EXTENDED TO NOVEMBER 15, 2019

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

<u> A</u>	or the	2018 calendar year, or tax year beginning and	d ending					
В	Check if applicable	C Name of organization		D Employer identif	ication number			
	Address	HOOSIER HILLS FOOD BANK, INC.						
	Name change	Doing business as		31-1	.051402			
	Final return/	E Telephone numbe 812-	334-8374					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,056,725.			
<u>_</u>	Amende return	BLOOMINGTON, IN 4/402		H(a) Is this a group r	eturn			
L	Applica- tion pending	F Name and address of principal officer OULTO ALONSO		for subordinate:	s? Yes X No			
		SAME AS C ABOVE		H(b) Are all subordinates i	ncluded? Yes No			
		mpt status $X = 501(c)(3)$ $501(c)()$ (insert no) 4947(a)(1)	or 527	If "No," attach a	a list (see instructions)			
		HHFOODBANK.ORG	<u> </u>	H(c) Group exemption				
		organization X Corporation Trust Association Other >	L Year	of formation 1982	M State of legal domicile IN			
			TED III	TIG FOOD DI				
စ္	1 8	Briefly describe the organization's mission or most significant activities HOOS						
& Governance	, ,	COLLECTS, STORES, AND DISTRIBUTES NUTRITI						
ern	2 0	Check this box I if the organization discontinued its operations or dispo	sed of more	ı	1			
Š	3 N	lumber of voting members of the governing body (Part VI, line 1a)		3	15			
∞ ∞	4 N 5 T	lumber of independent voting members of the governing body (Part VI, line 1b)		4	15			
Activities		otal number of individuals employed in calendar year 2018 (Part V, line 2a) otal number of volunteers (estimate if necessary)		5	1968			
₹		otal unrelated business revenue from Part VIII, column (C), line 12		6 7a	0.			
Ą		let unrelated business taxable income from Form 990-T, line.38		7 <u>a</u> 7b	0.			
_	<u> </u>	et difference dusiness taxable income from Portir 950-1, little-56	Ţ	Prior Year	Current Year			
	8 0	contributions and grants (Part VIII, line Ih) RECEIVED		6,276,667.	6,781,469.			
Revenue			-	200,969.	181,998.			
ž.		rogram service revenue (Part VIII, line 2g) vivestment income (Part VIII, column (A) lides 3,4tj and 2d) 3 2019		306.	433.			
æ	11 0	other revenue (Part VIII, column (A), lines \$16d, 8c, 9c, 10c, and 11e)		-15,410.	-12,090.			
		otal revenue - add lines 8 through 11 (must equal-Part:\/III, eotumn(A), line\(12\)		6,462,532.	6,951,810.			
_		irants and similar amounts paid (Part IX, column (A) lines 1-3)		0.	0.			
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
10		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		534,621.	559,205.			
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
per		otal fundraising expenses (Part IX, column (D), line 25) 131, 4	32.	·····				
Ã	!	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,858,828.	6,152,904.			
		otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		6,393,449.	6,712,109.			
		evenue less expenses Subtract line 18 from line 12		69,083.	239,701.			
580			Be	ginning of Current Year	End of Year			
sets	20 T	otal assets (Part X, line 16)	<u> </u>	1,206,355.	1,780,410.			
t Ass	21 T	otal liabilities (Part X, line 26)		381,329.	715,683.			
Net		et assets or fund balances. Subtract line 21 from line 20		825,026.	1,064,727.			
Pa	rt II	Signature Block						
Unde	er penaltı	esof perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	ents, and to the best of my	y knowledge and belief, it is			
true,	correct,	and complete Declaration of preparer (other than officer) is based on all information of wi	hich preparer	has any knowledge. 🏒				
		> Mult blown		8/1	9/19			
Sıgr	[[Signature of officer		Date	·			
Her	e {	JULIO ALONSO, EXECUTIVE DIRECTOR						
]	Type or print name and title						
	Preparer's name Preparer's agnature Date Check PTIN							
Paid		EREMY M. FINN, CPA		8-16-19 11 sell employ				
Prep	47%	urm's name MONROE SHINE & CO INC. CPA'S		Firm's EIN	35-1515068			
Use	Only 🙀	irm's address PO BOX 1407			0 045 0044			
	<u> </u>	NEW ALBANY, IN 47151-1407		Phone no. 81	2-945-2311			
	9	discuss this return with the preparer shown above? (see instructions)			X Yes No			
83200	11 12-31-1	LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2018)			

