**Return of Organization Exempt From Income Tax** 

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

2018

Department of the Treasury Internal Revenue Service

996

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

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

Open to Public Inspection

<u>A</u>	Fo	r the	2018 calend	dar year, or t	ax year begi	nning	_		1	2018, and e	nding			, 20
В	Che	ck ıfa	pplicable	C Name of or	ganization Com	munity Food	Bank						□□□	Employer identification no
	Add	lress c	hange	Doing busi	ness as								Π.	75-1813170
		ne cha	•			ox if mail is not deliver	ed to street ad	idress)			Room	/suite	E	Telephone number
$\overline{}$		al retu	-		Galvez A			,						(817) 924-3333
$\overline{}$			n/terminated			e, country, and ZIP or	foreign nostal (	code						Gross receipts
$\overline{}$			return		Worth, T		ioreign postar (	COUC					ľ	\$ 14,673,818
$\equiv$											N/o	A to the consum		1 5.7
ш	ΑψÞ	nicatio	n pending	r Name and	address of princip	oal officer				$\sim$	l i	) Is this a group		
_	<b>-</b>			1 5044 440	<u> </u>				roz	()-	ᢖᢇ	) Are all subo		
				501(c)(3)	501(c) (	) (insert no )	4947(a	a)(1) or	527	<u> </u>	<del>-</del>			ist (see instructions)
		bsite_		w.food-b		<del></del>		<u>-</u>	<del> ,</del>			) Group exe		
				Corporation	Trust A	sociation Unther		<u> </u>	L Year	of formation 1	982	M State	of legal	domicile TX
Pa	21,11		Summar		<del></del>							<u>.                                 </u>		
		1				sion or most signif								
Governance	-					s and resou								
Jan	1		expediti	lous man	ner direc	tly as a fo	od pant	try an	d as a	food ban	<u>k; w</u>	ithout	zip	code
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ತ		3		•	•	erning body (Part	•			• • • • • •	• • •	• • • • •	3	9
Activities &		4	Number of ir	ndependent v	oting membe	rs of the governing	ig body (Pa	ırt VI, line	e 1b) • •	• • • • • •	• • •	• • • • •	4	<u>9</u>
Σ		5	Total numbe	er of individua	ils employed i	n calendar year 2	018 (Part V	/, line 2a)		• • • • • •	• • •	• • • • •	_ 5	6
5	-	6	Total numbe	er of voluntee	rs (estimate if	necessary) •				• • • • •	• • •	• • • • •	6	30
ă (	X	7a	Total unrelate	ted business	revenue from	Part VIII, column	(C), line 12	2	· · · · · ·		<u>.</u>		7a	0
	<u>&gt;</u>	b	Net unrelate	d business t	axable income	from Form 990-	T, line 38	· · · F	RECEIN	/ED: :	<u> </u>		7b	0
	NNE											Pnor Year		Current Year
	ñ	8	Contribution	s and grants	(Part VIII, line	e 1h) • • • • •		۲۰۰۰		\$		19,907	<u>,450</u>	14,118,351
ĕ	Y	9	Program ser	rvice revenue	e (Part VIII, lin	e 2g) · · · · ·		5선1	MAR 2.3.	Zu19 . [];	Ί.			0
Ven	2	10				(A), lines 3, 4, and								0
Se.	D MAY	11	Other revenu	ue (Part VIII,	column (A), I	nes 5, 6d, 8c, 9c,	10c, and 1	1e) 👶	GDEN	·UT·		431	,776	555,467
						(must equal Part				,	J	20,339		14,673,818
	5					IX, column (A), lu								0
	- I	14	Benefits paid	d to or for me	mbers (Part !	X, column (A), lin	e 4) · ·			[				0
	2	15	Salaries, oth	ner compens	ation, employe	ee benefits (Part I	X, column (	(A), lines	5-10)	[		300	,734	298,002
Ses	تح			•		column (A), line 1				[				0
e	- 1			_		olumn (D), line 25)	-		3.	056				
Expenses					•	ines 11a-11d, 11f-			<del></del>	· · · · · · ·		19,502	810	14,860,724
_			•	•	, ,	t equal Part IX, co	-					19,803		15,158,726
		19	•		•	18 from line 12	,			<u> </u>			,682	(484,908)
		<del></del> _	TREVENUE ICO	oo expenses	Oddtract III c	TO HOME TE					Poglani	ng of Current		End of Year
Net Assets or	ğ	20	Total accets	(Part X, line	16)						Deginin	1,509		
SSe	<u>a</u>		Total liabilitie	•	•					· · · · · }			_	1,032,214
let A	틸.			•	•	line 21 from line				· · · · · ·			,250	24,299
[Pa				re Block	ces Subtract	line 21 non line	20	<u> </u>				1,492	,823	1,007,915
			×		examined this re	tum, including accomp	anving schedi	ules and sta	atements and to	o the best of my	knowled	ge and belief.	ıtıs	<del></del>
						officer) is based on all i								
		ŀ		Koon	nn	-Jan	lus.	/						? <i>- 18</i> - 19
Sig	ın		Signetu	ire of officer		-10g							Date	
He					- F									
	. •	j		print name and		tive Firect	or			<del>.</del>				
		1	<del>,</del>						Date			Chost:	1.1-	TIN
Pai	iА			eparer's name		Preparer's signature	. 4		/11.			Check	1	
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	•	arer				Walker P C					Firm's		J-3	116188
US	e (	Only	Firm's addres	ss 🟲		nderson Str					Phone			
_						rth TX 7610					1		_	32-3049
May	the	e IRS	discuss this	return with t	he preparer s	hown above? (see	e instruction	ns) ·	· · · · ·			• • • • •	<u>· · · · </u>	· · · 🗌 Yes 🐰 No

