Form <b>990</b>
Form <b>JJU</b>
(Rev. January 2020)
Department of the Treasury

## \*\* PUBLIC DISCLOSURE COPY \*\*

**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. A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

B	heck if	C Name of organization		D Employer identifi	cation number
	Addre	SS DEGIONAL ECOD DAVIE OF OVERVOUS INC			
	_chang Name		73-1100380		
	_chang Initial			~	
F	_return Final	P. O. POY 270968	Room/suite	E Telephone number (405) 972-11	
	⊥return termir ated			<b>G</b> Gross receipts \$	95,465,627.
	Amen			H(a) Is this a group r	
				for subordinates	
L	pendi	<sup>19</sup> SAME AS C ABOVE		H(b) Are all subordinates i	= =
1	ax-ex	empt status: X 501(c)(3) 501(c) ( )    (insert no.) 4947(a)(1) oi	r 🗌 527	1	list. (see instructions)
		te: WWW.REGIONALFOODBANK.ORG		H(c) Group exemption	. ,
		organization: X Corporation	L Year		VI State of legal domicile: OK
	art I	Summary			<u> </u>
	1	Briefly describe the organization's mission or most significant activities: SOLICIT	ATION AN	D RECEIPT OF FOO	D
Governance		ITEMS FROM LOCAL, REGIONAL AND NATIONAL FOOD COMPANIES, AND			
rnal	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.
	3	Number of voting members of the governing body (Part VI, line 1a)		3	28
ថ័	4	Number of independent voting members of the governing body (Part VI, line 1b)			28
se Se	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	161	
vitie		Total number of volunteers (estimate if necessary)		32000	
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		32,350.	
_₹	b	Net unrelated business taxable income from Form 990-T, line 39	7b	-32,070.	
			Prior Year	Current Year	
ē	8	Contributions and grants (Part VIII, line 1h)		88,846,931.	91,673,922.
Revenue	9	Program service revenue (Part VIII, line 2g)		4,178,448.	3,631,212.
sev.		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		50,941.	36,110.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		116,304.	124,383.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		93,192,624.	95,465,627.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	······	66,329,590.	74,446,012.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,278,703.	7,247,081.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ďX	b	Total fundraising expenses (Part IX, column (D), line 25)		11 152 505	11 001 150
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,153,507.	11,821,158.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		84,761,800.	93,514,251.
		Revenue less expenses. Subtract line 18 from line 12		8,430,824.	1,951,376.
IS OF				ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)		32,222,305.	36,553,416.
	21	Total liabilities (Part X, line 26)		2,281,636.	4,661,371.
		Net assets or fund balances. Subtract line 21 from line 20		29,940,669.	31,892,045.
Pa	art II	Signature block			

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

Sign	Signature of officer			Date		
Here	STACY DYKSTRA, CHIEF EXECUTIVE OF					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	W. LYNDEL LACKEY	W. LYNDEL LACKEY	05/13/21 <sup>"</sup> self-employed P00234298			
Preparer	Firm's name 🕞 HOGANTAYLOR LLP			Firm's EIN 🕨 73-1413977		
Use Only	Firm's address 🕨 1225 N BROADWAY AVENUE,	SUITE 200				
	OKLAHOMA CITY, OK 73103		Phone no.405-848-2020			
May the II	RS discuss this return with the preparer shown above	ve? (see instructions)		X Yes No		
932001 01-2	0-20 I HA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form <b>990</b> (2019)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2019) REGIONAL FOOD BANK OF OKLAHOMA, INC.	73-1100380 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	LEAD A NETWORK THAT PROVIDES NUTRITIOUS FOOD AND PATHWAYS TO	
	SELF-SUFFICIENCY FOR PEOPLE FACING HUNGER.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 89,878,940. including grants of \$ 74,446,012. ) (Revenue \$	2 722 245
4a	(Code:) (Expenses \$\$9,878,940. including grants of \$74,446,012. ) (Revenue \$ THE REGIONAL FOOD BANK OF OKLAHOMA DISTRIBUTED OVER 56 MILLION POUNDS	<pre>&gt; 3,723,245.</pre> )
	OF FOOD TO PARTNER AGENCIES IN 53 COUNTIES IN CENTRAL AND WESTERN	
	OKLAHOMA. OKLAHOMA IS THE FIFTH HUNGRIEST STATE IN THE NATION AND THE	
	NEED FOR FOOD ASSISTANCE CONTINUES TO GROW AS EVIDENCED BY THE 10%	
	YEAR-OVER-YEAR INCREASE IN DISTRIBUTION, SOME OF WHICH WAS DRIVEN BY	
	THE ONSET OF THE COVID-19 PANDEMIC AND RELATED ECONOMIC CHALLENGES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	۵)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	\$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 89,878,940.	,

