

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning 07/01/2021 and ending 06/30/2022

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>NORTH TEXAS FOOD BANK</u>		D Employer identification number <u>75-1785357</u>
	Doing Business As		E Telephone number <u>(214) 330-1396</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<u>3677 MAPLESHADE LANE</u>		G Gross receipts \$ <u>315,261,741.</u>
City or town, state or province, country, and ZIP or foreign postal code <u>PLANO, TX 75075</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: <u>TRISHA CUNNINGHAM</u> <u>3677 MAPLESHADE LANE, PLANO, TX 75075</u>		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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		If "No," attach a list. (see instructions)	
J Website: ▶ <u>WWW.NTFB.ORG</u>			
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: <u>1982</u>	M State of legal domicile: <u>TX</u>


Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO CLOSE THE HUNGER GAP IN NORTH TEXAS BY WORKING THROUGH OVER 400 FEEDING PARTNERS TO PROVIDE ACCESS TO NUTRITIOUS FOOD AND ADDRESS THE ROOT CAUSES OF HUNGER.</u>		
	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	<u>23</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>23</u>
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	<u>284</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>28,630</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>NONE</u>
b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>NONE</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>242,331,396.</u>	<u>212,755,287.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>360,845.</u>	<u>620,400.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>525,781.</u>	<u>388,112.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>252,689.</u>	<u>-338,316.</u>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>243,470,711.</u>	<u>213,425,483.</u>
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>188,781,031.</u>	<u>176,986,152.</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>NONE</u>	<u>NONE</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>15,497,177.</u>	<u>15,572,333.</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>8,446,727.</u>	<u>1,391,230.</u>	<u>1,899,836.</u>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>10,567,666.</u>	<u>11,643,717.</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>216,237,104.</u>	<u>206,102,038.</u>
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	<u>27,233,607.</u>	<u>7,323,445.</u>
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>158,266,901.</u>	<u>148,508,537.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>16,657,274.</u>	<u>5,248,314.</u>
		<u>141,609,627.</u>	<u>143,260,223.</u>

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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		<u>5/15/2023</u>
	Signature of officer	Date
	<u>BILL GARZA, CFO</u>	
	Type or print name and title	

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

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** (2021)

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

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

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 \$ 184,887,795. including grants of \$ 168,232,571.) (Revenue \$ 620,400.) SEE SCHEDULE O

4b (Code:) (Expenses \$ 4,961,132. including grants of \$ 4,715,051.) (Revenue \$) THE FIRST COMMODITY SUPPLEMENTAL FOOD PROGRAM (KNOWN LOCALLY AS PEOPLE AND NUTRITION, OR PAN) PROVIDES MONTHLY FOOD PACKAGES TO LOW-INCOME SENIOR CITIZENS WHO MEET CERTAIN REQUIREMENTS. IN 2022, ROUGHLY 7,100 PARTICIPANTS RECEIVED MONTHLY AN ESTIMATED 32 POUNDS OF USDA COMMODITIES AT OVER 100 PAN DISTRIBUTION SITES IN DALLAS, COLLIN, DELTA, DENTON, ELLIS, FANNIN, GRAYSON, HOPKINS, HUNT, KAUFMAN LAMAR AND NAVARRO COUNTIES. PAN IS A PARTNERSHIP OF THE U.S. DEPARTMENT OF AGRICULTURE, TEXAS DEPARTMENT OF AGRICULTURE AND NTFB.

4c (Code:) (Expenses \$ 2,019,933. including grants of \$ 1,763,643.) (Revenue \$) SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O (Expenses \$ 2,647,892. including grants of \$ 2,274,887.) (Revenue \$)

4e Total program service expenses 194,516,752.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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
25b 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		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	
35b 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 on 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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 284		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (23), 1b (23), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

BILL GARZA 3677 MAPLESHADE LANE PLANO, TX 75075 214-367-3106

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 X

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TRISHA CUNNINGHAM PRESIDENT & CEO	39.00 1.00			X				471,292.	NONE	145,623.
(2) BRAD STEWART COO (THRU 02/22)	40.00 NONE				X			225,948.	NONE	94,008.
(3) ERICA YEAGER CHIEF EXTERNAL AFFAIRS OFFICER	40.00 NONE				X			227,802.	NONE	84,963.
(4) JEANNE CLARK CFO & SEC (THRU 02/22)	39.00 1.00			X				158,509.	NONE	33,151.
(5) SUZANNE DROTMAN CHIEF PEOPLE OFFICER	40.00 NONE				X			154,752.	NONE	22,574.
(6) BILL GARZA CFO & SEC (STARTED 12/21)	39.00 1.00			X				4,904.	NONE	98.
(7) MICHAEL BROOKSHIRE CHAIRMAN	1.00 NONE	X		X				NONE	NONE	NONE
(8) JERRI GARISON VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(9) ANNA ASAVA DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(10) JOHN BECKERT DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(11) FLAUREN BENDER DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(12) TYLER COOPER DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(13) DIANA FLORES DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(14) MARCELLA FOREMAN DIRECTOR	1.00 NONE	X						NONE	NONE	NONE

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) JEFF GEORGE DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(16) PATTI HANSON DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(17) CALVIN HILTON DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(18) MABRIE JACKSON DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(19) DON JANACEK DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(20) KIM KESSLER DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(21) WAN KIM DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(22) GINNY KISSLING DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(23) RETTA MILLER DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(24) MIKE PRESTON DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(25) KATHERINE PEROT REEVES DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
1b Sub-total							1,243,207.	NONE	380,417.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							1,243,207.	NONE	380,417.	