Form		ge <b>2</b>
,P,a	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	To fight hunger and poverty by providing food, education, programs and resources to families	
	in a dignified, personal and expeditious manner directly as a food pantry and as a food bank	;
	without zip code restrictions.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	
_	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	
4	If "Yes," describe these changes on Schedule O	
•	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	
	the total expenses, and tevenas, if any, for each program service reported	
4a	(Code) (Expenses \$14,983,760 including grants of \$) (Revenue \$)	
	Community Food Bank provides free nutritious meals to families in need, in addition to	
	providing pantry food to many other families and their pets in need. The surplus food is	_
	distributed to many other community food pantries.	
		_
4b	(Code ) (Function of the product of	
40	(Code) (Expenses \$ including grants of \$) (Revenue \$)	
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	· · · · · · · · · · · · · · · · · · ·	
		_
		_
4c	(Code) (Expenses \$ including grants of \$ ) (Revenue \$)	
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		—
		—
		—
		—
	<del></del>	—
4d	Other program services (Describe in Schedule O )	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 14,983,760	_

Form 990 (2018)

Community Food Bank
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)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3	<del></del> ,	<u>X</u>
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? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	ا ۔		v
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		ļ	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If  "Yes," complete Schedule D, Part I	6	1	Х
7	"Yes," complete Schedule D, Part I	<del></del> -		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•		
Ū	complete Schedule D, Part III	8	;	Х
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? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quas⊩endowments? If "Yes," complete Schedule D, Part V · · · · · · · · · · · · · · · · · ·	10		Х
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Χ	
þ	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? If "Yes," complete Schedule D, Part VII	11b		X
С	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? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
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? If "Yes," complete Schedule D, Part IX	11d		X
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		v
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X_
12a		12a		Х
ь.	Schedule D, Parts XI and XII	120		
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional · · · · · · · · ·	12b		Х
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1.51		
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
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? If "Yes," complete Schedule F, Parts II and IV	15		Χ
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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	<b> </b>
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? If "Yes," complete Schedule I, Parts I and II	21		X

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Par	t 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? If "Yes," complete Schedule I, Parts I and III	22		X
	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			v
	employees? If "Yes," complete Schedule J · · · · · · · · · · · · · · · · · ·	23		_X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-		v
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
	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?	054		v
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			v
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		v
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			- <del></del> -
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201		v
	Schedule L, Part IV	28b	<u> </u>	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20.		v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	V	Х
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		v
	complete Schedule N, Part II	32	_	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes." complete Schedule R. Part I	22		v
	,,,,,,,,,,	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		v
		35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes" complete Schedule R. Part V. line 2	35b		
	continued chairly within the meaning of cookies of 12(0)(10).	330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R. Part V, line 2	36		Х
27		30		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	Х	
	19? Note. All Form 990 filers are required to complete Schedule O	1 30		
Part	V Statements Regarding Other IRS Filings and Tax Compliance			