		of Required S	chedu	ules
Form 990 (	2019)	REGIONAL	FOOD	BAN

REGIONAL FOOD BANK OF OKLAHOMA, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
-1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		^
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	444		x
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	л
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	4 4 4		x
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
IZd		12a		x
h	Schedule D, Parts XI and XII	120		
D.	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a		20a		Х
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? 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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
~-	Part V, line 1	34	x	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
00	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?	0		x
07	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	x	
Pa	Note: All Form 990 filers are required to complete Schedule O Tt V Statements Regarding Other IRS Filings and Tax Compliance Charle if Calculate O constraine a method to any line in this Part V	38	<u> </u>	I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 17	·	Tes	
		-		
D D	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2019) REGIONAL FOOD BANK OF OKLAHOMA, INC. 73-110038	0	Р	<sub>age</sub> 5						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			0						
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 161									
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instructions)									
3a	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	х							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 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						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		x						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	х							
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								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
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 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	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									
с	Enter the amount of reserves on hand 13c									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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		х						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.									
			000							

Form **990** (2019)

	990 (2019) REGIONAL FOOD BANK OF OKLAHOMA, INC.		73-110038		Р	age <b>6</b>
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See i	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	28			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		x
5	Did the organization become aware during the year of a significant diversion of the organization's ass			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 ap					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
a	The governing body?	-	-	8a	х	
h	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 read					
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
		venue	Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	100	x
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			100		
D.		•	, anniacos,	10b		
119	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	beioi		110		
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	х	<u> </u>
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$			120		<u> </u>
U		,		12c	х	
12	in Schedule O how this was done Did the organization have a written whistleblower policy?				X	
13				13 14	x	
14 15	Did the organization have a written document retention and destruction policy?			14		
15		i by in	reheingent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			15-	x	
a h	The organization's CEO, Executive Director, or top management official			15a	- 23	x
a	Other officers or key employees of the organization			15b		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ont .	ith a			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen			10-		x
	taxable entity during the year?			<u>16a</u>		
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
<u> </u>	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ OK					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990	-1 (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X     Own website     X     Another's website     X     Upon request     Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy, and	l financ	cial	
_	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 boo	ks and	d records			
	STEPHANIE MENDENHALL - (405) 972-1111					
	3355 S. PURDUE, OKLAHOMA CITY, OK 73179					

Form 990 (2019)	REGIONAL FOOD BANK OF OKLAHOMA, INC.	73-1100380 Page <b>7</b>
Part VII Compension	sation of Officers, Directors, Trustees, Key Employees, High	nest Compensated
Employe	es, and Independent Contractors	
Check if Sc	hedule O contains a response or note to any line in this Part VII	
Section A. Officers, E	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	r ending with or within the organization's tax year.
List all of the orga	nization's <b>current</b> officers, directors, trustees (whether individuals or organizat	tions), 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.

See instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)				ane	Reportable	Reportable	Estimated
	hours per	box				s both	n an	compensation	compensation	amount of
	week			uau		1/11/13		from	from related	other
	(list any hours for	In dividual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isated		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al trus		yee	mper				and related
	below	idual	Institutional trustee	er	Key employee	est cc loyee	ler			organizations
	line)	Indiv	Instit	Officer	Key (	Highest compensated employee	Former			
(1) BEN WILLIAMS	0.80									
CHAIR/DIRECTOR		х						0.	Ο.	0.
(2) MELINDA NEWPOPRT	0.80									
VICE-CHAIR/DIRECTOR		х						0.	Ο.	0.
(3) KIM SHOEMAKE	0.80									
TREASURER/DIRECTOR		х						٥.	0.	0.
(4) SHERRY BARTON	0.80									
SECRETARY/DIRECTOR		х						0.	0.	0.
(5) JD BAKER	0.80									
DIRECTOR		х						0.	0.	0.
(6) DANNY BARTH	0.80									
DIRECTOR		х						0.	0.	0.
(7) BRANDON BROWN	0.80									
DIRECTOR		х						0.	0.	0.
(8) WILLIAM BUERGLER	0.80									
DIRECTOR		х						0.	0.	0.
(9) ROBERT CLEMENTS	0.80									
DIRECTOR		Х						٥.	٥.	0.
(10) KYLE ESSMILLER	0.80									
DIRECTOR		Х						٥.	٥.	0.
(11) RAY HAEFELE	0.80									
DIRECTOR		Х						٥.	٥.	0.
(12) MICHAEL HART	0.80									
DIRECTOR		Х						0.	0.	0.
(13) JEREMY HUMPHERS	0.80									
DIRECTOR		Х						0.	0.	0.
(14) JOHN KAPCHINSKE	0.80									
DIRECTOR		Х						0.	0.	0.
(15) LINDA LAWSON	0.80									
DIRECTOR		Х						٥.	0.	0.
(16) BRANDON LONG	0.80									
DIRECTOR		Х						0.	0.	0.
(17) DAVE LOPEZ	0.80									
DIRECTOR		Х						0.	0.	. 0 

Form 990 (2019) REGIONAL FOO	D BANK OF O	KLA	HOM	Α,	INC				73-110	)038(	0	P	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box offi	not cl , unles cer an	Pos heck i ss per	more rson i	than is botl	n an	(D) Reportable compensation from	(E) Reportable compensation from related			<b>(F)</b> stimate nount other	of
	(list any hours for related organizations below line)	ndividual trustee or director	Institutional trustee	Officer	key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fi org an	ipensa rom th janizat d relat anizati	ne tion ted
(18) TRESSA MADDEN-MCGILL DIRECTOR	0.80	x			-			0.		0.			0.
(19) STEVE MERRILL	0.80												
DIRECTOR (20) PATTI NEUHOLD-REVIKUMAR	0.80	x				-	-	0.		0.			0.
DIRECTOR		х						0.		٥.			0.
(21) PHI NGUYEN DIRECTOR	0.80	x						0.		٥.			٥.
(22) COLLINS PECK	0.80												
DIRECTOR		X						0.		0.			0.
(23) ROXANNE POLLARD DIRECTOR	0.80	x						0.		٥.			٥.
(24) RHONDA SUTTON	0.80									<u></u>			
DIRECTOR		х						0.		٥.			0.
(25) GLORIA TORRES DIRECTOR	0.80	x						0.		٥.			٥.
(26) G. RAINEY WILLIAMS	0.80												
DIRECTOR		Х						0.		0.			0.
1b Subtotal								0. 988,373.		0.		97	0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)			•••••					988,373.		0.		,	,339.
2 Total number of individuals (including but r							io re	,	000 of reportable				
compensation from the organization													5
2 Did the experimetion list any former officer	dine at an iterat	1								ſ		Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s				•	-			• • •			3		x
4 For any individual listed on line 1a, is the su	um of reportabl	le co	mpe	ensa	tion	and	l oth	ner compensation from th	ne organization			v	
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or a</li></ul>											4	X	
rendered to the organization? If "Yes," con											5		x
Section B. Independent Contractors	•												
1 Complete this table for your five highest co the organization. Report compensation for										ensat	ion fro	эm	
(A) Name and business	address	NO	NE					(B) Description of s	ervices	С		<b>C)</b> nsatio	n
2 Total number of independent contractors (i \$100,000 of compensation from the organi		ot lir	nitec	to		se lis 0	ted	above) who received mo	ore than				