	n 990 (2018) HOUSIER HILLS FOOD BANK, INC.	<u> 31-1051402</u>	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	HOOSIER HILLS FOOD BANK COLLECTS, STORES, AND DISTRIBUTES		
	FOOD PRODUCTS TO NON-PROFIT ORGANIZATIONS, WHICH PROVIDE	FREE FEEDING	G
	PROGRAMS THAT SERVE BOTH ILL AND NEEDY FAMILIES AND INDIV	JIDUALS IN	
	MONROE, MARTIN, OWEN, ORANGE, BROWN, AND LAWRENCE COUNTIE	S IN CENTRA	L
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ves	X No
	If "Yes," describe these new services on Schedule O		(==),10
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
•	If "Yes," describe these changes on Schedule O		INO
4	Describe the organization's program service accomplishments for each of its three largest program services, as n		
•			1
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, ar	10
	revenue, if any, for each program service reported	101	000
4a	(Code) (Expenses s 6,439,127. including grants of s) (Revenu		998.)
	HOOSIER HILLS FOOD BANK COLLECTS, STORES, AND DISTRIBUTES		
	FOOD PRODUCTS TO NON-PROFIT ORGANIZATIONS, WHICH PROVIDE		G
	PROGRAMS THAT SERVE BOTH ILL AND NEEDY FAMILIES AND INDIV		
	MONROE, MARTIN, OWEN, ORANGE, BROWN, AND LAWRENCE COUNTIE	ES IN CENTRA	<u>L</u>
	INDIANA.		
4b	(Code) (Expenses S including grants of S) (Revenu	ie S)
4c	(Code) (Expenses \$ including grants of \$) (Revenu	ie \$)
		· · · · · · · · · · · · · · · · · · ·	
	Other program services (Describe in Schedule O.)		
u	(Expenses \$ including grants of \$) (Revenue \$	1	
40	Total program service expenses ► 6,439,127.		

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			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_	L	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			1
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			ŀ
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<u> </u>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		l .	
_	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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,		ii	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16 ⁹ If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			77
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		.,	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			17
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Pa	Irt IV Checklist of Required Schedules (continued)		_	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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		1	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ł		1
	Schedule J	23	<u></u>	Х
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 line 25a	24a	ļ	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	<u> </u>
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?	04-		-
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d	1	├
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	 	
	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
07	complete Schedule L, Part II	26	 	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L. Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		1
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	17	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30	<u> </u>	
٠.	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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, Part II, III, or IV, and			
	Part V, line 1	34	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	_35a	 	┝≏
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization		†	
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
TD =:	Note. All Form 990 filers are required to complete Schedule O	38	X	L
rai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		V-	<u>ــــــــــــــــــــــــــــــــــــ</u>
10	Enter the number reported in Box 3 of Form 1096. Enter 30 if not applicable	3	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	- 6 1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
				4

Ь	(continued)		_	
0-			Yes	No
∠a	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 15	,	•	İ
h	filed for the calendar year ending with or within the year covered by this return 15 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1 -	X.	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	<u> </u>	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	ا م		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		 ^ -
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a		5a	•	х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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 as charitable contributions?	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).		-	-
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			٠,,
	to file Form 8282?	7с		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year Pld the organization receive any finder directly avaidnestly to pay promise an appearable profit acceptant.			- 4
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>f</u> 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>4</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		ĺ
9	Sponsoring organizations maintaining donor advised funds.	٠,		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	* \ \	l.	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	·		
11	Section 501(c)(12) organizations. Enter	' '		,
	Gross income from members or shareholders 11a	~		ĺ
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
120	amounts due or received from them) [11b] Section 4047(a)(1) non-exempt charitable trivate. In the executation filing Form 900 in liquid Form 10412	400	-	ال - حا
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			İ
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O	,,,,		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans		٠	
С	Enter the amount of reserves on hand	,		L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N		4	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
	If "Yes," complete Form 4720, Schedule O		000	
		Form	990	(2018)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15		1	
	If there are material differences in voting rights among members of the governing body, or if the governing	1,		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0	ľ	-	i.
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			-,
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		· · -	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		١.,	
12a		12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	,		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	_ ′		
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	٠.		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	J	, I	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶IN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only)	avaılab	le
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JULIO ALONSO - 812-334-8374			
	P.O. BOX 697. BLOOMINGTON. IN 47402			