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 **▶** 5

	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>		
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>		
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>		

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 **▶**

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			
(26) ANDREW ROSEN ----- DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(27) ADAM SAPHIER ----- DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(28) PRIYA SARJOO ----- DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	
(29) TODD YODER ----- DIRECTOR	1.00 NONE	X					NONE	NONE	NONE	

1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	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
SEE SCHEDULE O		

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 3

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	1,101,547.				
	d	Related organizations	1d	1,007,687.				
	e	Government grants (contributions)	1e	52,099,184.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	158,546,869.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 158,017,028.				
	h	Total. Add lines 1a-1f			212,755,287.			
	Program Service Revenue	2a	CONVENIENCE FEES	Business Code	900099	620,400.	620,400.	
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			620,400.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			925,495.		925,495.	
	4	Income from investment of tax-exempt bond proceeds			NONE			
	5	Royalties			NONE			
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	NONE	NONE			
	d	Net rental income or (loss)				NONE		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	100,870,232.	813,200.			
	c	Gain or (loss)	7c	275,817.	-813,200.			
	d	Net gain or (loss)				-537,383.	-537,383.	
8a	Gross income from fundraising events (not including \$ 1,101,547. of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b	89,330.	428,643.				
c	Net income or (loss) from fundraising events				-339,313.	-339,313.		
9a	Gross income from gaming activities. See Part IV, line 19	9a		NONE				
				NONE				
				NONE				
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities				NONE			
10a	Gross sales of inventory, less returns and allowances	10a		NONE				
				NONE				
				NONE				
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory				NONE			
Miscellaneous Revenue	11a	OTHER REVENUE	Business Code	900099	997.		997.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d				997.		
12	Total revenue. See instructions				213,425,483.	620,400.	49,796.	

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	155,758,655.	155,758,655.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	21,227,497.	21,227,497.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,623,624.	599,752.	553,888.	469,984.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	10,478,950.	7,341,417.	972,684.	2,164,849.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	207,372.	186,300.	5,006.	16,066.
9 Other employee benefits	2,423,102.	1,762,178.	214,344.	446,580.
10 Payroll taxes	839,285.	549,381.	103,425.	186,479.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	34,814.		34,814.	
c Accounting	76,490.		76,490.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	1,899,836.			1,899,836.
f Investment management fees	240,015.		240,015.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,182,637.	228,172.	564,242.	390,223.
12 Advertising and promotion	2,380,651.	133,276.	12,730.	2,234,645.
13 Office expenses	294,553.	207,299.	19,651.	67,603.
14 Information technology	494,684.	144,848.	115,604.	234,232.
15 Royalties	NONE			
16 Occupancy	2,443,753.	2,276,184.	26,787.	140,782.
17 Travel	1,757,640.	1,755,447.	920.	1,273.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	12,572.	4,707.	2,540.	5,325.
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	1,702,386.	1,532,148.	68,095.	102,143.
23 Insurance	122,749.	108,226.	4,631.	9,892.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	572,028.	546,263.	9,279.	16,486.
b EQUIPMENT MAINTENANCE	123,083.	65,415.	52,208.	5,460.
c NAT'L AND STATE DUES & FEES	205,662.	89,587.	61,206.	54,869.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	206,102,038.	194,516,752.	3,138,559.	8,446,727.
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)				

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	2,928,921.	1	4,398,917.
	2 Savings and temporary cash investments	NONE	2	NONE
	3 Pledges and grants receivable, net	2,843,578.	3	1,009,269.
	4 Accounts receivable, net	1,320,843.	4	4,910,910.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	16,838,300.	7	16,838,300.
	8 Inventories for sale or use	19,486,221.	8	12,954,622.
	9 Prepaid expenses and deferred charges	536,991.	9	743,368.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,349,006.		
	b Less: accumulated depreciation	10b 9,014,086.	7,040,167.	10c 6,334,920.
	11 Investments - publicly traded securities	107,136,783.	11	101,318,231.
	12 Investments - other securities. See Part IV, line 11	135,097.	12	NONE
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
	15 Other assets. See Part IV, line 11	NONE	15	NONE
16 Total assets. Add lines 1 through 15 (must equal line 33)	158,266,901.	16	148,508,537.	
Liabilities	17 Accounts payable and accrued expenses	16,657,274.	17	5,248,314.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	NONE	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	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	NONE	25	NONE
	26 Total liabilities. Add lines 17 through 25	16,657,274.	26	5,248,314.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	115,646,710.	27	122,221,151.
	28 Net assets with donor restrictions	25,962,917.	28	21,039,072.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	141,609,627.	32	143,260,223.
33 Total liabilities and net assets/fund balances	158,266,901.	33	148,508,537.	

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	213,425,483.
2	Total expenses (must equal Part IX, column (A), line 25)	2	206,102,038.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,323,445.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	141,609,627.
5	Net unrealized gains (losses) on investments	5	-5,672,848.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-1.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	143,260,223.

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 on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 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 on 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 on 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)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

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

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

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

Schedule A (Form 990) 2021

JSA
1E1210 1.000

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (99.45%); 15 Public support percentage from 2020 Schedule A, Part II, line 14 (99.44%); 16a 33 1/3% support test - 2021 (checked); 16b 33 1/3% support test - 2020; 17a 10%-facts-and-circumstances test - 2021; 17b 10%-facts-and-circumstances test - 2020; 18 Private foundation.

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

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

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

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.)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
OTHER REVENUE	24,353.	15,812.	4,078.	932.	997.	46,172.
FUNDRAISING REVENUE	325,214.	228,849.	418,050.	218,582.	NONE	1,190,695.
UTILITY/BLDG REIMBURSEMENT	20,301.	14,515.	9,110.	4,873.	NONE	48,799.
BAD DEBT RECOVERY	NONE	NONE	8,320.	24,600.	NONE	32,920.
TOTALS	369,868.	259,176.	439,558.	248,987.	997.	1,318,586.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

NORTH TEXAS FOOD BANK

75-1785357

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization <p style="text-align: center;">NORTH TEXAS FOOD BANK</p>	Employer identification number <p style="text-align: center;">75-1785357</p>
--	---

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	N/A <hr/> <hr/> <hr/>	\$ 52,099,184.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 78,302,453.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/> <hr/>	\$ 15,062,230.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	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 _____ _____ _____	\$ 52,099,184.	VAR
2	FOOD _____ _____ _____	\$ 77,989,154.	VAR
3	FOOD _____ _____ _____	\$ 15,062,230.	VAR
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <p style="text-align:center;">NORTH TEXAS FOOD BANK</p>	Employer identification number <p style="text-align:center;">75-1785357</p>
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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

2021

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

Employer identification number

NORTH TEXAS FOOD BANK

75-1785357

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

Schedule D (Form 990) 2021

JSA 1E1268 1.000

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
 - 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 Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | 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		418,575.		418,575.
b Buildings		4,424,879.	1,947,427.	2,477,452.
c Leasehold improvements		2,249,265.	1,516,564.	732,701.
d Equipment		5,726,303.	4,415,553.	1,310,750.
e Other		2,529,984.	1,134,542.	1,395,442.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,334,920.

