	34,425	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
ABRACADABRA, INC.	4041 W WHEATLAND SUITE 156	DALLAS	TX	75237	75-2635720	501(C)(3)	-	33,471	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SALVATION ARMY KAUFMAN	P.O. BOX 217	KAUFMAN	TX	75142	58-0660607	501(C)(3)	-	32,961	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SALVATION ARMY WAXAHACHIE	P.O. BOX 632	WAXAHACHIE	TX	75168	58-0660607	501(C)(3)	-	32,388	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
BROWN ST. CHURCH OF CHRIST	2471 BROWN STREET	WAXAHACHIE	TX	75165	75-1686689	501(C)(3)	-	32,300	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
COMMERCE FOOD PANTRY INC	1216 Monroe Street	COMMERCE	TX	75429	81-0894606	501(C)(3)	-	28,828	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
COMMUNITY ACADEMY DAY CARE	1755 E ANN ARBOR AVE	DALLAS	TX	75216	23-7002419	501(C)(3)	-	28,756	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF

Grants & Other Assistance to Domestic Organizations

Name of Organization or Government	Street	City	State	ZIP Code	EIN	IRC Section	Grants (\$)	Grants (Donated Food Value)	Method of Valuation	Description of Non-Cash Assistance	Purpose of Grant Assistance
HOLY COVENANT UMC	1901 PETERS COLONY	CARROLLTON	TX	75007	31-1813333	501(C)(3)	-	28,608	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
DIVINE INSPIRATION MISSIONARY	4325 W LEDBETTER DRIVE	DALLAS	TX	75233	75-2828965	501(C)(3)	-	27,788	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
HOLY HIGHWAY	P O BOX 160	PICKTON	TX	75471	75-2251997	501(C)(3)	-	25,098	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
GOODNESS AND GRACE FOOD PANTRY	310 S CLARK RD	CEDAR HILL	TX	75104	75-2489213	501(C)(3)	-	24,749	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
BECAUSE WE CARE	3939 JOE RAMSEY	GREENVILLE	TX	75401	75-6044885	501(C)(3)	-	23,054	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
ALAMEDA HEIGHTS	2721 LYOLA ST	DALLAS	TX	75241	75-2227185	501(C)(3)	-	22,975	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
FROST COMMUNITY CENTER	P.O.BOX 388	FROST	TX	76641	26-4176277	501(C)(3)	-	22,598	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
AUSTIN STREET CENTER	PO BOX 710729	DALLAS	TX	75371	75-1881365	501(C)(3)	-	22,387	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SOUTHEAST TEXAS FOOD BANK	3845 S M L KING JR PKWY	BEAUMONT	TX	77705	76-0338721	501(C)(3)	-	21,638	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
CFT FISHER HOUSE	4500 S. LANCASTER RD, BLDG #79	DALLAS	TX	75216	75-0964565	501(C)(3)	-	21,581	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
NORTH TEXAS YOUTH CONNECTION	P.O. BOX 1625	SHERMAN	TX	75091	75-1550809	501(C)(3)	-	21,354	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
BETHLEHEM PLACE	PO BOX 441	PROSPER	TX	75078	46-1062609	501(C)(3)	-	19,999	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
CHAI	13101 PRESTON RD SUITE 312	DALLAS	TX	75240	75-1894451	501(C)(3)	-	17,170	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
COMMUNITY LIFELINE CENTER	PO BOX 1792	MCKINNEY	TX	75070	75-2286990	501(C)(3)	-	16,923	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SALVATION INTERNATIONAL MISSION	1341 COUNTY ROAD 557	FARMERSVILLE	TX	75442	47-3934245	501(C)(3)	-	16,830	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
WESLEY RANKIN COMMUNITY CENTER	3100 CROSSMAN AVE	DALLAS	TX	75212	75-0808775	501(C)(3)	-	15,590	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
TURTLE CREEK RECOVERY CENTER	P.O. 191068	DALLAS	TX	75219	75-1282276	501(C)(3)	-	14,836	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
ISLAMIC ASSOCIATION OF COLLIN COUNTY	6401 INDEPENDENCE PARKWAY	PLANO	TX	75023	75-2705898	501(C)(3)	-	14,559	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
TWELVE OVERFLOWING BASKETS	PO BOX 1012	CADDO MILLS	TX	75135	26-2591587	501(C)(3)	-	13,823	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
BOYS & GIRLS CLUB OF DENISON	P.O. BOX 23	DENISON	TX	75020	75-6056229	501(C)(3)	-	13,679	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SALVATION ARMY ADULT REHAB	P.O. BOX 35845	DALLAS	TX	75235	58-0660607	501(C)(3)	-	11,013	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
GOD'S PANTRY	3420 14TH STREET STE 100	PLANO	TX	75074	46-5181719	501(C)(3)	-	9,268	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
GOOD SHEPHERD LUTHERAN	2620 W GRAUWYLER RD	IRVING	TX	75061	41-1568278	501(C)(3)	-	8,782	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
TEXAS MUSLIM WOMEN'S FOUNDATION, INC.	P.O. BOX 863388	PLANO	TX	75086	20-3060929	501(C)(3)	-	8,269	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SALVATION ARMY MCKINNEY	PO BOX 2388	MCKINNEY	TX	75070	58-0660607	501(C)(3)	-	7,831	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SALVATION ARMY PLEASANT GROVE	8341 ELAM RD.	DALLAS	TX	75217	58-0660607	501(C)(3)	-	7,156	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
AIDS SERVICES OF DALLAS	P.O. BOX 4338	DALLAS	TX	75208	75-2144518	501(C)(3)	-	6,604	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
HOLY CROSS CATHOLIC CHURCH	2926 EAST LEDBETTER	DALLAS	TX	75216	53-0196617	501(C)(3)	-	5,235	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
FIRST BAPTIST CHURCH TOM BEAN	PO BOX 679	TOM BEAN	TX	75489	75-2599207	501(C)(3)	-	5,017	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
								84,500	80,665,228		

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.**

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, 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.

		Enter filer's identifying number, see instructions
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. NORTH TEXAS FOOD BANK	Employer identification number (EIN) or 75-1785357
	Number, street, and room or suite no. If a P.O. box, see instructions. 4500 S. COCKRELL HILL ROAD	Social security number (SSN)
	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) 01

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, 2019, 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, 2017, and ending 06/30, 2018.

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

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

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

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