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

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

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

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

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

(A)	(B)	(C)				_		(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one				than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unless person is both an cer and a director/trustee)			s both	an	compensation	compensation	amount of
	week (list any	\vdash					<u> </u>	from the	from related organizations	other compensation
	hours for	direct				-		organization	(W-2/1099-MISC)	from the
	related	0 00	stee			nsate		(W-2/1099-MISC)	,,	organization
	organizations	ndividual trustee or director	nstitutional trustee		Key employee	Highest compensated employee				and related
	below	vrduz	itutio	Officer	em e	hest c	ner			organizations
	line)	Ē	is i	##O	ğ.	<u> </u> 등 등	For			
(1) CHUCK COOKSEY	1.00			,,		:				
TREASURER	1 00	X	-	Х	_	├		0.	0.	0 .
(2) MAURICE GARNIER	1.00	٠,				İ		0.	0.	0.
DIRECTOR	1.00	X		<u> </u>	⊢	├		ļ	<u> </u>	
(3) CHRIS GRAY DIRECTOR	1.00	X	ļ			ļ		0.	0.	0 .
(4) GEORGE HUNTINGTON	1.00	^		-	┝	┢		ļ	0.	
DIRECTOR	1.00	x	ĺ					0.	0.	0.
(5) NANCY KASTER	1.00	╇			\vdash				<u></u>	
SECRETARY	1.00	\mathbf{x}		x				0.	0.	0.
(6) JESSICA MCCLELLAN	1.00	<u> </u>		^		\vdash		 	·	
DIRECTOR	1.00	\mathbf{x}						0.	0.	0.
(7) ROBIN MENDYKA	1.00	 ^	\vdash			 		•		
DIRECTOR	1.00	x	1		Ì		ĺ	0.	0.	0.
(8) TRINA MESCHER	1.00	 				\vdash			· · · · · · · · · · · · · · · · · · ·	
DIRECTOR		X				Ι.		0.	0.	0
(9) ADRIAN REID	1.00									
VICE PRESIDENT		1 x		Х				0.	0.	0
(10) MARGIE RICE	1.00									
PARLIAMENTARIAN] x						0.	0.	0
(11) KEVIN ROBLING	1.00									
PRESIDENT		X		Х				0.	0.	0
(12) THOMAS RUEMLER	1.00									
DIRECTOR		X	<u> </u>	_				0.	0.	0
(13) SCOTT SHACKLEFORD	1.00]	1			ļ		H	:	
DIRECTOR		Х	L	<u></u>		<u> </u>		0.	0.	0
(14) SHELIA SINES	1.00								_	_
DIRECTOR		Х		L		╙		0.	0.	0
(15) PAMELA VANZANT	1.00	1			 	}	1	_		
DIRECTOR	12.5	Х	<u> </u>		<u> </u>	↓ _	<u> </u>	0.	0.	0
(16) JULIO ALONSO	40.00	1		İ						
EXECUTIVE DIRECTOR		\vdash	<u> </u>	Х	_	<u> </u>		74,344.	0.	0
		4	1			1	١			
		<u></u>		L.,		<u></u>				Form 990 (201)

HOOSIER HILLS FOOD BANK, INC.

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Form 990 (2018)

<u> </u>		Check if Schedule O conta	ans a response	or note to any lin	e in this Part VIII			
				or mote to diff in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants land Other Similar Amounts	1 a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions), gifts, grant similar amounts not included above	s, and	191,734. 217,550. 372,185.				
d it	g	Noncash contributions included in times 1	a-1f s 5,	632,050.	~			
ပ္သိုင္ပ်	h	Total. Add lines 1a-1f			6,781,469.			
Program Service Revenue	2 a			Business Code 624210	181,998.	181,998.		
Sen	b					 		
ar S	d							
P. C.	e							
4	f	All other program service rever	nue					
	9	Total. Add lines 2a-2f			181,998.			
	3	Investment income (including of	dividends, intere	est, and	422			422
		other similar amounts)		•	433.	_		433.
	4 5	Income from investment of tax Royalties	-exempt bond p	roceeas				
	3	Noyalies	(i) Real	(ii) Personal				
	6 a	Gross rents		(7)				
	b	Less rental expenses				!		}
	С	Rental income or (loss)			· .			
	d	Net rental income or (loss)		<u> </u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	O	Less cost or other basis and sales expenses		i	٠			
	c	Gain or (loss)						
		Net gain or (loss)		•				
Revenue		Gross income from fundraising including \$ 191,7	34. of					
Other Rev	b	contributions reported on line 1 Part IV, line 18 Less direct expenses	a	92,825. 104,915.				
0		Net income or (loss) from fund			-12,090.			-12,090.
	9 a	Gross income from gaming act	tivities See					
	!	Part IV, line 19	а					
		Less direct expenses	b	L	#			1
		Net income or (loss) from gami Gross sales of inventory, less r						
	io a	and allowances	a					
	b	Less cost of goods sold	b					
		Net income or (loss) from sales	of inventory					
		Miscellaneous Revenue		Business Code	1			
	11 a							
	b							
	C	All adhan sa sassa	_					
	d	All other revenue Total. Add lines 11a-11d		L				
	12	Total revenue. See instructions			6,951,810.	181,998.	0.	-11,657.
83200	9 12-31				<u>,</u>		 -	Form 990 (2018)

Form 990 (2018) HOOSIER HILLS FOOD BANK, INC.

Part IX Statement of Functional Expenses

Sect	tion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns All oth	er organizations must co	mplete column (A)					
	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21		<u></u>						
2	Grants and other assistance to domestic								
	individuals See Part IV, line 22			a					
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	74,344.	14,868.	29,738.	29,738.				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	435,524.	366,027.	37,733.	31,764.				
7	Other salaries and wages								
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	10,853.	8,580.	1,189.	1,084. 4,642.				
10	Payroll taxes	38,484.	28,749.	5,093.	4,642.				
11	Fees for services (non-employees)				•				
а	Management								
b	Legal								
С	Accounting	24,320.		24,320.					
d	Lobbying			•					
е	Professional fundraising services See Part IV, line 17		- r <u>-</u>	• •					
f	Investment management fees								
g	Other (If line 11g amount exceeds 10% of line 25,								
	column (A) amount, list line 11g expenses on Sch ()								
12	Advertising and promotion				 				
13	Office expenses								
14	Information technology								
15	Royalties	20 000	16 647	2 1 2 1	1 040				
16	Occupancy	20,808. 33,688.	16,647. 33,688.	3,121.	1,040.				
17	Travel	33,000.	33,000.						
18	Payments of travel or entertainment expenses								
10	for any federal, state, or local public officials	2,873.	2,873.						
19	Conferences, conventions, and meetings Interest	12,395.	9,916.	1,859.	620.				
20 21	Payments to affiliates	14,333.	3,310.	1,003.	040.				
22	Depreciation, depletion, and amortization	62,413.	49,930.	9,362.	3,121.				
23	Insurance	111,401.	77,981.	22,280.	11,140.				
24	Other expenses. Itemize expenses not covered	111,101.	4 1 2 4 4	,	11,140.				
24	above. (List miscellaneous expenses in line 24e. If line	i		· ' .					
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)			٠, ٠	•				
-	FOOD CONTRIBUTED	5,746,712.	5,746,712.						
b	COPY & PRINTING	56,456.	6,445.	1,841.	48,170.				
C	REPAIRS	47,614.	47,614.	1,011	±0/±/0+				
d	SUPPLIES	23,375.	18,700.	4,675.					
	All other expenses	10,849.	10,397.	339.	113.				
25	Total functional expenses Add lines 1 through 24e	6,712,109.	6,439,127.	141,550.	131,432.				
26	Joint costs. Complete this line only if the organization	2,.22,203.	0,200,227						
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here from (following SOP 98-2 (ASC 958-720)								