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	_	990 (2018) Community Food Bank 75-1813	.70	F	Page 5
table the number of employees reported on Form W-3, Transmittal of Wage and Tax Slataments, field for the calondar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b If Yes, That a filled a Form 990-T for this year? If No To line 3b, provide an explanation in Schedule O  3b If Yes, That a filled a Form 990-T for this year? If No To line 3b, provide an explanation in Schedule O  3b If Yes, That a filled a Form 990-T for this year? If No To line 3b, provide an explanation in Schedule O  3b If Yes, That a filled a Form 990-T for this year? If No To line 3b, provide an explanation in Schedule O  3c All any time during the calendary early 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 in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in the foreign country (such as a bank account, securities and interest in a signature or other authority over, a financial account in a foreign country (such as a party to a prohibefed tax shelter transaction?  5c B Obd any taxable party notify the organization that was or as a party to a prohibefed tax shelter fransaction?  5c B Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization in fer foreign 8886-T?  6c D Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gafts were not tax deductible as charables confributions?  6c D Organizations that may receive deductible contributions under section \$100,000, and did the organization receive a payment in excess of \$75 made party as a contr	Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Statements, filed for the calendar year endurg with or within the year covered by this return  by If at least ones reported on the 22, did the organization file all required foeder 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)  Diff Vers, his at filed a Form 950-Tr for this year? If "IV" to line 3b, privation at explanation of Schedule O.  3b. If Yes, and a filed a Form 950-Tr for this year? If "IV" to line 3b, privation are explanation of schedule O.  3b. If Yes, and a filed a Form 950-Tr for this year? If "IV" to line 3b, privation are explanation of other authority over, a financial account in a foreign country found has a bank account, securities account, or other financial account?  4a. Any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountry.  5a. Was the organization a party to a prohibeted tax shelter transaction at any time during the tax year?  5a. Was the organization a party to a prohibeted tax shelter transaction at any time during the tax year?  5b. Did any issuable parry northy the organization file Form 8886-T?  5c. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization network annual gross receipts that are normally greater than \$100,000, and did the organization network annual gross receipts that are normally greater than \$100,000, and did the organization network annual gross receipts that are normally greater than \$100,000, and did the organization network annual gross receipts that are normally greater than \$100,000, and did the organization network are applied to the payor?  11 "Yes," and the organization network of the south were not tax deductible?  12 Organizations that may receive deductible contributions undersection 170(c).  13 Organizations that may receive deductible				Yes	No
b If all least one is reported on the 2.8, did the organization file all required federal employment tax returns?  Note, If the sum of lines 1s and 2a is greater than 250, you may be required to e-file (see instructions)  3 Did the organization have unelated business gross income of \$1,000 or more during the year?  3 a Did If "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation in Schedulo 0 3b All any time during the calendary ear, 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 accounts?  4 A Tan yit merit the name of the foreign country.  5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5 Was the organization and the foreign country.  5 Was the organization and the foreign country (such as a party to a prohibited tax shelter transaction?  5 Did any taxabib party notify the organization file Form 8886-17  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions of the foreign state of the organization and contributions or gifts were not tax deductible?  6 Did the organization and contributions that were not tax deductible as charitable contributions  7 Did the organization receive a payment in excess of \$75° andep party as a contribution and party for goods and servoes provided to the payor?  7 Did the organization receive a payment in excess of \$75° andep party as a contribution and party for goods and servoes provided to the payor?  7 Did the organization receive a payment in excess of \$75° andep party as a contribution of party for goods and servoes provided to the payor?  7 Did the organization receive a payment in excess of \$75° andep party as a contribution of payment or the payor?  7 Did the organization receive a payment in excess of \$75° andep party as a contribution of paym	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note. If the sum of lene 1a and 2a is greater than 250, you may be required to -file (see instructions)  1 Of the organization have unrelated business gross income of \$1,000 or more during the year?  2 If "Yes," has it filled a Form 990-T1 for this year? If NO Yo line 30, provide an explanation in Schedule O  3 Au Alany 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)?  4 Au Alany 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 of the source of the financial accounts (FBAR)  5 If "Yes," refer the name of the foreign country  5 See instructions for filing requirements for FincQEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Ded any stassible party notify the organization file Form 8866-17  6 Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic any contributions that were not tax eductable as charatable contributions?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax eductables or a services statement that such contributions or grifts were not tax eductables on the such as a contribution and party for goods and services provided to the payor?  7 Organizations that may receive deductible contributions under section 170(c).  8 Ded the organization sell, exchange, or otherwise dispose of tangetic personal property for which it was required to the Epayor?  9 Ded the organization sell, exchange, or otherwise, dispose organization and party for goods and services provided to the payor?  1 If "Yes," did the organization network a payment in excess of \$15 m and party fo		Statements, filed for the calendar year ending with or within the year covered by this return	il		
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excess parachute payment(s) during the year  If "Yes," see instructions and file Form 4720, Schedule N  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
If "Yes," see instructions and file Form 4720, Schedule N  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		excess parachute payment(s) during the year	15	<u></u>	X
· · · · · · · · · · · · · · · · · · ·		If "Yes," see instructions and file Form 4720, Schedule N	· ·		
If "Yes," complete Form 4720, Schedule O	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
		If "Yes," complete Form 4720, Schedule O	L.,		<u> </u>

Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "	No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			_
	Check if Schedule O contains a response or note to any line in this Part VI			· 🛚
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			l i
b	Enter the number of voting members included in line 1a, above, who are independent	,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
-	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			<u> </u>
-	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1
•	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		- 1	
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
	The state of the section broquests information about policies not required by the informative society	1	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			i
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • •	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-		
а	The organization's CEO, Executive Director, or top management official	15a		X
b		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			- 1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion 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			
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	Regena Taylor (817)924-3333, 3000 Galvez Avenue, Fort Worth, TX 76111			

Form 990 (2018)	Community Food Bank	75-18131 <u>70 Page 18 Pa</u>	age 7

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Check if Schodula O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related							(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Indwidual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer	(W-2/1099-MISC)		organization and related organizations
(1) Regena Taylor Executive Director	40.00	Х			Х			0	0	0
(2) Gwendolyn Morrison, PhD Chairperson	3.00_	Х		Х				0	0	0
(3) Suzette Jolley Vice Chairperson	2.00	x		Х				0	0	0
(4) Art Smuck Director	3.00	Х		Х				0	0	0
(5) Ruben Garcia Director	2.00	Х						0	0	0
(6) Minnie Hadley Director	2.00	Х						0	0	0
(7) Jaymie Sattiewhite Director	2.00_	Х						0	0	0
(8) Vernon Evans Treasurer	4.00	х		Х				0	0	- 0
(9) Donna Burch PhD Director	l .	х						0	0	0
(10)Ruben Rodriquez Director		Х						0	0	0
(11)									,	
<u>(12)</u>										
(13)		_								
(14)										

P	а	a	ρ	1
	a	•	•	ч

(A) Name and title	(B) Average hours per week (list any	box, u	unless	s pers	tion ore th on is	an one both an trustee)		(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
15)					-			<u> </u>		-
16)					7					
17)								· <del></del>		
18)										
19)									-	
20)										
21)										
22)										
23)									_	
24)										
25)										
to Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)	ion A · ·						•	0	0	0
2 Total number of individuals (including but not limited reportable compensation from the organization		d abov	/e) w	vho r	ece	ived m	ore	than \$100,000 of	0	
<ul> <li>Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule of For any individual listed on line 1a, is the sum of reorganization and related organizations greater than individual of the control of the co</li></ul>	J for such indiversals of the such indiversals of the such individual of the such individua	vidual pensation "Yes," o	on a	ind of	ther Scl	compo	ensa J fo	ition from the		3 X 4 X
for services rendered to the organization? If "Yes,"  Section B. Independent Contractors	complete Sche	edule J	for :	such	per	rson			· · · · · · · · · · · · · · · · · · ·	5 X
Complete this table for your five highest compensal compensation from the organization. Report compeyear.										
(A) Name and business address	S							(B) Description of		(C) Compensation
Total number of independent contractors (including	hut not limite									