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, and rows (2) through (9) and Total.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 213,425,483.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 206,102,038.

Part XIII Supplemental Information.

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH RETURN:

ELIMINATIONS \$ 531,352

FNTF - AUDIT REVENUE 8,835,329

TOTAL	\$ 9,366,681

SCHEDULE D, PART XI, LINE 4B

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH RETURN:

RELATED ORG CONTRIBUTION \$1,007,687

FUNDRAISING EXPENSES (428,643)

LOSS ON DISPOSAL OF ASSETS (3,651)

TOTAL	\$ 575,393

SCHEDULE D, PART XII, LINE 2D

RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS WITH RETURN:

ELIMINATION \$ (278,197)

RELATED ORG CONTRIBUTION (1,007,687)

NTFB PFC - AUDIT EXPENSE 809,549

FUNDRAISING EXPENSES 428,643

LOSS ON DISPOSAL OF ASSETS 3,651

TOTAL	\$ (44,041)

Part XIII Supplemental Information *(continued)*

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.

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTH TEXAS FOOD BANK

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

75-1785357

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SEE SUPPLEMENT INFORMATION						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				16,914,412.	2,752,841.	14,161,571.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- TX,

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 (add col. (a) through col. (c))
		TOTC (event type)	HARVEST (event type)	NONE (total number)	
Revenue	1	Gross receipts	450,349.	740,528.	1,190,877.
	2	Less: Contributions	412,144.	689,403.	1,101,547.
	3	Gross income (line 1 minus line 2)	38,205.	51,125.	89,330.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	146,770.	104,805.	251,575.
	7	Food and beverages	9,616.	52,793.	62,409.
	8	Entertainment			
	9	Other direct expenses	34,794.	79,865.	114,659.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			428,643.
11	Net income summary. Subtract line 10 from line 3, column (d) ▶			-339,313.	

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).

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

RKD GROUP, LLC

ADDRESS:

2701 DALLAS PKWY, #650
PLANO, TX 75093

ACTIVITY :

DIRECT MAIL

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	16,646,554.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	2,722,161.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	13,924,393.

NAME:

AUDACY

ADDRESS:

4131 N CENTRAL EXPY, #1000
DALLAS, TX 75204

ACTIVITY :

PUBLICITY & SUPPORT

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	267,858.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	30,680.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	237,178.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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) FEEDING NORTH TEXAS FOUNDATION 3677 MAPLESHADE LANE PLANO, TX 75075	46-1402484	501(C)(3)	278,898.				GENERAL SUPPORT
(2) VARIOUS ORGANIZATIONS SEE ATTACHMENT	00-0000000	501(C)(3)	3,328,893.	146,294,835.	FOOD	AVG DONATED VALUE	HUNGER RELIEF
(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 ▶ 166

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) 2021

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	391,836		21,227,497.	AVG DONATED VALUE	FOOD PURCHASE & SUPP
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)**

Compensation Information

OMB No. 1545-0047

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.

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 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) 2021

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 and/or 1099-NEC 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 TRISHA CUNNINGHAM PRESIDENT & CEO	(i)	271,682.	166,907.	32,703.	142,651.	2,972.	616,915.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 JEANNE CLARK CFO & SEC (THRU 02/22)	(i)	129,574.	21,360.	7,575.	10,719.	22,432.	191,660.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 ERICA YEAGER CHIEF EXTERNAL AFFAIRS OFFICER	(i)	167,367.	53,850.	6,585.	54,580.	30,383.	312,765.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 BRAD STEWART COO (THRU 02/22)	(i)	163,938.	55,425.	6,585.	55,049.	38,959.	319,956.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 SUZANNE DROTMAN CHIEF PEOPLE OFFICER	(i)	121,159.	28,245.	5,348.	10,296.	12,278.	177,326.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
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 7

NON-FIXED PAYMENTS:

THERE ARE SEVERAL METRICS THAT GET FACTORED INTO DETERMINING THE BONUS/INCENTIVE COMPENSATION PAID. THE BOARD OF DIRECTORS HAS THE DISCRETION OF APPROVING ADDITIONAL BONUSES THROUGHOUT THE YEAR AS THEY SEE FIT BASED ON KEY METRICS AND GOALS ACHIEVED.

THREE EXECUTIVES HAD A MULTI-YEAR RETENTION BONUS IN PLACE DURING CALENDAR YEAR 2021 (CEO, COO, CEO). THESE BONUSES HAVE BEEN ACCRUED AND NOTED IN DEFERRED INCOME FOR EACH EXECUTIVE.

THE RETENTION BONUS WILL BE PAYABLE TO THE EXECUTIVE UPON COMPLETION OF THREE YEARS OF SERVICE FROM THE TIME THE BONUS PROGRAM WAS INSTITUTED.

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 II

COMPENSATION REPORTING:

NORTH TEXAS FOOD BANK MAY PROVIDE EXECUTIVES WITH LUMP-SUM BONUSES BASED ON THE EXECUTIVE'S PERFORMANCE AGAINST PRE-ESTABLISHED GOALS, RETENTION CRITERIA DURING A MAJOR ORGANIZATION TRANSITION, THE RESULTS ACHIEVED BY THE ORGANIZATION, AND/OR ONE-TIME SPECIAL RECOGNITION FOR SIGNIFICANT EVENTS OUTSIDE OF NORMAL COURSE OF BUSINESS (E.G., COVID-19 PANDEMIC). AT NTFB'S DISCRETION, BONUSES MAY BE PAID IN A CALENDAR YEAR SUBSEQUENT TO THE YEAR IN WHICH THEY ARE EARNED. AS SUCH, TOTAL COMPENSATION PAID IN A GIVEN YEAR MAY BE HIGHER THAN COMPENSATION EARNED IN A 12-MONTH PERIOD.

