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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 20 10

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization TRI-STATE FOOD BANK

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite: 801 E. MICHIGAN STREET

City or town, state or country, and ZIP + 4: EVANSVILLE, IN 47711-5631

D Employer identification number: 35-1539870

E Telephone number: (812) 425-0775

G Gross receipts $ 9,492,123.

F Name and address of principal officer: MARY BLAIR
801 E. MICHIGAN STREET EVANSVILLE, IN 47711-5631

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☒ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.TRISTATEFOODBANK.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation 1982 **M** State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TRI-STATE FOOD BANK, INC. SOLICITS, WAREHOUSES, AND DISBURSES DONATED FOOD PRODUCTS TO OTHER NOT-FOR-PROFIT CORPORATIONS IN INDIANA, ILLINOIS, AND KENTUCKY.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of employees (Part V, line 2a)	5	14
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,279,667.	8,794,147.
9	Program service revenue (Part VIII, line 2g)	577,235.	688,246.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,019.	3,628.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,432.	6,102.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,874,353.	9,492,123.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,927,929.	8,042,256.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	420,339.	442,761.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 242,508.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,040,595.	1,041,013.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,388,863.	9,526,030.
19	Revenue less expenses Subtract line 18 from line 12	485,490.	-33,907.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	2,453,426.	2,539,982.
21	Total liabilities (Part X, line 26)	35,455.	155,918.
22	Net assets or fund balances Subtract line 21 from line 20	2,417,971.	2,384,064.

Part II Signature Block

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

Sign Here

▶ Signature of officer Mary E. Blair — Date 12/16/10

▶ MARY E Blair Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Kyle Deffner CPA — Date 12/15/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00319397

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BKD, LLP
400 E MAIN ST STE 200 PO BOX 1196 BOWLING GREEN, KY 42102-1196

EIN ▶ 44-0160260

Phone no ▶ 270-781-0111

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
TRI-STATE FOOD BANK, INC. SOLICITS, WAREHOUSES, AND DISBURSES DONATED FOOD PRODUCTS TO OTHER NOT-FOR-PROFIT CORPORATIONS IN INDIANA, ILLINOIS, AND KENTUCKY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 9,113,503 including grants of $ 8,042,256) (Revenue $ 694,348)
FEED THE HUNGRY BY SOLICITING AND JUDICIOUSLY DISTRIBUTING MARKETABLE SURPLUS FOOD TO NON-PROFIT AGENCIES, WHICH SERVE THE NEEDY IN A 33 COUNTY AREA OF THE TRI-STATE. TO SERVE AS THE CHANNEL THROUGH WHICH DONORS MAY BE ASSURED GOOD WAREHOUSING PRACTICES, EQUITABLE DISTRIBUTION, AND ACCOUNTABILITY TO THE MEMBER AGENCIES AS WELL AS TO THE NEEDY. TO MONITOR MEMBER AGENCIES AND TO ASSIST THEM IN THE VARIOUS PROGRAMS THEY SPONSOR. TO EDUCATE THE PUBLIC ABOUT THE NATURE OF AND THE SOLUTIONS TO THE PROBLEMS OF HUNGER. TO ENCOURAGE DONORS TO PRACTICE THE GOOD STEWARDSHIP OF DONATIONS, NOT DUMPING, USABLE SURPLUS FOODS.

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 9,113,503.

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If" Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• Did the organization report an amount for investments—other-securitiesin 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*			
	• 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*			
	• 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*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• 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? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: , No: X)	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	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*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		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
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24 a	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 through 24d and complete Schedule K If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *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)			
a	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 Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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," 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*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
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		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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 2		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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 14		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	10		
b	Enter the number of voting members that are independent	1b	10		
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			X
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			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6			X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	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 the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9a			X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does 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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MARY BLAIR 801 E. MICHIGAN STREET EVANSVILLE, IN 47711-5631
812-425-0775

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

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 Use Schedule J-2 if additional space is needed

- 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 See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
LESA CAGLE BOARD MEMBER	1.00	X						0.	0.	0.
BILL HEMMINGER BOARD MEMBER	1.00	X						0.	0.	0.
DR. MEHMET KOCAKULAH SECRETARY/TREASURER	4.00	X		X				0.	0.	0.
SHERMAN GREER BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT SCHNEIDER BOARD MEMBER	1.00	X						0.	0.	0.
KENDALL MARTIN PRESIDENT	4.00	X		X				0.	0.	0.
MICHAEL STAUBITZ VICE PRESIDENT	4.00	X		X				0.	0.	0.
CHARLES PARTAIN BOARD MEMBER	1.00	X						0.	0.	0.
SCOTT WOOD BOARD MEMBER	1.00	X						0.	0.	0.
KATHERINE WORMAN BOARD MEMBER	1.00	X						0.	0.	0.
MARY BLAIR EXECUTIVE DIRECTOR	40.00			X				43,557.	0.	24,992.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
1b Total ▶								43,557.	0.	24,992.

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

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		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? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

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

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

Part VIII Statement of Revenue 35-1539870

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,830,593			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,963,554			
	g Noncash contributions included in lines 1a-1f $ 7,721,639					
	h **Total.** Add lines 1a-1f		8,794,147			
Program Service Revenue		**Business Code**				
	2a SHARED MAINTENANCE	624210	312,366.	312,366.		
	b SMF PURCHASED PRODUCT	624210	363,070	363,070.		
	c DELIVERY	624210	12,810	12,810		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		688,246			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,628.			3,628
	4 Income from investment of tax-exempt bond proceeds		0.			
	5 Royalties		0			
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		0			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		0			
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue	**Business Code**				
	11a MISCELLANEOUS	900099	6,102.	6,102.		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		6,102			
	12 **Total Revenue.** See instructions		9,492,123	694,348.		3,628.