Form 990 REGIONAL FOOL	D BANK OF O	KLA	HOM	A,	INC	•			73-11003	380		
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	oyee	s, a	nd F	ligh	est (	Compensated Employe	es (continued)			
(A)	(B)			(	C)			(D)	(E)	(F)		
Name and title	Average				ition			Reportable	Reportable	Estimated amount of		
	hours	(C	hecł	all	that	app	ly)	compensation	· · · · ·			
	per							from	from related	other		
	week (list any	for				plo ye		the organization	organizations (W-2/1099-MISC)	compensation from the		
	hours for	direc				ed em		(W-2/1099-MISC)	(11 2/1000 11100)	organization		
	related	tee or	ustee			ensate		(		and related		
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest com pensated em ployee				organizations		
	below	ividua	titutio	Officer	/ em p	hesto	Former					
	line)	pul	lus	9	Key	Hig	For					
(27) GARY WOODS	0.80											
DIRECTOR	0.00	Х						0.	0.	0.		
(28) SCOTT WRIGHT	0.80								•			
DIRECTOR	40.00	Х						0.	0.	0.		
(29) KATIE FITZGERALD	40.00							100 701	•	15 104		
CHIEF EXECUTIVE OFFICER	40.00			X				189,731.	0.	15,104.		
(30) DEBORAH BUNTING	40.00							101 426		15 150		
FORMER CFO/INTERIM CEO	40.00			X				101,436.	0.	15,179.		
(31) STEPHANIE MENDENHALL	40.00							50.004		2 455		
CHIEF FINANCIAL OFFICER	10.00			X				78,924.	0.	3,157.		
(32) STEVE KULLBERG	40.00							110 044	•	15 510		
FORMER CHIEF OPERATING OFFICER (33) CALEB DIXON	40.00			X				118,044.	0.	15,519.		
CHIEF OPERATING OFFICER	40.00			x				05 070	0.	0		
(34) CASSIE GILMAN	40.00			^		-		85,878.	0.	0.		
CHIEF DEVELOPMENT OFFICER	40.00			x				122 042	0.	9 607		
(35) KENDRA LOPER	40.00			^		-		133,842.	0.	9,607.		
CHIEF COMMUNITY ENGAGEMENT OFFICER	40.00	1		x				82,820.	0.	1/ 110		
(36) ANDREW RAWDON	40.00			<u>^</u>				02,020.	۰.	14,110.		
CHIEF PEOPLE AND TECHNOLOGY OFFICER	40.00			x				96,269.	0.	11,366.		
(37) JIM STRUBY	40.00							50,205.				
CHIEF IMPACT OFFICER		1		x				101,429.	0.	13,297.		
		1										
		_			<u> </u>							
			1									
								988,373.		07 330		
Total to Part VII, Section A, line 1c								900,575.		97,339.		