COMPENSATION FOR NTFB'S CHIEF EXECUTIVE OFFICER IS PROPOSED EACH YEAR BY THE CHAIR OF THE NTFB BOARD OF DIRECTORS AND SUBJECT TO APPROVAL BY THE BOARD'S EXECUTIVE COMMITTEE. CEO COMPENSATION IS BASED ON VARIOUS INTERNAL MEASURES AND EXTERNAL MARKET FACTORS, INCLUDING EXECUTIVE-LEVEL COMPENSATION PRACTICES OF COMPARABLY-SIZED NONPROFITS IN THE NORTH TEXAS COMMUNITY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**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 instructions and the latest information.

Name of the organization

Employer identification number

NORTH TEXAS FOOD BANK

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	42	1,292,356.	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	35,828	156,097,487.	FA PRODUCT VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SEE SUPP PAGE)		460.	627,185.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 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) 2021

JSA

1E1298 1.000

4646EA K920 05/12/2023 11:50:57

138-0095267-0095267

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.

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS
 =====

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
-----	-----	-----	-----	-----
SUPPLIES & OTHE	X	11	425,460.	DONOR EST VALUE
FUNDRAISING EVE	X	449	201,725.	DONATED VALUE
TOTALS		460.	627,185.	
		=====	=====	

**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

2021

**Open to Public
Inspection**

Employer identification number

75-1785357

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 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

**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

2021

**Open to Public
Inspection**

Employer identification number

75-1785357

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. NORTH TEXAS FOOD BANK COMPLETED A COMPREHENSIVE COMPENSATION STUDY
FOR ALL ROLES IN FY22.

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.

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.

Name of the organization

NORTH TEXAS FOOD BANK

Employer identification number

75-1785357

FORM 990, PART III - PROGRAM SERVICE

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LINE 4A, PROGRAM SERVICE

IN FY22, NORTH TEXAS FOOD BANK (NTFB) DISTRIBUTED ROUGHLY 136 MILLION MEALS THROUGH A DIVERSE NETWORK OF OVER 400 FEEDING PARTNERS THAT PROVIDE FOOD ASSISTANCE AND OTHER WRAPAROUND SERVICES, HELPING NEIGHBORS IN NEED FIND FOOD ASSISTANCE PROGRAMS AND MAKE A LASTING CHANGE TO ADDRESS THE UNDERLYING BARRIERS TO FOOD SECURITY.

GENEROUS CONTRIBUTIONS OF FOOD PRODUCTS, FUNDS AND VOLUNTEER SERVICE SUPPORT MULTIPLE 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 FEEDING PARTNERS RECEIVE FOOD FROM THE FOOD BANK AND DISTRIBUTE IT TO NORTH TEXANS IN NEED THROUGH THEIR PANTRY AND ON-SITE MEAL PROGRAMS.

LINE 4C, PROGRAM SERVICE

THE FOOD 4 KIDS PROGRAM FEEDS HUNGRY STUDENTS WHEN THEY ARE THE MOST VULNERABLE ON THE WEEKENDS WHEN SCHOOL FEEDING PROGRAMS ARE CLOSED. FOOD 4 KIDS PROVIDES CHILDREN WITH BACKPACKS OF NUTRITIOUS FOOD EVERY FRIDAY THROUGHOUT THE SCHOOL YEAR. EACH BACKPACK CONTAINS KID-FRIENDLY SNACKS CAREFULLY SELECTED BY OUR NUTRITION SERVICES MANAGER TO PROVIDE TWO-THIRDS OF A CHILD'S WEEKEND NUTRITIONAL NEEDS. IN THE 2021-2022 SCHOOL YEAR, FOOD 4 KIDS OPERATED IN OVER 300 SCHOOLS AND PROVIDED 11,223 CHILDREN WITH 296,000 BACKPACKS, THE EQUIVALENT OF ROUGHLY 1.1 MILLION 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.

Name of the organization

Employer identification number

NORTH TEXAS FOOD BANK

75-1785357

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
<p>THE SCHOOL PANTRY PROGRAM PROVIDES ELIGIBLE STUDENTS AND THEIR FAMILIES ACCESS TO NON-PERISHABLE ITEMS, AS WELL AS FRESH PRODUCE, THROUGH PARTICIPATING SCHOOLS. DISTRIBUTIONS OCCUR ONCE A MONTH, TYPICALLY AFTER SCHOOL. STUDENTS WHO VISIT THE SCHOOL PANTRY LEAVE WITH 20-25 POUNDS OF SHELF-STABLE FOOD ITEMS AND 15 POUNDS OF PRODUCE. SCHOOL PANTRY PROGRAMS OPERATE IN SCHOOLS WITH AT LEAST 90% OF STUDENTS QUALIFYING FOR FREE/REDUCED MEALS, WITHIN CLOSE-KNIT NEIGHBORHOODS. IN THE 2021-2022 SCHOOL YEAR, PROVIDED 1.7 MILLION MEALS THROUGH THIS PROGRAM.</p>	2,274,887.	2,647,892.	
TOTALS	2,274,887.	2,647,892.	