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	8,042,256.	8,042,256.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	68,549.	68,549.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	257,445.	68,368.	78,239.	110,838.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	18,500.	7,770.	4,440.	6,290.
9 Other employee benefits	74,613.	31,337.	17,908.	25,368.
10 Payroll taxes	23,654.	9,935.	5,677.	8,042.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	38,812.	38,812.		
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	9,106.	9,106.		
12 Advertising and promotion	1,310.	550.	315.	445.
13 Office expenses	102,437.	43,024.	24,584.	34,829.
14 Information technology	17,508.	17,508.		
15 Royalties	0.			
16 Occupancy	65,502.	27,511.	15,721.	22,270.
17 Travel	428.	428.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	4,735.	4,735.		
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	44,431.	18,661.	10,663.	15,107.
23 Insurance	29,140.	12,239.	6,993.	9,908.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PURCHASED PRODUCTS	703,127.	703,127.		
b MISCELLANEOUS	22,827.	9,587.	5,479.	7,761.
c FUNDRAISER	1,650.			1,650.
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	9,526,030.	9,113,503.	170,019.	242,508.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	393,889.	1	473,912.
	2	Savings and temporary cash investments	110,230.	2	111,500.
	3	Pledges and grants receivable, net	54,654.	3	88,978.
	4	Accounts receivable, net	45,996.	4	51,206.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,466,945.	8	1,157,653.
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,628,290.			
	b	Less accumulated depreciation — 10b: 971,557.	381,712.	10c	656,733.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,453,426.	16	2,539,982.
Liabilities	17	Accounts payable and accrued expenses	32,552.	17	146,687.
	18	Grants payable		18	
	19	Deferred revenue	2,903.	19	9,231.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	35,455.	26	155,918.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	2,417,971.	27	2,384,064.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	2,417,971.	33	2,384,064.
	34	Total liabilities and net assets/fund balances	2,453,426.	34	2,539,982.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
TRI-STATE FOOD BANK	35-1539870

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

The organization is not a private foundation because it is (For lines 1 through 11, 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)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	583,248.	4,669,943	4,761,143	6,279,667	8,794,147	25,088,148.
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	583,248	4,669,943	4,761,143	6,279,667	8,794,147	25,088,148
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 **Public support.** Subtract line 5 from line 4						25,088,148.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	583,248	4,669,943.	4,761,143	6,279,667	8,794,147	25,088,148
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,612	6,468	17,610	6,019	3,628	36,337
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) ATCH. 1	4,232	5,450	9,152	11,432	6,102.	36,368
11 **Total support.** Add lines 7 through 10						25,160,853
12 Gross receipts from related activities, etc (see instructions)					12	2,715,712

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.71 %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	99.07 %

16a **33 1/3 % support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3 % support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organzation meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19 a **33 1/3 % support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3 % support tests - 2008.** 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
MISCELLANIOUS INCOME	4,232	5,450.	9,152	11,432	6,102	36,368
TOTALS	4,232.	5,450.	9,152.	11,432.	6,102.	36,368.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

TRI-STATE FOOD BANK

Employer identification number

35-1539870

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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? ☐ 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 conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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 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 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, acces sion, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

5 During the year, did the organization solici t 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custo dian 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 XI V 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? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V

Part V Endowment Funds. Complete if organization answered "Yes" to 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 y ear end balance held as

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the pos session 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" to 3a(ii), are the related organizati ons listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of t he organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		17,790.		17,790.
b Buildings		672,579.	489,752.	182,827.
c Leasehold improvements				
d Equipment		280,084.	241,415.	38,669.
e Other		657,837.	240,390.	417,447.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				656,733.

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	

2. FIN 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,492,123.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,526,030.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-33,907.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-33,907.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	9,492,123.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	9,492,123.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	9,492,123.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	9,526,030.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	9,526,030.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	9,526,030.

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

INCOME TAXES

SCH D, PART X, LINE 2

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. HOWEVER, THE ORGANIZATION IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME.

THE ORGANIZATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. WITH A FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2006.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: TRI-STATE FOOD BANK

Employer identification number: 35-1539870

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance	(h) Purpose of grant or assistance
SETTLE MEMORIAL 201 E 4TH STREET OWENSBORO, KY 42303	61-0458392	501(C)(3)		25,911	FMV	FOOD	FEED THE NEEDY
FIRST CHRISTIAN CHURCH 702 N ADAMS STREET STURGIS, KY 42459	66-0655893	501(C)(3)		49,841	FMV	FOOD	FEED THE NEEDY
BELLEVUE BAPTIST CHURCH 4950 SY HWY 56 OWENSBORO, KY 42301	61-9226583	501(C)(3)		20,844	FMV	FOOD	FEED THE NEEDY
AMERICAN RED CROSS 404 E WALNUT BOONVILLE, IN 47601	35-2583678	501(C)(3)		5,784	FMV	FOOD	FEED THE NEEDY
DAYSTAR COMM. PROGRAM 909 WASHINGTON CAIRO, IL 62914	61-0458392	501(C)(3)		55,439	FMV	FOOD	FEED THE NEEDY
WADI-ALBION RR4 BOX 136 ALBION, IL 62806	37-0890111	501(C)(3)		21,844	FMV	FOOD	FEED THE NEEDY
WADI-MCLEANSBORO 108 E JEFFERSON MCLEANSBORO, IL 62850	37-0890111	501(C)(3)		41,069	FMV	FOOD	FEED THE NEEDY
SHAWNEE DEVELOPMENT P O BOX 168 ELIZABETHTOWN, IL 62931	37-0888749	501(C)(3)		51,037	FMV	FOOD	FEED THE NEEDY
SIGN OF THE KINGDOM EAST P O BOX 663 LAWRENCEVILLE, IL 62439	37-1279695	501(C)(3)		149,081	FMV	FOOD	FEED THE NEEDY
SIGN OF THE KINGDOM 905 JEFFERSON BRIDGEPORT, IL 62417	37-1351897	501(C)(3)		20,941	FMV	FOOD	FEED THE NEEDY
FAITH TABERNACLE 8TH & BROADWAY METROPOLIS, IL 62960	37-1161667	501(C)(3)		69,972	FMV	FOOD	FEED THE NEEDY
SHAWNEE DEVELOPMENT P O BOX 366 GOLCONDA, IL 62938	37-0888749	501(C)(3)		40,376	FMV	FOOD	FEED THE NEEDY