271,172.

Form 990 (2018) HOOSIER HILLS FOOD BANK, INC. 31-1051402 Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 96,618. 123,234. Cash - non-interest-bearing 1 Savings and temporary cash investments 108,153. 123,778. 2 9,100. Pledges and grants receivable net 9,086. 3 22,417. Accounts receivable, net 13,107. 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7

9	Prepaid expenses and deferred charges		3,602.	9_	9,891.
10a	Land, buildings, and equipment cost or other		,		,
	basis Complete Part VI of Schedule D	10a 1,860,297.			
b	Less accumulated depreciation	10b 896,076.	640,269.	10c	964,221.
11	investments - publicly traded securities			11	
12	Investments - other securities See Part IV, line 1	1		12	
13	Investments - program-related See Part IV, line	11		13	
14	Intangible assets			14	
15	Other assets See Part IV, line 11		1,960.	15	265,921.
16	Total assets. Add lines 1 through 15 (must equa	al line 34)	1,206,355.	16	1,780,410.
17	Accounts payable and accrued expenses		62,665.	17	86,667.
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete F	Part IV of Schedule D		21	
22	Loans and other payables to current and former	officers, directors, trustees,		١,	
	key employees, highest compensated employee	s, and disqualified persons			,
	Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrela	ted third parties	318,664.	23	629,016.
24	Unsecured notes and loans payable to unrelated	third parties		24	
ı					

324,236

381,329.

26

8

Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 825,026. 796,388. 27 Unrestricted net assets 27 268,339. 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of

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 32 825,026. 1,064,727. 33 Total net assets or fund balances 33 1,780,410. 1,206,355. Total liabilities and net assets/fund balances

Form 990 (2018)

715,683.

Liabilities

Schedule D

Total liabilities. Add lines 17 through 25

Inventories for sale or use

	HOUSIER HILLS FOOD BANK, INC.	31	-1051402	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
			-	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,951	,810.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,712	,109.
3	Revenue less expenses Subtract line 2 from line 1	3	239	,701.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	825	,026.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	1,064	,727.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			X
			`	res No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both			` [] -
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both			- 1
	X Separate basis Consolidated basis Both consolidated and separate basis			. m
С	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?		2c	Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O		لمناكب
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit	
	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	ed auc	int	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2018)

832012 12-31-18

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Inspection

Name of the organization Employer identification number HOOSIER HILLS FOOD BANK, INC. 31-1051402 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) **1** [A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) Is the organization listed (I) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 HOOSIER HILLS FOOD BANK, INC. 31-1051

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support			·· /			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and					197 = 3 - 3	1,7,7,5,1,1,1
	membership fees received (Do not						
	include any "unusual grants ")	5958700.	5119231.	6691558.	6477636.	6963467.	31210592.
2	Tax revenues levied for the organ-						
	ization'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	5958700.	5119231.	6691558.	6477636.	6963467.	31210592.
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)						4275371.
6	Public support, Subtract line 5 from line 4						26935221.
	tion B. Total Support						1
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	5958700.	5119231.	6691558.	6477636.		31210592.
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties,						ļ
	and income from similar sources	298.	177.	197.	306.	433.	1,411.
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 VI)	2,664.	4,645.				7,309.
11	Total support. Add lines 7 through 10						31219312.
	Gross receipts from related activities,	etc (see instructio	ns)			12	<u> </u>
	First five years. If the Form 990 is for	-	•	fourth or fifth ta	x vear as a section		
	organization, check this box and stor	here		., ,	, •		▶□
Se	ction C. Computation of Publi	c Support Per	centage	•			
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, co	olumn (fl)		14	86.28 %
	Public support percentage from 2017		-	\ <i>''</i>		15	93.46 %
	33 1/3% support test - 2018. If the d	•		line 13, and line 1	14 is 33 1/3% or m		
	stop here. The organization qualifies	_				,-	▶ X
b	33 1/3% support test - 2017. If the o		_	ne 13 or 16a. and	line 15 is 33 1/3%	or more, check th	
-	and stop here. The organization qual						>
179	10% -facts-and-circumstances test	· · · · · · · · · · · · · · · · · · ·	_		: 13, 16a, or 16b, a	ind line 14 is 10%	or more.
, , u	and if the organization meets the "fac	*					
	meets the "facts-and-circumstances"						▶□
h	10% -facts-and-circumstances test	ū	•		•	7a and line 15 is	10% or
J	more, and if the organization meets the	=					
	organization meets the "facts-and-circ						.
12	Private foundation. If the organization		-		• • • •		
.0	are roundation. If the organizatio	GIG HOL GITCON & I	00A 011 IIIIC 10, 106	.,	, orroom una bux al	is see mandenone	