		Check if Schedule O o			0.100		(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclue from tax und sections 512 -
ţ	1 a	Federated campaigns		1a						
and Other Similar Amounts	b	Membership dues		1b						
Am	с	Fundraising events		1c						
ar /	d	Related organizations		1d						
iu	е	Government grants (contr	ibutio	ons) <b>1e</b>		23,259,200.				
ŝ	f	All other contributions, gifts,	grant	s, and						
the		similar amounts not included	abov	'e <b>1f</b>		68,414,722.				
о р	g	Noncash contributions included in	lines 1	a-1f <b>1g</b>	\$	72,162,999.				
an	h	Total. Add lines 1a-1f				🕨	91,673,922.			
						Business Code				
	2 a				624200	2,731,272.	2,731,272.			
Ð	b	HANDLING FEES				624200	834,190.	834,190.		
nue	с	DELIVERY FEES				624200	65,750.	33,400.	32,350.	
eve	d									
Revenue	е									
		All other program service								
	g	Total. Add lines 2a-2f				🕨	3,631,212.			
	3	Investment income (incluc								
		other similar amounts)					36,110.			36,3
	4	Income from investment of		-		Г				
	5	Royalties	·····							
				(i) Re	al	(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)	)							
	7 a	Gross amount from sales of		(i) Secu	rities	(ii) Other				
		assets other than inventory	7a			<u> </u>				
	b	Less: cost or other basis								
		and sales expenses	7b							
aniiaaau		Gain or (loss)	7c			L				
		Net gain or (loss)				····· 🕨				
	8 a	Gross income from fundraisin including \$	-	-						
		contributions reported on								
		Part IV, line 18								
		Less: direct expenses								
		Net income or (loss) from		-		▶				
	9 a	Gross income from gamin								
		Part IV, line 19								
		Less: direct expenses				L				
		Net income or (loss) from			es	▶				
	iu a	Gross sales of inventory, I								
		and allowances								
		Less: cost of goods sold				א				
	С	Net income or (loss) from	sales	s of invent	ory	Puoirees Or di				
		DECUCITING THEONE				Business Code	67 702	67 700		
ЭГ		RECYCLING INCOME				624200	67,703.	67,703.		
a		MISCELLANEOUS INCOM				624200	51,080.	51,080.		
e)	~	AMERICORP REIMBURSE				624200	5,600.	5,600.	1	
Bever		A.II II					,			
Revenue	d	All other revenue					124,383.			

REGIONAL FOOD BANK OF OKLAHOMA, INC.

Form 990 (2019)

73-1100380

Page 9

REGIONAL FOOD BANK OF OKLAHOMA, INC. Part IX Statement of Functional Expenses

Page 10 73-1100380

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	his Part IX ( <b>B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1			expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	74,446,012.	74,446,012.		
2	Grants and other assistance to domestic	-,,			
-	individuals. See Part IV, line 22				
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	998,863.	695,271.	196,423.	107,169
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,899,789.	3,434,133.	669,737.	795,919
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	118,070.	67,723.	34,537.	15,810
9	Other employee benefits	831,643.	587,055.	158,468.	86,120
10	Payroll taxes	398,716.	260,242.	92,165.	46,309
11	Fees for services (nonemployees):				
а					
b	Legal	7,447.		7,447.	
с	Accounting	54,150.		54,150.	
d		48,556.		48,556.	
е					
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)	223,255.	17,900.	90,925.	114,430
12	Advertising and promotion				
13	Office expenses	211,973.	50,977.	22,768.	138,228
14	Information technology	277,009.	179,922.	17,557.	79,530
15	Royalties				
16	Occupancy	406,371.	388,564.	9,378.	8,429
17	Travel	86,410.	55,816.	14,237.	16,357
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,862.	2,651.	10,764.	5,447
20	Interest	90,657.	90,657.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,399,192.	1,338,940.	30,911.	29,341
23	Insurance	161,840.	133,491.	28,349.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OTHER PROGRAMS	5,463,926.	5,463,373.	553.	
b	FREIGHT	658,807.	658,807.		
с	DIRECT MAIL	487,226.	11,025.		476,201
d	REPAIRS AND MAINTENANCE	403,190.	401,903.	492.	795
е	All other expenses	1,822,287.	1,594,478.	31,878.	195,931
25	Total functional expenses. Add lines 1 through 24e	93,514,251.	89,878,940.	1,519,295.	2,116,016
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)				