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 160

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCH I, PART I, QUESTION 2

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

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

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

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

ITEMS THEY RECEIVE.

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

TRI-STATE FOOD BANK

Employer identification number

35-1539870

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIVING HOPE FELLOWSHIP P O BOX 111 GRAND CHAIN, IL 62941	99-6759270	501(C)(3)		22,635	FMV	FOOD	FEED THE NEEDY
FIRST BAPTIST CHUIRCH 3RD & MAIN KARNAK, IL 62956	99-7734730	501(C)(3)		23,515	FMV	FOOD	FEED THE NEEDY
SHAWNEE DEVELOPMENT 124 N OAK STREET MOUNDS, IL 62964	37-0888749	501(C)(3)		30,648	FMV	FOOD	FEED THE NEEDY
GOOD SAMARATIN 211 E MAIN STREET OLNEY, IL 62450	37-5080440	501(C)(3)		85,290	FMV	FOOD	FEED THE NEEDY
CHRISTIAN COMMUNITY CENTER 632 N JACKSON HARRISBURG, IL 62946	25-4600004	501(C)(3)		114,319	FMV	FOOD	FEED THE NEEDY
WADI-HARRISBURG 14 VETERANS HARRISBURG, IL 62946	37-0890111	501(C)(3)		17,399	FMV	FOOD	FEED THE NEEDY
BETHANY VILLIAGE 414 E DAVIE STREET ANNA, IL 62906	37-1295609	501(C)(3)		40,569	FMV	FOOD	FEED THE NEEDY
JESUS ES EL SENOR P O BOX 149 CABDEN, IL 62920	37-1362718	501(C)(3)		21,150	FMV	FOOD	FEED THE NEEDY
SHAWNEE DEVELOPMENT P O BOX 439 ANNA, IL 62906	37-0888749	501(C)(3)		74,644	FMV	FOOD	FEED THE NEEDY
WADI-MT CARMEL 823 W NINTH STREET MT CARMEL, IL 62863	37-0890111	501(C)(3)		62,167	FMV	FOOD	FEED THE NEEDY
WADI-FAIRFIELD 902 S FIRST STREET FAIRFIELD, IL 62837	37-0890111	501(C)(3)		59,366	FMV	FOOD	FEED THE NEEDY
COG NORRIS CITY 106 SPENCE STREET NORRIS CITY, IL 62869	E9947-3615	501(C)(3)		25,477	FMV	FOOD	FEED THE NEEDY
CROSSROADS BIBLE CHURCH 5370 HWY 141 NORRIS CITY, IL 62869	37-1166371	501(C)(3)		90,364	FMV	FOOD	FEED THE NEEDY
HELPING HAND 463 STATE STREET CROSSVILLE, IL 62827	37-0755264	501(C)(3)		16,717	FMV	FOOD	FEED THE NEEDY
COPE 1013 N AVE METROPOLIS, IL 62960	37-1173652	501(C)(3)		48,885	FMV	FOOD	FEED THE NEEDY

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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Employer Identification number

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(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 non-cash assistance	(h) Purpose of grant or assistance
THE KITCHEN TABLE P.O BOX 22 CAIRO, IL 62914	37-0755264	501(C)(3)		11,005	FMV	FOOD	FEED THE NEEDY
HARVEST DELIVERENCE 38 S VINE HARRISBURG, IL 62946	39-1974979	501(C)(3)		90,941	FMV	FOOD	FEED THE NEEDY
LANDMARK HOUSE OF PRAISE 708 W ELM STREET HARRISBURG, IL 62946	96-4774501	501(C)(3)		13,945	FMV	FOOD	FEED THE NEEDY
SWAN 1114 S WEST STREET OLNEY, IL 62450	37-1106456	501(C)(3)		67,802	FMV	FOOD	FEED THE NEEDY
ANNA BIXBY 213 S SHAW STREET HARRISBURG, IL 62946	37-1203458	501(C)(3)		67,965	FMV	FOOD	FEED THE NEEDY
IL COALITION FOR COMM SERVICES P O BOX 39 EQUALITY, IL 62934	37-4668261	501(C)(3)		32,432.	FMV	FOOD	FEED THE NEEDY
HOPE MINISTRIES 104 CHURCH STREET GEFF, IL 62842	37-1235287	501(C)(3)		142,089	FMV	FOOD	FEED THE NEEDY
POSEY COUNTY CAPE 1113N MAIN STREET MT VERNON, IN 47620	35-1176665	501(C)(3)		17,869	FMV	FOOD	FEED THE NEEDY
ST PETERS 10430 HWY 66 WADESVILLE, IN 47638	34-1927041	501(C)(3)		87,955	FMV	FOOD	FEED THE NEEDY
ST PAULS FOOD PANTRY 16 E MICHIGAN EVANSVILLE, IN 47711	35-1077186	501(C)(3)		227,350	FMV	FOOD	FEED THE NEEDY
BETHANY APOSTOLIC 212 MULBERRY STREET EVANSVILLE, IN 47734	35-5586594	501(C)(3)		18,859	FMV	FOOD	FEED THE NEEDY
GRACE BAPTIST CHURCH 1200 N GARVIN EVANSVILLE, IN 47713	35-6006699	501(C)(3)		46,172	FMV	FOOD	FEED THE NEEDY
COUNCIL OF CHURCHES 2001 BAYARD PARK EVANSVILLE, IN 47714	35-1045078	501(C)(3)		262,625.	FMV	FOOD	FEED THE NEEDY
EVANSVILLE RESCUE MISSION 300 SE MLK DRIVE EVANSVILLE, IN 47713	35-0942622	501(C)(3)		54,658	FMV	FOOD	FEED THE NEEDY
GOODWILL 1351 W BUENA VISA RD EVANSVILLE, IN 47714	35-1808532	501(C)(3)		44,797	FMV	FOOD	FEED THE NEEDY