L		Check if Schedule O contains a response or no	ote to any line in this	s Part VIII			[
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
- V2 V3	1a	Federated campaigns · · · · · 1a					
ant	Ь						
يَ ق	C	Fundraising events 1c			•		
ifts ar A	d					•	
%, E ⊝ 'š	e	• • • • • • • • • • • • • • • • • • • •	-	1			
Contributions, Gifts, Grants and Other Similar Amounts	1	All other contributions, gifts, grants,					
a e	'		14,118,351		•		
돌	g						
ರಿ ಕ	_	Total. Add lines 1a-1f		14 110 251	,		1
	<del>  "</del>	Total. Add lines 1a-11	Business Code	14,116,331			<del> </del>
E E	2a		Business Code			<u> </u>	
эvеп	b						
ě.							
Š	d		<del></del> -	· -			<del> </del>
Se	l a						
Program Service Revenue		All other program service revenue					
Po							
		Total. Add lines 2a-2f	• • • • • •				
	3	Investment income (including dividends, interest, and other similar amounts)	_				
		•				!	<u> </u>
	4	Income from investment of tax-exempt bond proce	i				
	5	Royalties					<del></del>
	6.	(i) Real	(ii) Personal				
	1	Gross rents · · · · · ·					
		Less rental expenses · · · ·					
	I .	Rental income or (loss) · · ·	L				
		Net rental income or (loss) · · · · · · · ·		<del></del>			
	7a	Gross amount from sales of (i) Secunties	(ii) Other				
		assets other than inventory					
	b	Less cost or other basis					
		and sales expenses · · · ·	<u>-</u>				
	1	Gain or (loss)		, <u> </u>	<u> </u>		
a)		Net gain or (loss)					
une	8a	Gross income from fundraising					
eve		events (not including \$					
Other Revel	ļ	of contributions reported on line 1c)					1
the	١.	See Part IV, line 18 · · · · · · · a					
0		Less direct expenses b	L				
	1		· · · · · · · •				
	9a	Gross income from gaming activities					
		See Part IV, line 19 · · · · · · · a					
	I .	Less direct expenses b	L				
	C	Net income or (loss) from gaming activities · ·					
	10a	Gross sales of inventory, less					
		returns and allowances · · · · · · · a	555,467		1 11		
	I	Less cost of goods sold · · · · · b					-
	<u> </u>	Net income or (loss) from sales of inventory · ·		555,467	555,467		
	<u> </u>	Miscellaneous Revenue	Business Code		·		<u></u>
	11a						
	b					<u> </u>	
	С	<del></del>				ļ	ļ
	i	All other revenue					<u> </u>
	е	Total. Add lines 11a-11d · · · · · · · · · ·	• • • • • • •				
	12	Total revenue. See instructions	<u>.</u> <u>.</u> . ▶	14,673,818	555,467	0	0

75-1813170

# Form 990 (2018) Community Food Bank Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	organizations musi	t complete all columns	All other organizations mu	st complete column (A)

	Check if Schedule O contains a response or note to a				<del></del>
	ot include amounts reported on lines 6b, 7b, b, 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 · · ·				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22			· '4	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · · ·				
7	Other salaries and wages	261,700	152,674	106,526	2,500
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) · ·				
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	36,302	21,418	14,693	191
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying · · · · · · · · · · · · · · · · · · ·				<del></del>
е	Professional fundraising services See Part IV, line 17				···-
f	Investment management fees				<u>-</u>
g	Other (If line 11g amount exceeds 10% of line 25, column				
4.0	(A) amount, list line 11g expenses on Schedule O)		4		
12	Advertising and promotion	1,520	1,520		2.65
13	Office expenses	6,170	2,860	2,945	365
14	Information technology				
15	Royalties	25.25	27 521	0.660	
16	Occupancy	96,253	87,591	8,662	<del></del>
17	Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		-		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	38,453	28,840	9,613	
23	Insurance	44,049	35,239	8,810	
24	Other expenses litemize expenses not covered	44,049	33,233	, , , , , ,	
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Contractual Services	1,556	1,556		
b	Delivery Expense	56,219	56,219		
c	Food Distribution	14,294,770	14,294,770		
d	Equipment Rent	101,146	101,146		
9	All other expenses	220,588	199,927	20,661	
25	Total functional expenses. Add lines 1 through 24e .	15,158,726	14,983,760	171,910	3,056
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				
	following SOP 98-2 (ASC 958-720)				
					Form 000 (2019)

75-1813170

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1 48,543 Cash - non-interest-bearing 50,609 2 2 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L . . . . . . . . . . . . . . . . . . 7 Notes and loans receivable, net 8 764,000 314,468 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . 10a 977,769 10c 669,203 Less accumulated depreciation . . . . . . . . . . 10b 694,464 308,566 11 11 12 12 Investments - other securities See Part IV, line 11 ...... 13 Investments - program-related See Part IV, line 11 . . . . . 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . . . . . . . 1,509,073 1,032,214 16 17 17 16,250 24,299 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 26 24,299 26 16,250 Organizations that follow SFAS 117 (ASC 958), check here > X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,492,823 27 1,007,915 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . . . . . . . . . . . . . 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances .......