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Form		2019) REGIONAL FOOD BANK OF Balance Sheet	OKLAH	OMA, INC.		73-11	100380 Page <b>11</b>
Par	τλ	Check if Schedule O contains a response or note	a to any li	ine in this Part X			
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash papintaroat bearing			104,856.	1	75,306.
	2	Cash - non-interest-bearing			2,945,393.	2	6,093,263
	2	Savings and temporary cash investments			3,257,429.	3	3,114,904
	3 4	Pledges and grants receivable, net		1,311,032.	4	755,633	
	4 5	Accounts receivable, net Loans and other receivables from any current or		1,011,001.	4	,,	
	5	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif				5	
	U	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use	7,785,424.	8	9,781,093		
Ass	9	Prepaid expenses and deferred charges			276,562.	9	365,160
		Land, buildings, and equipment: cost or other	 I I		, -		,
	iou	basis. Complete Part VI of Schedule D	10a	29,700,682.			
	b	Less: accumulated depreciation		13,367,125.	16,541,609.	10c	16,333,557
	11	Investments - publicly traded securities	, ,	, ,	11	, ,	
	12	Investments - other securities. See Part IV, line 1		0.	12	34,500	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa		32,222,305.	16	36,553,416	
	17	Accounts payable and accrued expenses			912,457.	17	1,415,478
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		L		20	
	21	Escrow or custodial account liability. Complete F	Part IV of	Schedule D		21	
S	22	Loans and other payables to any current or form	er officer	, director,			
bilities		trustee, key employee, creator or founder, subst	antial cor	ntributor, or 35%			
Liab		controlled entity or family member of any of thes				22	
-	23	Secured mortgages and notes payable to unrela			0	23	1 100 005
	24	Unsecured notes and loans payable to unrelated		Г	0.	24	1,166,225
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines			1 360 170	05	2 079 668
	00	of Schedule D			<u>1,369,179.</u> 2,281,636.	25 26	2,079,668
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che	ok horo	N X	2,201,030.	20	4,001,371
Se		and complete lines 27, 28, 32, and 33.	ck nere				
ů l	27	· · · · ·		29,940,669.	27	21,355,464	
3ala	28	Net assets with donor restrictions			0.	28	10,536,581
Ĕ	20	Organizations that do not follow FASB ASC 9				20	, ,
۳.		and complete lines 29 through 33.	,				
P	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			29,940,669.	32	31,892,045
~	33	Total liabilities and net assets/fund balances		Γ	32,222,305.	33	36,553,416,

Total liabilities and net assets/fund balances

36,553,416. Form 990 (2019)

32,222,305.

33

Form	990 (2019) REGIONAL FOOD BANK OF OKLAHOMA, INC.	73-110038	0	Pa	<sub>ge</sub> 12		
Pa	rt XI Reconciliation of Net Assets				2		
	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	95,	465,	627.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	93,	514,	251.		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	951,	376.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
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 on Schedule O)	9			٥.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	31	892,	045.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	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	Э.					
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:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
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 Audit					
	Act and OMB Circular A-133?		3a	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X			

Form **990** (2019)

(Form 990 or 990-EZ)