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No 1545-0047

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Employer identification number

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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OZANAM FAMILY CENTER 1100 READ ST EVANSVILLE, IN 47710	35-1771442	501(C)(3)		8,278	FMV	FOOD	FEED THE NEEDY
FEED MY SHEEP P O BOX 543 WASHINGTON, IN 45701	35-1861266	501(C)(3)		190,677	FMV	FOOD	FEED THE NEEDY
SALVATION ARMY 215 EWING RD OWENSBORO, KY 42301	58-0660607	501(C)(3)		31,213	FMV	FOOD	FEED THE NEEDY
HENDERSON CHRISTIAN P O BOX 363 HENDERSON, KY 42420	61-1109652	501(C)(3)		143,325	FMV	FOOD	FEED THE NEEDY
COVENANT CARE 1055 N MAIN MADISONVILLE, KY 42431	61-1380236	501(C)(3)		79,601	FMV	FOOD	FEED THE NEEDY
LIVINGSTON COUNTY HELPING HAND P O BOX 296 SMITHLAND, KY 42081	61-1340706	501(C)(3)		134,462	FMV	FOOD	FEED THE NEEDY
STURGIS CHURCH OF GOD 722 KING STREET STURGIS, KY 42459	74-8106975	501(C)(3)		27,155	FMV	FOOD	FEED THE NEEDY
THE FIVE THOUSAND 370 ST RT 109 CLAY, KY 42404	3-2167731	501(C)(3)		94,770	FMV	FOOD	FEED THE NEEDY
ST. VINCENT DEPAUL 218 JIM VEACH RD MORGANFIELD, KY 42437	61-0458381	501(C)(3)		102,032	FMV	FOOD	FEED THE NEEDY
BOULWARE MISSION 731 HALL ST. OWENSBORO, KY 42303	61-0486968	501(C)(3)		21,421.	FMV	FOOD	FEED THE NEEDY
DANIEL PITINO SHELTER 501 WALNUT OWENSBORO, KY 42301	61-1245271	501(C)(3)		209,560	FMV	FOOD	FEED THE NEEDY
OASIS 2150 19TH ST OWENSBORO, KY 42302	61-0995748	501(C)(3)		30,458	FMV	FOOD	FEED THE NEEDY
SALVATION ARMY 1213 WASHINGTON HENDERSON, KY 42420	58-0660607	501(C)(3)		12,522	FMV	FOOD	FEED THE NEEDY
LORDS PANTRY P O BOX 74 FT BRANCH, IN 47648	35-1580135	501(C)(3)		21,326	FMV	FOOD	FEED THE NEEDY
GALLATIN COUNTY FOOD PANTRY P O BOX 121 SHAWNEETOWN, IL 62984	37-0890111	501(C)(3)		8,014	FMV	FOOD	FEED THE NEEDY