Name of the organization

NORTH TEXAS FOOD BANK

Employer identification number

75-1785357

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
RKD GROUP, LLC 3400 WATERVIEW PKWY RICHARDSON, TX 75080	DIRECT MAIL	2,189,167.
ENVOY MANAGED SERVICES, LLC 1751 RIVER RUN #300 FORT WORTH, TX 76107	IT SUPPORT	277,611.
SIMCREST, INC 1914 SKILLMAN ST. SUITE 100-319 DALLAS, TX 75206	ERP CONSULTING	121,229.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTH TEXAS FOOD BANK

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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 46-1402484 3677 MAPLESHADE LANE PLANO, TX 75075	SUPPORT	TX	501(C)(3)	12, TYPE I	NTFB	X	
(2) NTFB - PEROT FAMILY CAMPUS 82-1959635 3677 MAPLESHADE LANE PLANO, TX 75075	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) 2021

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) FEEDING NORTH TEXAS FOUNDATION	B	278,898.	FMV
(2) NTFB-PEROT FAMILY CAMPUS	K	1,253,500.	FMV
(3) NTFB-PEROT FAMILY CAMPUS	C	1,007,687.	FMV
(4)			
(5)			
(6)			

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

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

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

Electronic Filing Information: PDF attachments Included in this Return

Tax Year: 2021
Name: North Texas Food Bank
Return No: E4646EA1

Jurisdiction: Federal
No of Attachments: 1

PDF Attachment Description	PDF File Name	File Size
Attachment Sch I Pt II	E4646EA1_FE_Attachment_Sch I Pt II.pdf	271,279

North Texas Food Bank
 Attach to Schedule I, Part II
 Grants & Other Assistance to Domestic Organizations