Schedule A (Form 990 or 990-EZ) 2018 E	OOSIER HI	LLS FOOD	BANK INC	•	31_105	1402 Page 3
Part III Support Schedule for 0	Organizations	Described in	Section 509(a))(2)	31 103	Page 3
(Complete only if you checked	the box on line 1	0 of Part I or if the	organization failed	to qualify under l	Part II If the organiz	ation fails to
qualify under the tests listed b	elow, please com	plete Part II)		, ,		
Section A. Public Support						1.54
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 20/18	(f) Total
1 Gifts, grants, contributions, and					1	
membership fees received (Do not						
include any "unusual grants ")					/	
2 Gross receipts from admissions, merchandise sold or services per- formed or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that				7		
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-				/		
ization'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		1		/		
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	ļ		/			
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			1			
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6			,"	<u> </u>		
10a Gross income from interest, dividends, payments received on securities loans, rents royalties, and income from similar sources						
b Unrelated business taxable income		/				
(less section 511 taxes) from businesses		/				
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain		/				
or loss from the sale of capital assets (Explain in Part VI)	<i>[</i>	ĺ				
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiza	ation,
check this box and stop here						ightharpoonup
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2018 (li	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2017	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Income	Percentage				
17 Investment income percentage for 20)18 (line 10c, colur	nn (f), divided by l	ne 13, column (f))		17	%
18 Investment income percentage from	20 1∕7 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2018. If the	1		on line 14, and line	e 15 is more than :	33 1/3%, and line 17	7 is not
more than 33 1/3%, check this box ar	/					ightharpoons
b 33 1/3% support tests - 2017. If the	-	-	· · ·			nd
line 18 is not more than 33 1/3%, che						ightharpoons

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

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

Section A	. All	Supporting	Organizations
-----------	-------	------------	----------------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			_
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			,
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			,
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	<u>3c</u>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			,
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	:		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		•	
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	_		
	was accomplished (such as by amendment to the organizing document)	5a		<u> </u>
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	_	
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			١
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
_	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	7	-	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		_	<u> </u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79	8	•	' '
0-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) Was the organization controlled directly or indirectly at any time during the tax year by one or more			
30	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			٠.
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	-	
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		٠.
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		[
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			}
	supporting organizations)? If "Yes," answer 10b below	10a		Ι ΄
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
-	determine whether the organization had excess business holdings.)	10b		
				

Da	rt IV Supporting Organizations (continued)	105140	<u>2 p</u>	age 5
Га	rt IV Supporting Organizations (continued)			
11	Use the everywheten accepted a set as exactly than first and the set of the s		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
•	below, the governing body of a supported organization?			
h	A family member of a person described in (a) above?	11a	 	-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b	-	┼
Sec	tion B. Type I Supporting Organizations	11c	L	Щ.
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		•	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			İ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	'		٠.
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	, ,		,
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s) tion D. All Type III Supporting Organizations	11		
	To the compositing organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		:	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	/ =-		_
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		•	
<u> </u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction).	ons).		
a	The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations Complete line 3 below			
b c	The organization strip parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see			
2	Activities Test Answer (a) and (b) below.	instructions),	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			,
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			,
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	,		'
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	- \		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			-
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sch	edule A (Form 990 or 990-EZ) 2018 HOOSIER HILLS FOOD BANK			1-1051402 Page 6
Щ_	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov 20, 1970 (explain in Pa	art VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	_ 1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minımum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	_ ,	' '	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
þ	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	6 1,		
	factors (explain in detail in Part VI)	'	•	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		. ,	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	* * * * *	
2	Enter 85% of line 1	2	• -	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	1	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	١,,	
6	Distributable Amount. Subtract line 5 from line 4 unless subject to		, , ,	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting organ	ization (see
	instructions)	- 3	5	•