# 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.

OMB No. 1545-0047
2019
Open to Public

		f the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction			formation.		Inspection	
Nan	ne of	the organizati		de le trinneige					Employer	identification numbe	
		<b>J</b>		AL FOOD BANK OF	OKLAHOMA, INC.					73-1100380	
Pa	rt I	Reason			All organizations must co	omplete th	is part.) Se	e instructions	3.		
					For lines 1 through 12, c						
<b>1</b>					on of churches described			IVAVi)			
2	$\square$				Attach Schedule E (Forn			·)(A)(i)•			
2	$\square$							÷			
ა ⊿	$\square$	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,									
4		city, and state			njunetion with a nospital	ucsenbeu	Sectio			the hospital s hame,	
5		•	-	or the benefit of a co	llege or university owned	l or operat	ed by a do	vernmental u	nit describe	ad in	
5				Complete Part II.)	lege of university owned		cu by a ge				
6					nental unit described in	section 17	70(6)(1)(1)	(v)			
7	X		-	-	ntial part of its support fr				no gonoral i	public described in	
'		-		omplete Part II.)	That part of its support in	onna gove	Innontar		ie general j		
8		-			(1)(A)(vi). (Complete Par	них					
9	$\square$	-			in section 170(b)(1)(A)(		ed in conii	inction with a	land-grant	college	
5		-	-	-	ulture (see instructions).		-		-	-	
		university:		grant conege of agric			name, eny	, and state of	the conege		
10	$\square$		on that norma	Ilv receives: (1) more	than 33 1/3% of its sup	ort from a	contributio	ns memberst	nin fees an	d aross receipts from	
		0			ct to certain exceptions,				•	•	
					(less section 511 tax) fro	. ,				•	
				mplete Part III.)			bood doqui		Janization		
11					ively to test for public sa	fetv. See	section 50	)9(a)(4).			
12	$\square$	0	0	•	ively for the benefit of, to				rrv out the	purposes of one or	
		-	•	-	ed in section 509(a)(1) o	-			•		
				-	f supporting organization						
а		7	-	• •	upervised, or controlled		-		-	aivina	
					gularly appoint or elect a	• • • •	-				
			-	complete Part IV, Se		, ,				11 5	
b		¬ -			l or controlled in connect	ion with it:	s supporte	d organizatio	n(s). bv hav	vina	
				-	anization vested in the sa			-		-	
			-	t complete Part IV,		·		·	5 11		
с		¬ ~	. ,	•	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,	
			-		). You must complete I					·	
d		Type III no	n-functionally	integrated. A supp	porting organization oper	ated in co	nnection v	/ith its suppor	ted organiz	zation(s)	
			-		zation generally must sat				-		
					nplete Part IV, Sections						
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III		
		functionally	integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.				
f	Ente	er the number	of supported o	organizations							
g	Pro	vide the followi	ing informatior	n about the supporte	ed organization(s).						
	(	i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of		(vi) Amount of other	
		organization	1		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions	
				1	1					1	

### Schedule A (Form 990 or 990 EZ) 2019 REGIONAL FOOD BANK OF OKLAHOMA, INC.

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.)

Sec	ction A. Public Support						_	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	79,030,225.	82,151,027.	80,400,725.	87,529,310.	91,673,922.	420,785,209.	
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	79,030,225.	82,151,027.	80,400,725.	87,529,310.	91,673,922.	420,785,209.	
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)						84,299,573.	
	Public support. Subtract line 5 from line 4.						336,485,636.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total	
7	Amounts from line 4	79,030,225.	82,151,027.	80,400,725.	87,529,310.	91,673,922.	420,785,209.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	9.	299.	2,361.	36,470.	36,110.	75,249.	
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.)	104,663.	156,427.	140,298.	116,304.	124,383.	642,075.	
11	Total support. Add lines 7 through 10						421,502,533.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	19,213,822.	
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a sectior	1 501(c)(3)		
_	organization, check this box and stop	here					<b>&gt;</b>	
Sec	ction C. Computation of Public	c Support Per	centage					
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	79.83 %	
	Public support percentage from 2018					15	76.26 %	
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	k and	
	stop here. The organization qualifies	as a publicly supp	orted organization				► X	
b	33 1/3% support test - 2018. If the c	0		,		,		
	and <b>stop here.</b> The organization quali							
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,	
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check thi	s box and <b>stop h</b>	<b>ere.</b> Explain in Pa	t VI how the orgar	nization	
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	ublicly supported	organization			
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets th	e "facts-and-circur	mstances" test, ch	eck this box and	<b>stop here.</b> Explain	in Part VI how the		
	organization meets the "facts-and-circ	umstances" test.	The organization qu	ualifies as a public	ly supported orgar	nization		
18	rivate foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2019