75-1785357

Name OF Organization or Government	Street	City	State	ZIP Code	EIN	IRC Section	Cash Grants (\$)	Non-Cash Grants (Food)	Method of Valuation for Food	Description of Non-Cash Assistance	Purpose of Grant Assistance
CROSSROADS COMMUNITY SERVICES, INC	4500 SOUTH COCKERLL HILL RD	DALLAS	TX	75236	47-2676714	501(C)(3)	544,116	21,888,922	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SHARING LIFE COMM OUTREACH	3544 E. EMPORIUM CIRCLE	MESQUITE	TX	75150	75-2831756	501(C)(3)	334,698	12,133,989	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)	10,000	9,000,624	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
HOUSE OF BREAD	142 RODNEY DRIVE	GUN BARRELL CITY	TX	75156	13-3683686	501(C)(3)	5,000	5,086,514	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
ADOPT A BLOCK TERRELL	203 MAIN ST	TERRELL	TX	75160	05-0577468	501(C)(3)	-	4,951,820	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
THE STOREHOUSE OF COLLIN COUNTY, SEVEN LOAVES FC	5801 WEST PLANO PARKWAY	PLANO	TX	75093	27-1883333	501(C)(3)	6,100	4,724,964	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
CITY SQUARE	1610 S MALCOLM X BLVD	DALLAS	TX	75226	75-2332948	501(C)(3)	24,189	4,663,263	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
MINNIES FOOD PANTRY	661 E 18TH ST	PLANO	TX	75074	27-2363211	501(C)(3)	7,300	3,732,532	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
LIFE MESSAGE, INC.	P.O. BOX 2087	ROWLETT	TX	75030	26-4642683	501(C)(3)	7,300	3,599,356	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
METROCREST SERVICES	13801 HUTTON DRIVE	FARMERS BRANCH	TX	75234	75-1548334	501(C)(3)	1,008,780	3,451,040	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SALVATION ARMY MCKINNEY	PO BOX 2388	MCKINNEY	TX	75070	58-0660607	501(C)(3)	92,726	3,267,006	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SAMARITAN INN	1725 N MCDONALD ST	MCKINNEY	TX	75071	75-1984285	501(C)(3)	4,600	3,055,585	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
AMAZING GRACE FOOD PANTRY	1711 PARKER RD	WYLIE	TX	75098	81-4228493	501(C)(3)	12,861	2,908,400	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
CUMBY FOOD PANTRY	P O BOX 104	CUMBY	TX	75433	26-0789846	501(C)(3)	16,079	2,802,346	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)	34,573	2,602,842	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
EQUAL HEART	4848 LEMMON AVE #513	DALLAS	TX	75219	46-2846816	501(C)(3)	3,400	2,540,405	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
ALL COMMUNITY OUTREACH	801 E MAIN STREET	ALLEN	TX	75002	75-1986190	501(C)(3)	6,200	2,419,990	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)	-	2,257,921	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
CHRISTIAN COMMUNITY ACTION	200 SOUTH MILL ST	LEWISVILLE	TX	75057	23-7319371	501(C)(3)	9,013	2,123,574	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)	33,200	2,003,776	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
NETWORK OF COMMUNITY MINISTRY	1500 INTERNATIONAL PARKWAY	RICHARDSON	TX	75081	75-2060900	501(C)(3)	415,799	1,966,521	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
BRIGHTER BITES	P.O. BOX 25456	HOUSTON	TX	77265	47-4070026	501(C)(3)	-	1,739,647	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
MINISTERIAL ALLIANCE	P O BOX 2218	SULPHUR SPRINGS	TX	75483	75-2197104	501(C)(3)	27,695	1,727,094	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
A CHRISTIAN FOOD PANTRY	741 S SHERMAN ST	RICHARDSON	TX	75081	45-0635029	501(C)(3)	-	1,519,105	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SHARE CENTER	103 W JONES	TERRELL	TX	75160	75-2825568	501(C)(3)	5,900	1,432,449	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
ST PHILIPS COMMUNITY CENTER	1600 PENNSYLVANIA AVE	DALLAS	TX	75215	75-1097360	501(C)(3)	2,800	1,421,956	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
BROTHER BILLS HELPING HANDS	P.O. BOX 565846	DALLAS	TX	75356	75-6027740	501(C)(3)	20,307	1,370,607	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
GOOD SAMARITANS	214 N 12TH STREET	GARLAND	TX	75040	75-1916118	501(C)(3)	10,950	1,309,631	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
JEWISH FAMILY SERVICE	5402 ARAPAHO RD	DALLAS	TX	75248	75-1992728	501(C)(3)	5,900	1,102,798	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
CHRISTIAN BENEVOLENT OUTREACH	1804 AVE P	PLANO	TX	75074	75-6044885	501(C)(3)	3,800	1,101,746	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
BAPTIST BENEVOLENT IRVING	PO BOX 170115	IRVING	TX	75017	75-2497546	501(C)(3)	15,234	1,027,550	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
GRAND CENTRAL STATION	P.O. BOX 3173	SHERMAN	TX	75090	26-3653572	501(C)(3)	14,820	991,821	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
NORTH DALLAS SHARED MINISTRIES	2875 MERRELL RD	DALLAS	TX	75229	75-1908563	501(C)(3)	4,400	947,866	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
5 LOAVES FOOD PANTRY	4401 WILLIFORD RD	SACHSE	TX	75048	81-4676309	501(C)(3)	-	927,445	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
WILKINSON CENTER	P.O. BOX 720248	DALLAS	TX	75372	75-2712117	501(C)(3)	7,500	892,805	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
LOVERS LANE UMC	9200 INWOOD ROAD	DALLAS	TX	75220	75-0878547	501(C)(3)	-	888,905	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
FRISCO FAMILY SERVICES CENTER	PO BOX 1387	FRISCO	TX	75034	75-2530888	501(C)(3)	21,925	841,582	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
LIVING WATERS	11100 SHILOH RD	DALLAS	TX	75238	75-2803501	501(C)(3)	-	840,933	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
KAUFMAN CHRISTIAN HELP CENTER	400 TERRELL HIGHWAY	KAUFMAN	TX	75142	30-0334168	501(C)(3)	22,738	840,692	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)	4,900	818,773	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
MANNA HOUSE	3241 ROBINSON RD	MIDLOTHIAN	TX	76065	75-2442266	501(C)(3)	-	807,531	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)	2,500	731,703	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
COMMUNITY LIFELINE CENTER	PO BOX 1792	MCKINNEY	TX	75070	75-2286990	501(C)(3)	134,542	720,264	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
FIRST BAPTIST DENTON	1100 Malone St.	DENTON	TX	76201	75-6044885	501(C)(3)	15,155	702,231	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
HEART OF THE CITY	2021 N. MILL STREET	LEWISVILLE	TX	75057	83-4530943	501(C)(3)	67,460	691,348	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)	4,600	675,995	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
RESOURCE CENTER	PO BOX 190869	DALLAS	TX	75219	75-1892059	501(C)(3)	4,800	675,027	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
NAVARRO COUNTY FOOD	P.O. BOX 1263	CORSICANA	TX	75151	75-0904056	501(C)(3)	16,685	645,590	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
LAKE AREA SHARED MINISTRIES	P O BOX 492	QUINLAN	TX	75474	03-0415402	501(C)(3)	2,700	639,310	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)	-	608,722	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)	-	552,021	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
LADIES OF CHARITY DBA VICKERY MEADOWS NEIGHBORI	PO BOX 824203	DALLAS	TX	75382	75-2491424	501(C)(3)	1,900	515,804	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
CARROLLTON FRIENDSHIP HOUSE	1401 CARROLLTON PKWY	CARROLLTON	TX	75010	75-6044885	501(C)(3)	32,267	513,509	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
WAXAHACHIE CARE SERVICES	PO BOX 371	WAXAHACHIE	TX	75168	75-2490584	501(C)(3)	1,400	500,113	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
MILES OF FREEDOM PRODUCE PANTRY	2922 MLK JR BLVD, BLDG A, STE 11	DALLAS	TX	75215	45-4959062	501(C)(3)	-	499,681	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
CATHEDRAL OF HOPE	5910 CEDAR SPRINGS RD	DALLAS	TX	75235	75-2571743	501(C)(3)	-	488,680	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
REGIONAL FOOD BANK OF OKLAHOMA	3355 PURDUE	OKLAHOMACITY	OK	73137	73-1100380	501(C)(3)	-	481,901	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
HARMONY MISSIONARY BAPTIST	2111 E. TUCK STREET	SHERMAN	TX	75090	75-2002183	501(C)(3)	-	426,724	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SM WRIGHT FOUNDATION	9213 SOVEREIGN ROW	DALLAS	TX	75247	31-1613179	501(C)(3)	6,600	410,587	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
OUR CALLING, INC.	PO BOX 140428	DALLAS	TX	75214	26-4430860	501(C)(3)	6,400	406,759	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
NORTH TEXAS FOOD PANTRY	5201 S. COLONY BLVD. SUITE 650	THE COLONY	TX	75056	82-1288648	501(C)(3)	-	394,308	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)	-	387,163	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)	-	349,173	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