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

TRI-STATE FOOD BANK

Employer identification number

35-1539870

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEWBURGH FOOD PANTRY 526 FRAME RD NEWBURGH, IN 47630	35-2116077	501(C)(3)		8,039	FMV	FOOD	FEED THE NEEDY
SOUTHSIDE BAPTIST 244 YANKEETOWN RD BOONVILLE, IN 47601	35-2469014	501(C)(3)		17,628	FMV	FOOD	FEED THE NEEDY
DUBOIS COMM FOOD PANTRY 1404 MERIDIAN RD JASPER, IN 47546	35-1866079	501(C)(3)		103,747	FMV	FOOD	FEED THE NEEDY
TRI-CAP 49 W HWY 62 BOONVILLE, IN 47601	35-1121163	501(C)(3)		240,902.	FMV	FOOD	FEED THE NEEDY
EAST GIBSON FOOD PANTRY MULLBERY & DIVISICN PETERSBURG, IN 47567	36-2167731	501(C)(3)		13,518	FMV	FOOD	FEED THE NEEDY
OWENSVILLE MINISTRIES P O BOX 646 OWENSVILLE, IN 47665	39-2061883	501(C)(3)		16,236	FMV	FOOD	FEED THE NEEDY
SALVATION ARMY P O BOX 1258 PRINCETON, IN 47670	13-5582351	501(C)(3)		77,066	FMV	FOOD	FEED THE NEEDY
RUSING WIND COG P O BOX 22415 OWENSBOROR, KY 42301	61-1112265	501(C)(3)		59,507	FMV	FOOD	FEED THE NEEDY
CHERRY STREET BAPTIST P O BOX 68 CARMI, IL 62821	37-8963380	501(C)(3)		32,675	FMV	FOOD	FEED THE NEEDY
FIRST ASSEMBLY OF GOD 2208 US HWY 60 HENDERSON, KY 42420	61-6685327	501(C)(3)		60,789	FMV	FOOD	FEED THE NEEDY
MARTINS CLOAK 2980 CARLETON DR SIBERIA, IN 47515	35-1018460	501(C)(3)		38,551	FMV	FOOD	FEED THE NEEDY
PIKE COUNTY CHRISTIAN ASSIST 27 W LOCUST STREET PETERSBURG, IN 47567	35-2047995	501(C)(3)		181,073	FMV	FOOD	FEED THE NEEDY
WATKINS TEMPLE P O BOX 4118 EVANSVILLE, IN 47713	35-1547374	501(C)(3)		20,805	FMV	FOOD	FEED THE NEEDY
CHRISTIAN RESOURCE CENTER 410 MAIN ST ROCKPORT, IN 47635	35-0975325	501(C)(3)		30,624	FMV	FOOD	FEED THE NEEDY
ST MARY'S CATHOLIC CHURCH 613 CHERRY ST EVANSVILLE, IN 47713	35-1076612	501(C)(3)		55,585	FMV	FOOD	FEED THE NEEDY

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

TRI-STATE FOOD BANK

Employer identification number

35-1539870

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WIDOWS BARREL 821 10TH ST TELL CITY, IN 47586	35-1308613	501(C)(3)		185,265	FMV	FOOD	FEED THE NEEDY
EVANSVILLE 7TH ADVENTIST 41 CAMPGROUND RD EVANSVILLE, IN 47710	52-0643036	501(C)(3)		21,658	FMV	FOOD	FEED THE NEEDY
LIFE IN ABUNDANCE 2323 WALNUT LANE EVANSVILLE, IN 47714	35-1419266	501(C)(3)		9,242	FMV	FOOD	FEED THE NEEDY
OUTREACH MINISTRIES 734 W DELAWARE ST EVANSVILLE, IN 47713	36-2167731	501(C)(3)		24,819	FMV	FOOD	FEED THE NEEDY
HARWOOD BAPTIST 1803 ALLENS LANE EVANSVILLE, IN 47710	35-1663690	501(C)(3)		43,525	FMV	FOOD	FEED THE NEEDY
PROGRESSIVE HOLY TEMPLE 1700 POLLACK AVE EVANSVILLE, IN 47714	23-7002419	501(C)(3)		30,806	FMV	FOOD	FEED THE NEEDY
THE RIVER AT EVANSVILLE 138 E BLACKFOR AV EVANSVILLE, IN 47714	35-2061485	501(C)(3)		19,925	FMV	FOOD	FEED THE NEEDY
TRINITY GOSPEL TABERNACEL P.O BOX 86 NORTONVILLE, KY 42442	61-1072905	501(C)(3)		88,475.	FMV	FOOD	FEED THE NEEDY
YMCA - CALDWELL 222 NW 6TH ST EVANSVILLE, IN 47708	35-0869074	501(C)(3)		15,886	FMV	FOOD	FEED THE NEEDY
LORDS CHURCH OF PRAYER P O BOX 572 EVANSVILLE, IN 47704	35-0890893	501(C)(3)		8,272	FMV	FOOD	FEED THE NEEDY
OAK HILL BAPTIST 4615 OAK HILL EVANSVILLE, IN 47711	23-7317256	501(C)(3)		27,366	FMV	FOOD	FEED THE NEEDY
FAMILY WORSHIP CENTER 600 SALEM DRIVE OWENSBORO, KY 42303	61-0972019	501(C)(3)		16,531	FMV	FOOD	FEED THE NEEDY
OWENSBORO CHRISTIAN 2818 NEW HARTFORD RD OWENSBORO, KY 42303	61-0862202	501(C)(3)		86,763	FMV	FOOD	FEED THE NEEDY
CROSSROADS NEW LIFE 400 CRABTREE OWENSBORO, KY 42301	30-0363137	501(C)(3)		102,414	FMV	FOOD	FEED THE NEEDY
CHRISTIAN MINISTRIES 321 4TH STREET HUNTINGBURG, II 47242	35-1866079	501(C)(3)		33,145	FMV	FOOD	FEED THE NEEDY