1,007,915

33

1,492,823

1,509,073

33

34

Form		<u>5-1813</u>	3170	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				<u>· Ц                                    </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,6	573 <u>,</u> 8	18_
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,1	.58,7	126
3	Revenue less expenses Subtract line 2 from line 1	3	(4	84,9	<del>3</del> 08)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,4	192,8	323
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0_
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,0	07,9	<del>)</del> 15
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		<u>. LL.</u>
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔯 Accrual 🔲 Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· · 2a	Х	L
	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?		2b		X
	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				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			<u></u>	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		· · 2c	X	L
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	· · · ·			<u> </u>
EEA			Form	990 (	2018)

#### SCHEDULE A

**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.

2018 ▶ Attach to Form 990 or Form 990-EZ.

Öpen to Public Inspection

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

Employer identification number

Соп	mun	ity Food Bank					75-18131	70	
Pa	rt I	Reason for Public Charity	Status (All org	ganizations must co	mplete t	his part	) See instructions	3	
The	orgai	nization is not a private foundation beca	ause it is (For lines	1 through 12, check only	y one box )	)			
1		A church, convention of churches, or a	association of churc	ches described in <mark>sectio</mark> r	n 170(b)(1)	)(A)(i).			
2		A school described in section 170(b)(	1)(A)(ii). (Attach Sc	hedule E (Form 990 or 9	90-EZ))			2.0	
3		A hospital or a cooperative hospital se	rvice organization d	escribed in section 170	(b)(1)(A)(ii	i).		/14	
4		A medical research organization opera	ated in conjunction v	with a hospital described	ın section	170(b)(1)	(A)(iii). Enter the	$U \setminus$	
	_	hospital's name, city, and state	•	•			. ,, ,		
5	П	An organization operated for the bene	fit of a college or ur	niversity owned or operat	ed by a go	vernmenta	al unit described in		
	_	section 170(b)(1)(A)(iv). (Complete P	•		,				
6		A federal, state, or local government of	•	described in section 17	O(b)(1)(A)	(v).			
7	П		•	substantial part of its support from a governmental unit or from the general public					
-		described in section 170(b)(1)(A)(vi).	•	o. 110 oapport 11 o. 11 o gov			gomerar parate		
8	П	A community trust described in section		(Complete Part II )					
9	П	An agricultural research organization of			ed in coniu	nction with	a land-grant college		
•	_	or university or a non-land-grant colleg							
		university	go or agricultato (oc	,oo. oo. oo,	, ,,,,,,,,	,, aa otat	5 0, 1,10 00,10g0 0.		
10	$\boxtimes$	An organization that normally receives	(1) more than 33	1/3% of its support from	contributio	ns. memb	ership fees, and gross		
	سمه	receipts from activities related to its ex	, -						
		support from gross investment income							
		acquired by the organization after Juni		•		-			
11	П	An organization organized and operate	•		•				
12	П	An organization organized and operati	•	•			carry out the purpose	\$	
-		of one or more publicly supported orga	•	•			•	•	
		Check the box in lines 12a through 12		, ,			, ., .	2a	
	а	Type I. A supporting organization						-9	
	_	the supported organization(s) the		· ·		-			
		supporting organization You mus		• • • • • • • • • • • • • • • • • • • •	<i>y</i> 00 0	00.0.0			
	b	Type II. A supporting organization	<del>-</del>		its support	ed organiz	ation(s), by having		
		control or management of the sup			• •	-	• • • •		
		organization(s) You must comple			00110 11101		nanago me sapponto		
	С	Type III functionally integrated.	· · · · · · · · · · · · · · · · · · ·		ction with	and function	onally integrated with		
	•	its supported organization(s) (see							
	d	Type III non-functionally integra	·	· · · · · · · · · · · · · · · · · · ·				<b>)</b>	
	-	that is not functionally integrated	•	•		•		•	
		requirement (see instructions) Yo					and an allomorenous	•	
	е	Check this box if the organization	•				Tyne II Tyne III		
	•	functionally integrated, or Type III				a type i,	Type II, Type III		
	f	Enter the number of supported organi							
	g	Provide the following information about		ianization(s)					
_		Name of supported organization	(ii) EtN	(iii) Type of organization	(IV) is the o	roanization	(v) Amount of monetary	(vi) Amount of	
	٧٠.	Traine of supported organization	(11) 2.11	(described on lines 1-10	1 ' '	ır governing	support (see	other support (se	e
				above (see instructions))	docum	ent?	instructions)	instructions)	
					Yes	No	1		
					1.00				
(A)									
					<u> </u>				
(B)							]		
٠									
(C)			}						
(D)			_				<u> </u>		
/E\									
(E)									
Tota	i		· .	1 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1100	Salary Ha			