DALLAS COUNTY COMMUNITY COLLEGE DISTRICT, DCCCI	1601 S. LAMAR STREET	DALLAS	TX	75215	23-7326612	501(C)(3)	-	344,373	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
FROST COMMUNITY CENTER	P.O.BOX 388	FROST	TX	76641	26-4176277	501(C)(3)	1,100	337,899	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SOUPMOBILE	2423 S. GOOD LATIMER EXPY	DALLAS	TX	75215	20-0154935	501(C)(3)	1,500	324,245	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
NEIGHBORS NOURISHING NEIGHBORS	241 S. MCKINLEY ST.	PROSPER	TX	75078	46-1062609	501(C)(3)	42,307	320,636	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
LOVEPACS	6710 VIRGINIA PARKWAY STE 215	MCKINNEY	TX	75071	46-0765090	501(C)(3)	-	319,216	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
FANNIN CO COMMUNITY MINISTRIES	PO BOX 69	BONHAM	TX	75418	75-2453309	501(C)(3)	8,732	316,133	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)	2,500	309,125	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
NORTHWEST LOUISIANA FOOD BANK	2307 TEXAS AVENUE	SHREVEPORT	LA	71103	72-1328890	501(C)(3)	-	295,378	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)	3,400	276,722	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
IRVING CARES, INC	P. O. BOX 177425	IRVING	TX	75017	75-1436937	501(C)(3)	8,827	268,215	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)	1,100	260,605	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
DELTA HOPE HOUSE	P O Box 341	COOPER	TX	75432	46-5365310	501(C)(3)	1,600	253,451	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
GRACE BRIDGE FOOD BANK	SUITE 330	FRISCO	TX	75035	46-3829284	501(C)(3)	-	250,224	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SHEPHERDS STOREHOUSE	P.O. BOX 826	PILOT POINT	TX	76258	75-2276185	501(C)(3)	-	248,041	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
BREAD OF LIFE COMMUNITY SERVICES	PO BOX 1302	COMMERCE	TX	75428	83-3267110	501(C)(3)	11,300	232,119	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
RICHARDSON EAST C.O.C.	1504 E. CAMPBELL RD	RICHARDSON	TX	75081	75-1009625	501(C)(3)	3,700	212,905	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
MCKENZIE	700 6TH STREET	HONEY GROVE	TX	75446	31-1813333	501(C)(3)	-	205,632	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
FEED MY SHEEP	810 N. DENNY ST.	HOWE	TX	75459	32-0501854	501(C)(3)	9,885	196,673	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
JEHOVAH JIREH FOOD PANTRY	10870 STATE HWY 11 EAST	COMO	TX	75431	83-1600576	501(C)(3)	1,100	190,556	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)	800	174,991	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
CT HOPE CENTER	312 W. MCKINNEY ST	DENTON	TX	76201	75-2844478	501(C)(3)	-	173,007	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SHILOH CHURCH	4702 SATURN ROAD	GARLAND	TX	75041	71-0866273	501(C)(3)	-	170,116	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
DALLAS BIBLE CHURCH	15765 HILLCREST	DALLAS	TX	75248	75-2260198	501(C)(3)	-	166,740	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
FOUR CORNERS OUTREACH	15642 HWY 160	BLUE RIDGE	TX	75424	45-5543026	501(C)(3)	-	161,533	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)	-	160,116	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
MEALS ON WHEELS COLLIN COUNTY	600 NORTH TENNESSEE	MCKINNEY	TX	75069	7501544507	501(C)(3)	-	156,756	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
NORTHSIDE BAPTIST CHURCH	2900 N. Beaton	CORSICANA	TX	75110	75-6044885	501(C)(3)	2,500	156,413	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)	500	155,786	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
MANNA HOUSE BONHAM	914 S. 5TH	BONHAM	TX	75418	75-2599207	501(C)(3)	-	154,920	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
MT ZION CHURCH OF SANDBRANCH	128 BURNS DR	SEAGOVILLE	TX	75159	75-1785357	501(C)(3)	-	153,060	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
TABERNACLE BAPTIST CHURCH	3403 MCBROOM ST	DALLAS	TX	75212	75-1155619	501(C)(3)	-	144,539	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
STRAIGHT STREET	PO BOX 1674	CEDAR HILL	TX	75106	75-2051641	501(C)(3)	700	135,905	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
NEW BEGINNING FELLOWSHIP	1201 W. SHEPHERD	DENISON	TX	75020	75-2287939	501(C)(3)	900	128,181	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
COMMUNITY CARE CENTER	P.O. BOX 155	BELLS	TX	75414	31-1813333	501(C)(3)	900	118,509	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
DALLAS LIFE FOUNDATION	P.O. BOX 130116	DALLAS	TX	75313	75-2336522	501(C)(3)	-	118,193	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SALVATION ARMY SHERMAN	P. O. BOX 490	SHERMAN	TX	75090	58-0660607	501(C)(3)	1,100	116,040	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
COMMERCE FOOD PANTRY INC	1216 MONROE STREET	COMMERCE	TX	75429	81-0894606	501(C)(3)	-	104,455	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)	11,543	102,115	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
COUNCIL OF DALLAS SVDP	3826 Gilbert Ave	DALLAS	TX	75219	13-5562362	501(C)(3)	800	100,595	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SALVATION ARMY PARIS	P.O. BOX 689	PARIS	TX	75461	58-0660607	501(C)(3)	5,700	99,192	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
BOLES HOME, INC.	7065 LOVE ST	QUINLAN	TX	75474	75-0904045	501(C)(3)	800	94,854	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
HOMEWARD BOUND	PO BOX 222194	DALLAS	TX	75222	74-2127841	501(C)(3)	34,900	93,340	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)	2,702	92,667	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
NEW LIFE CHURCH OF NTX		DUNCANVILLE	TX	75138	56-2452141	501(C)(3)	700	88,379	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
FOUNDATION COMMUNITIES	1810 E PETERS COLONY RD.	CARROLLTON	TX	75007	742563260	501(C)(3)	38,686	87,082	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)	3,046	86,724	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)	-	86,629	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
CHASE OAKS FAMILY CENTER	1896 AVENUE K	PLANO	TX	75074	75-1785357	501(C)(3)	-	78,424	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
PLANO FOOD PANTRY	2200 18TH STREET	PLANO	TX	75074	31-1629166	501(C)(3)	-	72,838	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
PARK AVENUE COC	3000 S. PARK AVENUE	DENISON	TX	75020	75-1057875	501(C)(3)	-	70,438	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
HANDS OF COMPASSION	809 SAHARA DRIVE	GREENVILLE	TX	75402	75-60044885	501(C)(3)	700	69,376	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
DALLAS HOPE CHARITIES	5910 CEDAR SPRINGS	DALLAS	TX	75235	81-2568424	501(C)(3)	-	64,488	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)	800	59,786	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
BRIGHTER TOMORROWS	928 Blue Bird Drive	IRVING	TX	75061	75-2291809	501(C)(3)	20,863	59,347	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
CENTRAL TEXAS FOOD BANK	6500 METROPOLIS DRIVE	AUSTIN	TEXAS	78744	74-2217350	501(C)(3)	-	57,375	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
HOUSTON FOOD BANK	535 PORTWALL ST	HOUSTON	TX	77029	74-2181456	501(C)(3)	-	56,610	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
FBC ALLEN FOOD PANTRY	201 E MCDERMOTT	ALLEN	TX	75002	75-1321109	501(C)(3)	-	56,013	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
NEXUS RECOVERY CENTER	8733 LA PRADA DRIVE	DALLAS	TX	75228	23-7169388	501(C)(3)	800	55,366	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SALVATION ARMY CORSICANA	P.O. BOX 758	CORSICANA	TX	75151	58-0660607	501(C)(3)	2,500	53,839	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
JOSEPH MINISTRY	3401 JOHNSON STREET	GREENVILLE	TX	75401	85-1795450	501(C)(3)	25,500	51,410	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
UNIVERSITY OF TEXAS AT DALLAS	800 W CAMPBELL ROAD	RICHARDSON	TX	75080	75-1305566	501(C)(3)	-	51,020	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
DCCCD FOUNDATION OFFICE	1601 BOTHAM JEAN BLVD	DALLAS	TX	75215	23-7326612	501(C)(3)	-	50,910	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
PINE FOREST PANTRY	3932 FM 269	PICKTON	TX	75471	75-2669699	501(C)(3)	800	50,045	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
LITTLE ELM FOOD BANK	P.O. BOX 746	LITTLE ELM	TX	75068	27-0131664	501(C)(3)	3,200	45,981	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
FRISCO STUDENT FASTPACS	110A ROSE LANE UNIT 205	FRISCO	TX	75036	46-4148733	501(C)(3)	800	45,449	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
FAHMA HUMANITARIAN ORG	1450 REDBUD BLVD STE	MCKINNEY	TX	75069	721528098	501(C)(3)	-	44,464	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF

DENISON HELPING HANDS	418 W CHESTNUT	DENISON	TX	75020	75-2031131	501(C)(3)	700	44,389	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)	700	39,839	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SVDP FOOD PANTRY	411 PAULA RD	MCKINNEY	TX	75069	13-5562362	501(C)(3)	-	39,817	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
FAMILY GATEWAY	711 South St. Paul Street	DALLAS	TX	75201	75-2105579	501(C)(3)	-	33,225	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
VOLUNTEERNOW	2800 Live Oak Street	DALLAS	TX	75204	75-1364145	501(C)(3)	-	33,125	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
FEEDMORE	1415 RHOADMILLER STREET	RICHMOND	VA	23220	54-1150923	501(C)(3)	-	32,671	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
CROSS CHURCH	1100 Dallas Dr.	DENTON	TX	76205	75-1785357	501(C)(3)	-	32,243	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
HOLY COVENANT UMC	1901 PETERS COLONY	CARROLLTON	TX	75007	31-1813333	501(C)(3)	1,000	32,095	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
ALL SAINTS CATHOLIC CHURCH	5231 MEADOWCREEK DRIVE	DALLAS	TX	75248	75-1516146	501(C)(3)	-	27,653	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)	700	26,101	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)	600	25,040	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
MT. CALVARY BAPTIST CHURCH	1111 WILSON ST	DENTON	TX	76205	87-1208080	501(C)(3)	-	24,703	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
COMFORTER CHRISTIAN CTR INT CHURCH	2306 OAK LN STE 119	GRAND PRAIRIE	TX	75051	75-1785357	501(C)(3)	-	24,638	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
FOUR RIVERS OUTREACH INC	P.O. BOX 1976	SHERMAN	TX	75091	20-5079885	501(C)(3)	-	24,050	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
TRUSTED WORLD FOUNDATION	906 W. MCDERMOTT DRIVE SUITE	ALLEN	TX	75013	45-5264332	501(C)(3)	-	23,754	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)	6,525	21,542	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
BECAUSE WE CARE	3939 JOE RAMSEY	GREENVILLE	TX	75401	75-6044885	501(C)(3)	-	20,948	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)	-	18,929	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
NEW BEGINNING CENTER	218 N TENTH ST	GARLAND	TX	75040	75-2038796	501(C)(3)	-	16,946	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SALVATION ARMY KAUFMAN	P.O. BOX 217	KAUFMAN	TX	75142	58-0660607	501(C)(3)	5,700	16,316	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
GOLDEN GATE ADULT REHAB MINISTRY	1101 REVEREND CBT SMITH SR ST.	DALLAS	TX	75203	75-2832604	501(C)(3)	800	15,841	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
HIGH PLAINS FOOD BANK	815 ROSS STREET	AMARILLO	TEXAS	79102	75-1838348	501(C)(3)	-	15,300	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
COMMUNITY GARDEN KITCHEN OF COLLIN COUNTY	501 Howard Street	MCKINNEY	TX	75069	81-1952191	501(C)(3)	-	15,249	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
SAN ANTONIO FOOD BANK, INC.	5200 OLD HIGHWAY 90 WEST	SAN ANTONIO	TX	78227	74-2122979	501(C)(3)	-	14,841	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)	700	13,471	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
ABRACADABRA, INC.	4041 W WHEATLAND SUITE 156	DALLAS	TX	75237	75-2635720	501(C)(3)	9,763	12,309	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
HOPE FOR YOU	1808 REYNOLDS CT	ALLEN	TX	75002	46-4884985	501(C)(3)	-	11,767	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
PRECIOUS GEMS SVC INC	7702 LOS GATOS	DALLAS	TX	75232	75-2635716	501(C)(3)	600	11,501	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)	-	10,945	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
BUTTON MEMORIAL UMC	101 West Eldorado Pkwy	LITTLE ELM	TX	75068	75-1642075	501(C)(3)	-	8,046	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
OUTCRY IN THE BARRIO	4419 HAMILTON AVE	DALLAS	TX	75210	45-1168452	501(C)(3)	-	7,888	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
PORTFOLIO RESIDENT SERVICES INC	3701 KIRBY DR STE 860	HOUSTON	TX	77098	26-4664616	501(C)(3)	-	7,340	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)	-	7,214	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)	-	6,221	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
COVENANT PRESBYTERIAN CHURCH OF SHERMAN	322 WEST PECAN STREEY	SHERMAN	TX	75090	23-6393377	501(C)(3)	-	6,026	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF
MESQUITE CHURCH OF CHRIST	400 W DAVIS ST	MESQUITE	TX	75149	75-1320665	501(C)(3)	-	5,977	Avg Donated Value/ Avg Purchase Costs	FOOD	HUNGER RELIEF

Total 3,328,893 146,294,835

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

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
	NORTH TEXAS FOOD BANK	75-1785357
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	3677 MAPLESHADE LANE	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	PLANO, TX 75075	

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

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

• The books are in the care of ▶ BILL GARZA
3677 MAPLESHADE LANE PLANO TX 75075

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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 05/15, 2023, 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, 2021, and ending 06/30, 2022.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	NONE
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 \$	NONE
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 \$	NONE

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