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

TRI-STATE FOOD BANK

Employer identification number

35-1539870

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADAMS PANTRY P O BOX 4424 EVANSVILLE, IN 47724	26-1082634	501(C)(3)		203,335	FMV	FOOD	FEED THE NEEDY
FREEDOM LIFE FOOD MIN. 4600 N JOSEPH AVE EVANSVILLE, IN 47720	31-0806555	501(C)(3)		24,182	FMV	FOOD	FEED THE NEEDY
BETHEL TEMPLE 424 N FRONT ST MOUNDS, IL 62964	30-0185108	501(C)(3)		17,723	FMV	FOOD	FEED THE NEEDY
FIRST CHRUCH OF THE NAZARENE 218 W 7TH ST MT CARMEL, IL 62863	37-1012545	501(C)(3)		9,519	FMV	FOOD	FEED THE NEEDY
LIBERTY GENERAL 1520 DELMAR AVE EVANSVILLE, IN 47712	35-1956418	501(C)(3)		27,861	FMV	FOOD	FEED THE NEEDY
TEN MILE BAPTIST RT 1 BOX 279 MCLEANSBORO, IL 62850	37-6294454	501(C)(3)		15,198	FMV	FOOD	FEED THE NEEDY
HAPPY HELPER P O BOX 98 TAMMS, IL 62988	37-8161210	501(C)(3)		64,377	FMV	FOOD	FEED THE NEEDY
ST ANTHONY'S 713 N 2ND ST EVANSVILLE, IN 47710	35-0869075	501(C)(3)		40,245	FMV	FOOD	FEED THE NEEDY
LITTLE SISTERS OF THE POOR 1236 LINCOLN AVE EVANSVILLE, IN 47714	35-1067810	501(C)(3)		11,502	FMV	FOOD	FEED THE NEEDY
RIVER OF LIFE 725 WASHINGTON HENDERSON, KY 42420	20-8316207	501(C)(3)		16,841	FMV	FOOD	FEED THE NEEDY
MANA MARKET 966 A AIGNER DRIVE BOONVILLE, IN 47601	20-8986652	501(C)(3)		5,501	FMV	FOOD	FEED THE NEEDY
APOSTOLIC UNITED PENT 231 HILL SIDE DR JASPER, IN 47546	43-0679185	501(C)(3)		22,936	FMV	FOOD	FEED THE NEEDY
THE POTTERS WHEEL 1100 LINCOLN AVE EVANSVILLE, IN 47711	74-3105998	501(C)(3)		64,351	FMV	FOOD	FEED THE NEEDY
AT THE CROSS MISSION 301 MAIN STREET MT VERNON, IN 47620	35-1376317	501(C)(3)		44,485	FMV	FOOD	FEED THE NEEDY
HARVOR LIGHT CHURCH 60 REYNOLD ROAD HARRISBURG, IL 62946	37-4051482	501(C)(3)		25,232	FMV	FOOD	FEED THE NEEDY

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No 1545-0047

2009

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Name of the organization

TRI-STATE FOOD BANK

Employer identification number

35-1539870

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POOLE MISSIONARY BAPTIST 9295 US 41A N POOLE, KY 42444	61-1049968	501(C)(3)		15,243	FMV	FOOD	FEED THE NEEDY
HEART OF HOPE HOUSE 106 N FIRST ALLENDALE, IL 62410	37-1235287	501(C)(3)		57,393	FMV	FOOD	FEED THE NEEDY
RESTORE 9239 SOUTHPORT DR EVANSVILLE, IN 47711	74-6051852	501(C)(3)		37,474	FMV	FOOD	FEED THE NEEDY
UNITED CARING SHELTER 324 NW 6TH ST EVANSVILLE, IN 47708	35-1892153	501(C)(3)		61,490	FMV	FOOD	FEED THE NEEDY
SALVATION ARMY P O BOX 4055 EVANSVILLE, IN 47710	36-2167910	501(C)(3)		286,180	FMV	FOOD	FEED THE NEEDY
BROADWAY CHRISTIAN 201 E BROADWAY PRINCETON, IN 47670	35-0868116	501(C)(3)		23,353	FMV	FOOD	FEED THE NEEDY
ST VINCENT DAYCARE 730 W DELAWARE ST EVANSVILLE, IN 47710	35-0907317	501(C)(3)		16,099	FMV	FOOD	FEED THE NEEDY
CARING FRIENDS DAYCARE 2216 S GREEN RIVER EVANSVILLE, IN 47715	35-1667922	501(C)(3)		11,407	FMV	FOOD	FEED THE NEEDY
DESTINY'S CHILDCARE 3314 FOREST AVE EVANSVILLE, IN 47712	35-2077335	501(C)(3)		14,424	FMV	FOOD	FEED THE NEEDY
CRITTENDEN COUNTY FP 210 N WALKER MARION, KY 42064	61-6000867	501(C)(3)		37,915	FMV	FOOD	FEED THE NEEDY
HUMMINGBIRD DAYCARE 205 NE 2ND AVE HOLLAND, IN 47541	36-2167731	501(C)(3)		16,417.	FMV	FOOD	FEED THE NEEDY
GIBSON CAPE 107 E STATE STREET PRINCETON, IN 47670	35-2014955	501(C)(3)		72,475.	FMV	FOOD	FEED THE NEEDY
ARG 201 NW 4TH ST EVANSVILLE, IN 47708	35-1834665	501(C)(3)		20,706	FMV	FOOD	FEED THE NEEDY
EVANSVILLE ARC P O BOX 4089 EVANSVILLE, IN 47724	35-0992718	501(C)(3)		21,738	FMV	FOOD	FEED THE NEEDY
FOSTER PARENTS 4990 SCENIC DRIVE MT VERNON, IN 47620	35-7803777	501(C)(3)		75,750	FMV	FOOD	FEED THE NEEDY