Schedule A (Form 990 or 990-EZ) 2018 Community Food Bank 75-1813170

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Page 2

	(Complete only if you check Part III If the organization for						fy under
Sec	tion A. Public Support		·	<u>-</u>			1
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		\\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{				/
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · · ·						
5	The portion of total contributions by						
	each person (other than a			•		,	
	governmental unit or publicly					•	
	supported organization) included on			ĺ		1	
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)				<i>.</i>		
6	Public support. Subtract line 5 from line 4 · ·			<i></i>	<u> </u>		
Sec.	tion B. Total Support				·		
ale	ndar year (or fiscal year beginning in) 🕨 📙	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
1	Total support. Add lines 7 through 10 .		/				
2	Gross receipts from related activities, etc. (see	e instructions)	<i>[</i>			12	
3	First five years. If the Form 990 is for the orgonganization, check this box and stop here						▶□
sec	tion C. Computation of Public Su					- <del></del>	
4	Public support percentage for 2018 (line 6, co						%
5	Public support percentage from 2017 Schedu	, ,					%
6a	33 1/3% support test - 2018. If the organizate	, ,					
	box and stop here. The organization qualifies						▶ ⊔
b	33 1/3% support test - 2017. If the organizat	,					. —
_	this box and stop here. The organization qua						▶ ⊔
7a	10%-facts-and-circumstances test - 2018/10% or more, and if the organization meets the Part VI how the organization meets the facts organization	e 'facts-and-circi -and-circumstan	umstances" test, ch	eck this box and st nization qualifies as	op here. Explain i a publicly support	n ed	▶ □
b	10%-facts-and-circumstances test - 2017. It is 10% or more, and if the organization me Explain in Part VI how the organization meets	ets the 'facts-and the 'facts-and-c	d-circumstances" te ircumstances" test	st, check this box a The organization q	nd <b>stop here.</b> ualifies as a public	ely	
Q	supported organization						▶ ⊔
^	Private foliogation if the ofganization aid be	TODOCK 3 DOV OR	and 14 165 166 1	A DE LAN CHECK!	DIE DOY SOO COO		

## 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,979,695	11,724,798	16,228,280	20,339,226	14,673,818	68,945,817
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						,
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				_		
6	Total Add lines 1 through 5	5,979,695	11,724,798	16,228,280	20,339,226	14,673,818	<u>68,945,817</u>
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year • •						
С	Add lines 7a and 7b · · · · · · · · · · · ·	ļ					
8	Public support. (Subtract line 7c from		•			. 1	
50	ction B. Total Support	1 1	·	<del>41</del> К	*,		68,945,817
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 · · · · · · · · · · · ·	5,979,695					68,945,817
		3,979,693	11,724,790	10,228,280	20,339,220	14,6/3,618	00,945,017
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						<del></del>
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				:		
С	Add lines 10a and 10b · · · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on · · ·						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)	5,979,695	11,724,798	16,228,280	20,339,226	14,673,818	68,945,817
	First five years. If the Form 990 is for the organization, check this box and stop here	<u>.</u>				<u> </u>	· · · · · <b>·</b> ·
Sec	ction C. Computation of Public Su	<del></del>					
15	Public support percentage for 2018 (line 8, co					15	100.00 %
16	Public support percentage from 2017 Schedu					16	100.00 %
	ction D. Computation of Investme					· <del></del>	
17	Investment income percentage for 2018 (line					17	0.00 %
18	Investment income percentage from 2017 Sc				•	18	0.00 %
19a	33 1/3% support tests - 2018. If the organization of more than 33 1/3%, check this box at	ation did not check the and stop here. The	he box on line 14, a organization qualifi	and line 15 is more les as a publicly su	than 33 1/3%, and pported organizatio	line n • • • • • • • • • • • • • • • • • • •	▶ 🖾
	33 1/3% support tests - 2017. If the organization 18 is not more than 33 1/3%, check this back the state of t	box and stop here.	The organization q	ualifies as a publich	y supported organiz	zation	_
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 Supp

Supporting Organizations

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

Sect	ion A. All Supporting Organizations		17	•
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			1
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1		
•	class or purpose, describe the designation. If historic and continuing relationship, explain.	<b>-</b>		
2	Did the organization have any supported organization that does not have an IRS determination of status	,		1
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported	2		
•	organization was described in section 509(a)(1) or (2)	-		1
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	3a		
	(b) and (c) below.	Ja		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	į		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	3b		
	organization made the determination.	30		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		<del></del>	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	-	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4-		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	415	<u></u>	لــــا
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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)? 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)	4-		لـــــا
_	purposes	4c		ļ
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		]	
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;	'		1
	(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).	5a		1
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	- Eh		
	designated in the organization's organizing document?	5b 5c		-
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	36		
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	6		
-	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	-		<u> </u>
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	7	<del> </del>	
0	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)  Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<b> </b>		1
8	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
0-		\ <b>-</b>		
9a	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b>	9a		
<b>L</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
b		9b	<del></del>	
_	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .  Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	35	<del>                                     </del>	<del>                                     </del>
С		9c	·	
40-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .			
iva	Was the organization subject to the excess business holdings rules of section 4943 because of section		1	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	10a		
ı.	supporting organizations)? If "Yes," answer 10b below	100	<del> </del>	<u> </u>
D	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		
	nerennine whener the organization had excess business holdings i	100	1	1

		1813170	F	Page 5
Par	rt IV Supporting Organizations (continued)	<del></del>	V	N.
44	Lies the assessment as executed a gift or contribution from any of the following persons?	<u> </u>	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a	-	·
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pa	rt VI. 11c		
	ction B. Type I Supporting Organizations			
			Yes	No
1				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	or		
	controlled the organization's activities. If the organization had more than one supported organization,	4-4		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the support	100	-	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<u> </u>	<del> </del>	
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Pa	art		ł
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	\ <del></del>	
Sect	ction C. Type II Supporting Organizations			_
			Yes	No
1				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s)	1		
Seci	ction D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	e	103	'''
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies			
	organization's governing documents in effect on the date of notification, to the extent not previously provide			
•				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part V			
	the organization maintained a close and continuous working relationship with the supported organization(s		-	
	•	" <u> </u>	<del>                                     </del>	<b>†</b>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			1
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	-	·
Seci	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations			٠
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ar (see instru	ctions	;)
a			,	•
b				
С	The organization supported a governmental entity Describe in Part VI how you supported a governmental	ent entity (see	in <u>struc</u>	ctions
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purpose			}
	how the organization was responsive to those supported organizations, and how the organization determine		-	
,	that these activities constituted substantially all of its activities.	2a	<del> </del>	┼
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or n			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> to reasons for the organization's position that its supported organization(s) would have engaged in these	110		
	activities but for the organization's involvement	2b	-	·
3		120	+	T
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1		
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	• • • • • • • • • • • • • • • • • • • •			