Schedule A (Form 990 or 990-EZ) 2018

	rt V Type III Non-Functionally Integrated 500			31-1051402	Page 7
	1 ypc in 14011-1 directionally integrated 309	(a)(3) Supporting Orga	inizations (continued)		
1	Amounts payd to supported assessment as the supported as the supported			Current Yea	ar
	Amounts paid to supported organizations to accomplish exe				
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
3	organizations, in excess of income from activity				
	Administrative expenses paid to accomplish exempt purpose	es of supported organization	<u>s</u>		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)	·			
6	Other distributions (describe in Part VI) See instructions				
7	Total annual distributions. Add lines 1 through 6			ļ	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•		
	(provide details in Part VI) See instructions				
9	Distributable amount for 2018 from Section C, line 6		· · · · · · · · · · · · · · · · · · ·		
10	Line 8 amount divided by line 9 amount	T	1		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(III) Underdistributions Pre-2018	(III) Distributabl Amount for 2	
_1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018 (reason-				
	able cause required- explain in Part VI) See instructions				
3	Excess distributions carryover, if any, to 2018				
а	From 2013				
b	From 2014				
С	From 2015	·			
d	From 2016				
е	From 2017				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2018 distributable amount				
1	Carryover from 2013 not applied (see instructions)				
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f				
4	Distributions for 2018 from Section D,				
	line 7 \$	`			
a	Applied to underdistributions of prior years				
b	Applied to 2018 distributable amount				
C	Remainder Subtract lines 4a and 4b from 4				
5	Remaining underdistributions for years prior to 2018, if				
	any Subtract lines 3g and 4a from line 2 For result greater				
	than zero, explain in Part VI. See instructions				
6	Remaining underdistributions for 2018 Subtract lines 3h	4		1	
	and 4b from line 1. For result greater than zero, explain in				
	Part VI See instructions				
7	Excess distributions carryover to 2019. Add lines 3				
	and 4c				
8	Breakdown of line 7				
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017		ı		
	Excess from 2018				

Scriedule A	(Form 990 or 990-EZ) 2018 HOOSIER HILLS FOOD BANK, INC.	31-1051402 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addition (See instructions)	or 17b, Part III, line 12, 1 and 2, Part IV, Section C, V. Section B. line 1e, Part V
	(See instructions)	
•		
	······································	
		
		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

Name of the organization

HOOSIER HILLS FOOD BANK, INC.

Employer identification number 31-1051402

Pa	rt I: Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed 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 a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a hist	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru	, ·	2c
đ	Number of conservation easements included in (c) acquired a	ifter 7/25/06, and not on a historic structu	1 1
	listed in the National Register		_2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year >		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cons	servation easements during the year
_			A
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and emorcing conserva	tion easements during the year
	▶ \$ Does each conservation easement reported on line 2(d) abov	a satisfy the requirements of section 170/	ъ\/ ለ \/©\/ስ\
8		e sausiy the requirements of section 170(Yes No
_	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation.	on agreements in its rovenue and expense	
9	include, if applicable, the text of the footnote to the organization		•
	conservation easements	ion's imancial statements that describes	the organization's accounting to
Pai	till Organizations Maintaining Collections of	Art. Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		nent and balance sheet works of art.
,	historical treasures, or other similar assets held for public exh	• •	
	the text of the footnote to its financial statements that describ	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, ed	•	
	relating to these items	reduction, or reduction in farther and or per	one car vice, provide and rene ming amounts
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical trea	asures or other similar assets for financia	
~	the following amounts required to be reported under SFAS 1:		. 30, 5.01.00
я	Revenue included on Form 990, Part VIII, line 1	. T v . T b book rollating to those home	▶ \$
b	Assets included in Form 990, Part X		S S

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Continued		edule D (Form 990) 2018 HOOSIER	HILLS FOO	D BAI	NK, IN	<u>C.</u>			31-10	51402	Page 2
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) a Public exhibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations d Loan or exchange programs c Preservation of the organization's collections and explain how they further the organization's exempt purpose in Parl XIII During they say, did the organization solicitor receive donations of art, historical treasures, or other similar assets During they say, did the organization solicitor's receive donations of art, historical treasures, or other similar assets During they say, did the organization solicitor's Ves No Parl XIV Excrow and Custodial Arrangements. Complete if the organization's collection? It is the organization an anount on Form 990, Parl X, line 21 It is the organization an anount on Form 990, Parl X, line 21 It is the organization included an amount on Form 990. Parl X, line 21, for escrive or custodial account liability? Ves No If Yes, explain the arrangement in Parl XIII Check here if the explanation has been provided on Parl XIII Parl XV Endowment Funds. Complete if the organization answered Yes' on Form 990, Parl X, line 10	Ра	rt III Organizations Maintaining C	collections of A	rt, Hist	orical Tre	easures, o	r Other	Simila	r Asset	s (contin	ued)
checks all that apply a	3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	t are a sigr	nificant u	ise of its o	collection	items
b Scholarly research c Preservation for future generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of airt, historical reasures, or other similar assets to be sold to raise funds stimuth that to be maintained as part of the organization's collection? Part VI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 Is is the organization an agent, trustee custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 Is is the organization an agent, trustee custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 Is is the organization an agent, trustee custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 Is is the organization an agent, trustee custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 Is is the organization an agent, trustee custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21,							-				
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 1b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year e Distributions during the year e Distributions during the year f Ending balance 2 Distributions during the year 1 Endomy balance 2 Distributions during the year 1 Endomy balance 2 Distributions during the year 1 Endomy balance 3 Distributions during the year 1 Endomy balance 4 Description of year balance 5 Description of year balance 6 Description of year balance 6 Contributions 6 Note expenditures for facilities and form year (b) Prior year (c) Timo years back (d) Three years back (e) Four years back 7 Description of year balance 9 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as 8 Board designated or quase-endowment	а	Public exhibition		d \square	Loan or exc	hange progr	ams				
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Schedule D (Form 990) 2018

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUST	263,961.
(2) DEPOSITS	1,960.
(3)	
(4)	
(6)	 ·
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	 265,921.