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

TRI-STATE FOOD BANK

Employer identification number

35-1539870

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLCREST YOUTH HCME 2700 W INDIANA EVANSVILLE, IN 47712	31-1738958	501(C)(3)		9,042	FMV	FOOD	FEED THE NEEDY
MATTHEW 25 452 OLD CORYDON RD HENDERSON, KY 42420	61-1351672	501(C)(3)		22,237	FMV	FOOD	FEED THE NEEDY
WADI 127 E LOGAN AVE SHAWNEETOWN, IL 62984	37-0890111	501(C)(3)		32,770	FMV	FOOD	FEED THE NEEDY
FIRST BAPTIST CHURCH 7TH & WASHINGTON VIENNA, IL 62995	99-8853604	501(C)(3)		37,301.	FMV	FOOD	FEED THE NEEDY
NEW HARMONY MINISTRIES P O BOX 203 NEW HARMONY, IN 47631	35-1899847	501(C)(3)		7,737.	FMV	FOOD	FEED THE NEEDY
NORTH SPENCE COMM ACTION P.O BOX 79 DALE, IN 47523	35-1885941	501(C)(3)		14,946	FMV	FOOD	FEED THE NEEDY
HARVEST TIME INNER CITY 518 S LINWOOD EVANSVILLE, IN 47713	35-1866682	501(C)(3)		24,108	FMV	FOOD	FEED THE NEEDY
SALMES BAPTIST CHURCH P O BOX 558 SALEM, KY 42078	34-4527700	501(C)(3)		8,850.	FMV	FOOD	FEED THE NEEDY
GODS HOUSE OF HOPE 465 HWY 136 E CALHOUN, KY 42327	61-1240776	501(C)(3)		79,092	FMV	FOOD	FEED THE NEEDY
NORTH PARK BAPTIST CHURCH 5015 1ST AVE EVANSVILLE, IN 47710	35-1382796	501(C)(3)		12,103	FMV	FOOD	FEED THE NEEDY
LIFE CHRISTIAN CENTER 721 PRINCETON ROAD MADISONVILLE, KY 42431	20-01314212	501(C)(3)		7,444	FMV	FOOD	FEED THE NEEDY
JASPERS FOOD PANTRY 3222 ST RD 166 CANNELTON, IN 47520	35-0789351	501(C)(3)		5,271	FMV	FOOD	FEED THE NEEDY
CHANDLER UNITED METH CHURCH 127 S STATE ST CHANDLER, IN 47610	35-1167602	501(C)(3)		16,563	FMV	FOOD	FEED THE NEEDY
CHANDLER CUMBERLAND 338 S STATE ST CHANDLER, IN 47610	35-1383258	501(C)(3)		6,784	FMV	FOOD	FEED THE NEEDY
CHRISTIAN OUTREACH 1112 WERNER RD OWENSBORO, KY 42301	61-1276414	501(C)(3)		34,564	FMV	FOOD	FEED THE NEEDY

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

TRI-STATE FOOD BANK

Employer Identification number

35-1539870

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE 2 ALL FOOD PANTRY 92 N MAIN STREET NORTONVILLE, KY 42442	20-5647399	501(C)(3)		21,476	FMV	FOOD	FEED THE NEEDY
AURORA 1100 LINCOLN AVE EVANSVILLE, IN 47701	35-1759576	501(C)(3)		7,048	FMV	FOOD	FEED THE NEEDY
LIGHTHOUSE RECOVERY CENTER 1276 E 250 NORTH WASHINGTON, IN 47501	36-9488239	501(C)(3)		9,086	FMV	FOOD	FEED THE NEEDY
TSFB - KIDS CAFE 801 E MICHIGAN EVANSVILLE, IN 47711	35-1539870	501(C)(3)		26,832	FMV	FOOD	FEED THE NEEDY
TSFBBP - VANDERBURG COUNTY 801 E MICHIGAN EVANSVILLE, IN 47711	35-1539870	501(C)(3)		249,257	FMV	FOOD	FEED THE NEEDY
AGAPE COMMUNITY CHURCH 101 TAYLOR STREET CANNELTON, IN 47520	35-1777459	501(C)(3)		25,578	FMV	FOOD	FEED THE NEEDY
CENTRAL CHRISTIAN CHURCH 10 W VAN TREES ST WASHINGTON, IN 47501	36-1937654	501(C)(3)		9,477	FMV	FOOD	FEED THE NEEDY
LEWIS LANE BAPTIST CHURCH 2600 LEWIS LANE OWENSBORO, KY 42301	30-9319753	501(C)(3)		9,636	FMV	FOOD	FEED THE NEEDY
FIRST CHRISTIAN CHURCH 700 JR MILER RD OWENSBORO, KY 42303	61-0576920	501(C)(3)		18,189	FMV	FOOD	FEED THE NEEDY
WALNUT MEMORIAL BAPTIST 519 BYERS AVE OWENSBORO, KK 42303	61-0534630	501(C)(3)		6,874	FMV	FOOD	FEED THE NEEDY
TSFP - POSEY COUNTY BACK PACK 801 E MICHIGAN EVANSVILLE, IN 47711	35-1539870	501(C)(3)		36,877	FMV	FOOD	FEED THE NEEDY
PANTER CREEK BAPTIST 7146 US 431 OWENSBORO, KY 42301	61-0967779	501(C)(3)		7,978	FMV	FOOD	FEED THE NEEDY
FEEDING AMERICA - KENTUCKY 313 PETERSON DR ELIZABETHTOWN, KY 42702	61-1043635	501(C)(3)		89,498.	FMV	FOOD	FEED THE NEEDY
TERRE HAUTE CATHCLIC CHARITIES 1356 LOCUST ST TERRE HAUTE, IN 47803	35-1577679	501(C)(3)		73,368	FMV	FOOD	FEED THE NEEDY
GODS PANTRY 1685 JAGGIE FOX WAY LEXINGTON, KY 40511	31-0979404	501(C)(3)		80,063	FMV	FOOD	FEED THE NEEDY