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	on Nov. 20, 1970 (expl	
instructions. All other Type III non-functionally integrated supporting organization	ation	s must complete Section	
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)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year).		•	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)		•	<u> </u>
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	· <del>-</del>	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		<del></del>	
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		<u> </u>
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	* .	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		•	
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	integ	rated Type III supporting	og organization (see

instructions)

Sched	ule A (Form 990 or 990-EZ) 2018 Community Food Bank		75-181	13170 Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3)	) Supporting Organiz	ations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	tions	
4				
_5	,			
_6_	Other distributions (describe in Part VI) See instructions			
_7				
8	Distributions to attentive supported organizations to which the	ie organization is respons	sive	
	(provide details in Part VI) See instructions.			
_9_	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
8	Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI) See			1
	instructions			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			<u> </u>
i	Carryover from 2013 not applied (see instructions)	<u> </u>		
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from			
	Section D, line 7			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
<u>c</u>	Remainder Subtract lines 4a and 4b from 4			
5	, , , , , , , , , , , , , , , , , , , ,			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions.			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j	1		
	and 4c			
8				
	Excess from 2014			•
b	Excess from 2015			
	Excess from 2016			
d	Excess from 2017			
_	Evenes from 2019	i .		i i

EEA

Schedule A (Form 990 or 990-EZ) 2018

## SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

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

► Attach to Form 990.

OMB No 1545-0047

2018

Open/to/Rublic

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Open to Public	
Inspection	57
Employer identification number	

	munity Food Ponk	75-1813170
	munity Food Bank [till Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	
[ <b>P</b> ai		<b>3.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	Yes   No
_		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	□ v □ v-
(Dai	conferring impermissible private benefit?	Yes No
<u>(P</u> ai		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	and the desired
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat Preservation of a certified hist	toric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	
	easement on the last day of the tax year	Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	ation 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	□v <sub></sub> □v <sub>-</sub>
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation e	easements during the year
_	<u> </u>	t t the second
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ments during the year
_	<b>&gt;</b> \$	45
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	
_	and section 170(h)(4)(B)(II)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements that the second statements in the revenue and expense statements in the	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that o	describes the
(IDai	organization's accounting for conservation easements [tillia Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets
[Fedi		er Ommar Assetts.
4-	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	holones shoot
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance of additional transfer of the second process of the second pr	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	nerance or
	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, pr	rovide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	▶\$

Sched	fule D (Form 990) 2018 Community Food					75-181		Page 2	
Pa	rt III Organizations Maintaining C	ollections of A	rt, Historical T	reasures, c	or Othe	r Similar Ass	sets (cont	inued)	
3	Using the organization's acquisition, accession,	and other records, c	heck any of the foll	owing that are a	a significa	ant use of its			
	collection items (check all that apply)	•	•	Ū	•				
а	Public exhibition	d $\Box$ los	an or exchange pro	orams					
b	Scholarly research	=	ner	-					
c	Preservation for future generations	<b>₽</b> □ 011				<del></del>			
_	•		61 61						
4	Provide a description of the organization's collection	ctions and explain no	w they further the c	organization's e	xempt pu	irpose in Fart			
_	XIII								
5	During the year, did the organization solicit or rec						σ		
Da	assets to be sold to raise funds rather than to be		of the organization	's collection?	<del></del>	<del></del>	<u>∐</u> Y	es U No	
Pa	rt IV Escrow and Custodial Arrang		- F 000 D						
	Complete if the organization ar	iswered "Yes" c	on Form 990, Pa	aπ IV, line 9	, or rep	orted an amo	ount on Fo	orm	
	990, Part X, line 21								
1a	Is the organization an agent, trustee, custodian of						_	_	
	included on Form 990, Part X?				• • • •		∐ Y	es 📙 No	
b	If "Yes," explain the arrangement in Part XIII and	complete the follow	ring table						
						A	mount		
С	Beginning balance							_	
d	Additions during the year				· · 1d	ī			
е	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 cust	odial account li	ability?		📗 Y	es 🗌 No	
b	If "Yes," explain the arrangement in Part XIII Ch	eck here if the expla	nation has been pro	ovided on Part	XIII			🔲	
	rt V Endowment Funds.								
	Complete if the organization ar	nswered "Yes" o	n Form 990, Pa	art IV, line 1	0				
		(a) Current year	(b) Pnor year	(c) Two year		(d) Three years bac	k (e) Four	years back	
1a	Beginning of year balance	(a) Carrein year	(5) 1 1101 ) 001	(6) ) 66.	<u> </u>	(4) 111100 1000	107.50	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b	Contributions			+					
c	Net investment earnings, gains, and		<del> </del>			<del></del>			
·	losses								
		· · · · ·	<del></del>						
u	Grants or scholarships		<del> </del>						
е	Other expenditures for facilities and								
	programs			_					
f	Administrative expenses	· · · · · · · · · · · · · · · · · · ·							
g	End of year balance	<u></u>	<u> </u>		i				
2	Provide the estimated percentage of the current		ne 1g, column (a))	held as					
а	Board designated or quasi-endowment	%							
b	Permanent endowment > %								
C	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c should	equal 100%							
3a	Are there endowment funds not in the possession	on of the organization	n that are held and	administered fo	r the		_		
	organization by							Yes No	
	(i) unrelated organizations					<b></b> .	3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ns listed as required	on Schedule R? .				3b		
4	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 (b) Cost or other basis (c) Accumulated (d) Book value								
	===sipson or property	(investm	1 ' '	(other)		epreciation	,-, <u>550</u>		
1a	Land			168,432	<u> </u>		1	68,432	
b	Buildings		-	622,247	<del>                                     </del>	147,661		74,586	
c				022,241	<del>                                     </del>	147,001	4	14,500	
	- addonore improvements	· · ·   — —		107 000	<del></del>	160 005		06 105	
d	Equipment			<u>187,090</u>	<del> </del>	160,905		26,185	
e	Other				L				
Total	<ol> <li>Add lines 1a through 1e (Column (d) must equal</li> </ol>	ai Form 990, Part X,	column (B), line 10	c)		🕨	6	69,203	