Part X Other Liabilities.

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

1	(a) Description of liability	(b)	Book value	4.
(1) Federa	Il income taxes		_] ,
(2)				
(3)				
(4)				╛.
(5)				
(6)				」 .
(7)				」.
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.)			<u></u>

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

Schedule D (Form 990) 2018 HOOSIER HILLS FOOD BANK, INC. 31-1051402 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total revenue, gains, and other support per audited financial statements 7,056,725. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c 104,915. d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 104,915. 6,951,810. 3 Subtract line 2e from line 1 3 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 b Other (Describe in Part XIII) 4b c Add lines 4a and 4b 0. 4c Total revenue Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) 5 6,951,810. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 6,817,024. Total expenses and losses per audited financial statements 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 104,915. d Other (Describe in Part XIII) 2d104,915. e Add lines 2a through 2d 6,712,109. 3 Subtract line 2e from line 1 3 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 XIII) 4b 0. c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 6.712.109. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART X, LINE 2: THE ORGANIZATION IMPLEMENTED THE ACCOUNTING GUIDANCE FOR UNCERTAINTY IN UNDER THAT GUIDANCE, TAX POSITIONS NEED TO BE RECOGNIZED IN INCOME TAXES. THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. AS OF DECEMBER 31, 2018, THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. BELIEVES ITS TAX-EXEMPT STATUS WOULD BE UPHELD IF EXAMINED. PART XI, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EVENT EXPENSES

Schedule D (Form 990) 2018 HOOSIER HILLS FOOD BANK, INC. Part XIII Supplemental Information (continued)	31-1051402 Page 5
Rart XIII Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES	
	
	

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ.						Open to Public			
	Go to www.irs.gov/Form990 for instructions and the latest information.						Inspection			
Name of the organization		identification number								
Dest Constrain	HOOSIER HILLS FOOD BANK, INC. 31-1051402									
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part										
1 Indicate whether the	e organization rais	ed funds through any of the followin	g activ	/ities	Check all that apply					
a Mail solicitat										
b Internet and	Internet and email solicitations f Solicitation of government grants									
c Phone solici	Phone solicitations g Special fundraising events									
d In-person solicitations										
		or oral agreement with any individual				tees, or				
		art VII) or entity in connection with pi					res No			
		riduals or entities (fundraisers) pursua	ant to	agree	ments under which th	ne fundraiser is to	be			
compensated at le	ast \$5,000 by the	organization								
			/m	Did		(v) Amount pai	d			
(i) Name and address		(ii) Activity	fundi have c	Did aiser uslody	(iv) Gross receipts	to (or retained b	y) (vi) Amount paid to (or retained by)			
or entity (fund	Iraiser)	, , , ,	or con	ntrol of utions?	from activity	fundraiser listed in col (i)	organization "			
			Yes	No						
			163	140	-					
				ĺ						
	·									
				i						
				L						
			-	 						
		<u> </u>		 						
				\vdash						
	•									
Total		-					<u> </u>			
3 List all states in whi	ch the organization	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from	registration			
or licensing										
										
· · · · · · · · · · · · · · · · · · ·							<u></u> <u>-</u>			
					··· · · · · · · · · · · · · · · · · ·					

Sch	edu	ile G (Form 990 or 990 EZ) 2018 HOOSIEI	R HILLS FOOD	RANK INC	31.	-1051402 Page 2
Pa			the organization answered	1 "Yes" on Form 990 Par	t IV line 18, or reported	more than \$15,000
L		of fundraising event contributions and g	ross income on Form 990)-EZ. lines 1 and 6b List 6	events with gross receip	its greater than \$5 000
	Γ		(a) Event #1	(b) Event #2	(c) Other events	
			SOUP BOWL		, ,	(d) Total events
			EVENT	BOOK FAIR	3	(add col (a) through
41			(event type)	(event type)	(total number)	col (c))
ž,						
Revenue	1	Gross receipts	133,199.	151,360.		284,559.
ш						
	2	Less Contributions	111,044.	80,690.		191,734.
			20.455			
	3	Gross income (line 1 minus line 2)	22,155.	70,670.		92,825.
	١.	Carla mara				
	4	Cash prizes				<u> </u>
	5	Noncash prizes				
Ś	3	Noncasti prizes				
Direct Expenses	6	Rent/facility costs	6,450.	17,250.		23,700.
xbe		The state of the s	0,1301	2,7230.		23,700.
ct E	7	Food and beverages				
Orre						
_	8	Entertainment				
	9	Other direct expenses	7,446.	14,988.		22,434.
	10	Direct expense summary Add lines 4 throug	h 9 ın column (d)		•	46,134.
لے	11	Net income summary Subtract line 10 from			>	46,691.
Pa	irt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a	1	1		T
થ			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c)
Revenue				bingo/progressive unigo		
Ŗ		Cross revenue				
	1	Gross revenue		· · · · · · · · · · · · · · · · · · ·		<u> </u>
	2	Cash prizes				
ses	_	54517 ph.255			·	
E E	3	Noncash prizes				
rect Expenses		·				
5	4	Rent/facility costs				
اه						
\Box	5	Other direct expenses				=
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No No	
	7	Direct expense summary Add lines 2 throug	h 5 ın column (d)		•	
		N	7 6 I			
	8	Net gaming income summary Subtract line 7	r trom line 1, column (d)		▶	1
0	Ent	ter the state(s) in which the organization condi	uete gaming activities			
		he organization licensed to conduct gaming a	-	states?		Yes No
		No," explain	Suvides in Cach of mese :	Julios.		
	'					