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No 1545-0047

2009

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Name of the organization

TRI-STATE FOOD BANK

Employer identification number

35-1539870

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARION BAPTIST CHURCH P.O BOX 384 MARION, KY 42064	61-0449637	501(C)(3)		8,896.	FMV	FOOD	FEED THE NEEDY
ALBION FELLOWS BACON CENTER 650 JUDSON EVANSVILLE, IN 47713	35-8139422	501(C)(3)		8,621	FMV	FOOD	FEED THE NEEDY
ST. JOHNS FEEDING THE HUNGRY 617 BELLEMEDE AVE EVANSVILLE, IN 47713	53-0196617	501(C)(3)		6,247	FMV	FOOD	FEED THE NEEDY
SALVATION ARMY P O BOX 489 MADISONVILLE, KY 42431	61-0452065	501(C)(3)		21,825	FMV	FOOD	FEED THE NEEDY
PENNYRILE ALLIED - CRITTENDEN P.O BOX 549 HOPKINSVILLE, KY 42431	61-0862133	501(C)(3)		10,731	FMV	FOOD	FEED THE NEEDY
PENNYRILE ALLIED - HOPKINS P O BOX 549 HOPKINSVILLE, KY 42431	61-0862133	501(C)(3)		5,717	FMV	FOOD	FEED THE NEEDY
PENNYRILE ALLIED - LIVINGSTON P.O BOX 549 HOPKINSVILLE, KY 42431	61-0862133	501(C)(3)		33,401	FMV	FOOD	FEED THE NEEDY
TSFB - EMERGENCY 801 E MICHIGAN EVANSVILLE, IN 47711	35-1539870	501(C)(3)		160,911	FMV	FOOD	FEED THE NEEDY
BROADSEND MINISTRIES 7599 CAMP BROADSEND RD NEWBURGH, IN 47630	35-7864833	501(C)(3)		5,775.	FMV	FOOD	FEED THE NEEDY
TSFB-GIBSON COUNTY 801 E MICHIGAN EVANSVILLE, IN 47711	35-1539870	501(C)(3)		7,657	FMV	FOOD	FEED THE NEEDY
TSFB-DISASTER 801 E MICHIGAN EVANSVILLE, IN 47711	35-1539870	501(C)(3)		10,093	FMV	FOOD	FEED THE NEEDY
UNION COUNTY HAPPY PACKS P O BOX 202 STURGIS, KY 42459	61-7359678	501(C)(3)		10,840	FMV	FOOD	FEED THE NEEDY
WESTERN KENTUCKY TEEN P O BOX 415 DIXON, KY 42409	61-3112569	501(C)(3)		11,289.	FMV	FOOD	FEED THE NEEDY

Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization: TRI-STATE FOOD BANK

Employer identification number: 35-1539870

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art-Works of art				
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities-Publicly traded				
10	Securities-Closely held stock				
11	Securities-Partnership, LLC, or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation contribution-Historic structures				
14	Qualified conservation contribution-Other				
15	Real estate-Residential				
16	Real estate-Commercial				
17	Real estate-Other				
18	Collectibles				
19	Food inventory	X	2,998	7,721,639.	1.50 PER POUND VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(_____)				
26	Other ▶(_____)				
27	Other ▶(_____)				
28	Other ▶(_____)				

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0		
30 a	During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a			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 non-standard contributions?	31			X
32 a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a			X
b	If "Yes," describe in Part II				
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	2009 Open to Public Inspection

Name of the organization: TRI-STATE FOOD BANK

Employer identification number: 35-1539870

ATTACHMENT 2

CONFLICT OF INTEREST POLICY

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

OFFICERS, DIRECTORS, AND TRUSTEES COMPLETE AND SIGN THE CONFLICT OF INTEREST EACH YEAR.

PROCESS FOR DETERMINING COMPENSATION

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

THE BOARD OF DIRECTORS CONDUCTED THE REVIEW FOR THE EXECUTIVE DIRECTOR IN 2010. ALL MEMBERS OF THE BOARD ARE INDEPENDENT AND THE PROCESS INCLUDED DELIBERATION AND DOCUMENTATION OF THE REVIEW. IT WAS CONTEMPORANEOUSLY DOCUMENTED IN MINUTES OF THE MEETING.

MAKING FORMS AVAILABLE TO THE PUBLIC

FORM 990, PART VI, SECTION C, QUESTION 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE AND BOARD MEETINGS ARE OPEN TO THE PUBLIC.

PROCESS TO REVIEW FORM 990

FORM 990, PART VI, SECTION B, QUESTION 11

THE FORM 990 IS PREPARED AND REVIEWED BY AN INDEPENDENT CPA FIRM. THE IRS FORM 990 IS SENT TO ALL BOARD MEMBERS FOR THEM TO REVIEW PRIOR TO FILING THE FORM 990 WITH THE IRS.

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

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

Electronic Filing ***(e-file)*** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	TRI-STATE FOOD BANK	35-1539870
	Number, street, and room or suite no If a P O box, see instructions 801 E. MICHIGAN STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions EVANSVILLE, IN 47711-5631	

Check type of return to be filed (file a separate application for each return)

[X]	Form 990	[ ]	Form 990-T (corporation)	[ ]	Form 4720
[ ]	Form 990-BL	[ ]	Form 990-T (sec 401(a) or 408(a) trust)	[ ]	Form 5227
[ ]	Form 990-EZ	[ ]	Form 990-T (trust other than above)	[ ]	Form 6069
[ ]	Form 990-PF	[ ]	Form 1041-A	[ ]	Form 8870

- The books are in the care of ▶ MARY BLAIR

Telephone No ▶ 812 425-0775 FAX No ▶

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2011, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [ ] calendar year _____ or
▶ [X] tax year beginning 07/01, 2009, and ending 06/30, 2010

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

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

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev 4-2009)