Page 2

Schedule D (Form 990) 2018 Community Food	75-1813170 Pag	
PartiVIII Investments - Other Securities.		
Complete if the organization answer	ed "Yes" on Form 990, Pa	art IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests	· [	
3) Other		
(A)		
(B)		
(C)	<u> </u>	
(D)		
(E)		
(F)		
(G)	<u> </u>	
(H)	<u> </u>	
Total (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Rartivill Investments - Program Related.		
Complete if the organization answer	ed "Yes" on Form 990, Pa	art IV, line 11c See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)	<u> </u>	
(5)		
(6)		
(7)		
(8)		
(9)		
otal (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>	
PartilX Other Assets.		
Complete if the organization answer	ed "Yes" on Form 990, Pa	art IV, line 11d. See Form 990, Part X, line 15
	Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)	·	
(6)		
(7)		

(1)		 _
(2)		
(3)		 -
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	<b>•</b>	_

|Part|X| Other Liabilities.

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

1.	(a) Description of liability		(b) Book value			
(1) Fede	ral income taxes					
(2)	_					
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total (Colum	n (b) must equal Form 990, Part X, col (B) line 25)	<b>&gt;</b>				

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

Sched	Mule D (Form 990) 2018 Community Food Bank	75-1813170	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	17.1	
а	Net unrealized gains (losses) on investments		
	Donated services and use of facilities	┥,,	
b		┦, `	
C	Recoveries of prior year grants	<u>-</u>	
d	Other (Describe in Part XIII )		
θ	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	<del></del>	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIII )	<u> </u>	
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	<u> </u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•	
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a			
b	Prior year adjustments		
С	Other losses · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIII )		
9	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIII )		
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Pa	rt XIII Supplemental Information.		
rov	ide 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, F	Part X line	
	irt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
-,	in 74, and 5 24 and 45, and 1 art 74, and 5 24 and 45 7450 complete this part to provide any additional anomalion.		
		·	
		<u>_</u>	
		•	
		·	
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		<del></del>	
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		<del></del>	
	<del> </del>		••

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open to Public Inspection

► Attach to Form 990. Department of the Treasury

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Employer identification number

Com	munity Food Bank				75-181317	0		
Pa	rt 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	Method of noncash contri			ınts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests		-					
4	Books and publications							
5	Clothing and household							
	goods				!			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded · · · ·							
10	Securities - Closely held stock · · ·							
11	Securities - Partnership, LLC,							
	or trust interests	_						
12	Securities - Miscellaneous · · ·							
13	Qualified conservation							
	contribution - Historic				1			
	structures · · · · · · · · · ·							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential					_		
16	Real estate - Commercial • • • •							
17	Real estate - Other					_		
18	Collectibles							
19	Food inventory · · · · · · ·	X	594	13,845,238	Market Va	lue_		
20	Drugs and medical supplies · · ·							
21	Taxidermy							
22	Historical artifacts			<del></del>				
23	Scientific specimens			<del></del>				
24	Archeological artifacts · · · ·							
25	Other ►(Surplus Food )	X	369	555,467				
26 27	Other ►()				<del>                                     </del>			
	Other ►()	_						
28 29	Other ►( )	4b						
23	Number of Forms 8283 received by which the organization completed Forms	_	- ·		29			
	which the organization completed re	JIIII 0203, Fai	it IV, Donee Acknowledgemen		23	-	Yes	No
30a	During the year, did the organization	racawa by co	antribution any property reports	ad in Part I lines 1 through			163	
Jua	28, that it must hold for at least three							
	to be used for exempt purposes for t	=				30a		X
b	If "Yes," describe the arrangement in		ing penou?			Jua		
31	Does the organization have a gift ac		ov that requires the review of s	uny nonstandard				1
٠.	contributions?					31		
32a	Does the organization hire or use thi							
- <b></b>	contributions?	•	•			32a		Х
b	If "Yes," describe in Part II							
33	If the organization didn't report an ar	mount in colur	nn (c) for a type of property for	which column (a) is checked		ļ <b>,</b>	•	
	describe in Part II	Juin in oolui	(2) for a type of property to	volumi (a) io onoonoo,		[`.	-	1

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

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.

OMB No 1545-0047 Open(to|Public) Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990 or 990-EZ.

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

Community Food Bank	75-1813170						
01. Form 990 governing body review (Part VI, line 11)							
A copy of the form 990 is reviewed by a responsible individual an	A copy of the form 990 is reviewed by a responsible individual and is available upon						
request by the governing body.							
02. Conflict of interest policy compliance (Part VI, line 12c)							
Governing documents and conflict of interes policy available upon	n request at the food						
bank.							
03. Governing documents, etc, available to public (Part VI, lin	e 19)						
Governing documents are available to the general public upon requ	uest.						