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Yes

b If "Yes," explain _

Schedule G (Form 990 or 990-EZ) 2018 HOOSIER HILLS FOOD BANK, INC.	31-1051402 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	
The second and record and record and record	33
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	
and the amo	ount
of gaming revenue retained by the third party \$\sum_{\text{s}} = \text{c} \text{ [f "Yes," enter name and address of the third party}	
c ii res, enter name and address of the third party	
Name ►	
Name	
Address >	
16 Gaming manager information	
Name	
Gaming manager compensation > \$	
Description of services provided	
1	
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	└── Yes └── No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v),	and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	
	

Schedule G (Form 990 or 990-EZ) 2018

832083 10-03-18

SCHEDULE M (Förm 990)

Noncash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

HOOSIER HILLS FOOD BANK, INC.

Employer identification number 31-1051402

Pa	rt I Types of Property							
Га	Types of Property	(0)	1 (6.)	(a)				
		(a) Check if	(b) Number of	(c) Noncash contribution	Method of o	j) Jetermir	una	
		applicable	contributions or	amounts reported on	noncash contrib		_	s
			items contributed	Form 990, Part VIII, line 1	g			
1	Art - Works of art						_	
2	Art - Historical treasures	ļ						
3	Art - Fractional interests							
4	Books and publications	<u> </u>		71,777	FAIR VALUE			
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	300	5,560,273	DOLLAR VAL	JE P	ER I	POU
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts				<u> </u>			
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other							
27	Other (-			
28	Other ()							
29	Number of Forms 8283 received by the organiz	ration during	the tay year for co	ontributions				
	for which the organization completed Form 828	-	-	l i				
	To Winds the organization completed form oze	JO, 1 alt IV, L	once nemowiedy				Yes	No
3U2	During the year, did the organization receive by	, contributio	n any property rep	orted in Dart I lines 1 throi	ich 20 that it		165	140
00 a	must hold for at least three years from the date				-			
	exempt purposes for the entire holding period?		Contribution, and	which isn't required to be	used for	00-		х
	• • •					30a		
	If "Yes," describe the arrangement in Part II	خد خاذ برمرام		d ann manadan den de en en e	utuana)	ا ا		v
31 22-	Does the organization have a gift acceptance p					31		<u> X</u>
32a	Does the organization hire or use third parties of	or related org	ganizations to solic	it, process, or sell noncasi	1			v
	contributions?					32a		X
	If "Yes," describe in Part II							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is ch	ecked,		-	
	describe in Part II					1		

Schedule M	1 (Form 990) 2018	HOOSIER I	TITES FOO	OD BANK,	INC.		<u> 31-1051402</u>	Page 2
Part II	Supplementa is reporting in Par this part for any a	I Information. t I, column (b), the dditional informatic	Provide the info number of conti on	rmation requir ributions, the r	ed by Part I, Irn number of item	nes 30b, 32b, and 33 s received, or a com	3, and whether the organ bination of both Also co	ization implete
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047 18 Open to Public Inspection

Name of the organization

HOOSIER HILLS FOOD BANK, INC.

Employer identification number 31-1051402

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
NON-PROFIT ORGANIZATIONS, WHICH PROVIDE FREE FEEDING PROGRAMS THAT
SERVE BOTH ILL AND NEEDY FAMILIES AND INDIVIDUALS IN MONROE, MARTIN,
OWEN, ORANGE, BROWN, AND LAWRENCE COUNTIES IN CENTRAL INDIANA.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INDIANA.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY PRIOR
TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD OF DIRECTORS REVIEW THE CONFLICT OF INTEREST POLICY AND ARE
REQUIRED TO REPORT ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS ON AN
ANNUAL BASIS.
FORM 990, PART VI, SECTION B, LINE 15:
THE INDEPENDENT BOARD OF DIRECTORS REVIEWS THE COMPENSATION COMPUTATION FOR
MANAGEMENT PERSONNEL ANNUALLY TAKING INTO CONSIDERATION THE ECONOMIC
FACTORS AND ABILITIES OF EACH EMPLOYEE. IN ADDITION, THE BOARD OF DIRECTORS
REVIEWS BENCHMARK REPORTS FROM FEEDING AMERICA LISTING SALARY RANGES FOR
THE VARIOUS POSITIONS ACROSS THE NETWORK.
FORM 990, PART VI, SECTION C, LINE 19:
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Page 2
HOOSIER HILLS FOOD BANK, INC.	Employer identification number 31-1051402
STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUES	ST.
FORM 990, PART XII, LINE 2C:	
NO CHANGES WERE MADE TO THIS PROCESS IN 2018.	
······································	