# Schedule A (Form 990 or 990-EZ) 2019 REGIONAL FOOD BANK OF OKLAHOMA, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or 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						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year					1	
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(a) 2013	(b) 2010	(0) 2017	(0) 2018	(e) 2019	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization's	firet eccord this	l d fourth or fifth to		1 = 501(c)(3) crossient	I
1-4		r the organization s			2		<b>⊾</b> □
Se	ction C. Computation of Publi						
	Public support percentage for 2019 (I		•	column (f))		15	04
						16	<u>%</u>
	Public support percentage from 2018 ction D. Computation of Inves					10	%
	•			no 10. oolumn (f))		17	0/
	Investment income percentage for 20						%
	Investment income percentage from					<b>18</b>	%
198	<b>33 1/3% support tests - 2019.</b> If the more than 33 1/3%, check this box ar						
k	<b>33 1/3% support tests - 2018.</b> If the line 18 is not more than 33 1/3%, che	-				ore than 33 1/3%, a	ind
20	Private foundation. If the organizatio						

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c 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.
- **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.*
- **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.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*
- 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 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.**
- **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.* 
  - **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.)

Yes

Page 4

No

73-1100380

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	stion 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		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	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	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
U	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 <b>Part VI</b> the role the organization's			
	, Ç	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	5		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> below.			
b	The organization satisfied the Activities rest. <i>Complete and 2 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)	uctiona		
2	Activities Test. Answer (a) and (b) below.	uctions,	Yes	No
ے a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		165	NO
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organization(s) to when the organization was responsive? If these, then in the tradentity theorem is the supported organization and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Zd		
U				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
S	activities but for the organization's involvement. Parent of Supported Organizations Answer (a) and (b) below	20		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
а		20		
L.	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b		0L		
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

Sche	dule A (Form 990 or 990-EZ) 2019 REGIONAL FOOD BANK OF OKLAHOMA, IN	IC.		73-1100380 Page	e 6
Pa			nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions	. All
	other Type III non-functionally integrated supporting organizations must co			,	
Sect	ion 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 - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
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			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see	

instructions).

Schedule A (Form 990 or 990-EZ) 2019

	rt V Type III Non-Functionally Integrated 509		nizations (continued)	73-1100380 Page 7
Sect	tion D - Distributions	(,(.),		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.	5		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2017			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 REGIONAL FOOD BANK OF OKLAHOMA, INC.	73-1100380	Page <b>8</b>
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a o 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 additic (See instructions.)	1 and 2; Part IV, Sectio V, Section B, line 1e; P	n C,

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

# Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

ber

Name of the organization	Employer identification num	
REGIC	DNAL FOOD BANK OF OKLAHOMA, INC.	73-1100380
Organization type (check one)	):	
Filers of: S	Section:	
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
Ε	501(c)(3) taxable private foundation	
, ,	overed by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a Special Rule	a Saa instructions
General Rule		
	ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ne contributor. Complete Parts I and II. See instructions for determining a contributor's	

#### Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

REGIONAL FOOD BANK OF OKLAHOMA, INC.

Employer identification number

73-1100380

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$27,338,183.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$9,298,424.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$4,669,710.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$3,534,278.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$2,409,007.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$2,339,319.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization

REGIONAL FOOD BANK OF OKLAHOMA, INC.

Employer identification number

73-1100380

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$2,038,012.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$1,928,987.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$1,841,017.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

73-1100380

Employer identification number

REGIONAL FOOD BANK OF OKLAHOMA, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	16,875,421 POUNDS OF FOOD		
		\$\$	06/30/20
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	5,739,768 POUNDS OF FOOD		
		\$9,298,424.	06/30/20
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	2,882,537 POUNDS OF FOOD		
		\$\$	06/30/20
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	2,172,394 POUNDS OF FOOD		
		\$3,519,278.	06/30/20
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	658,407 POUNDS OF FOOD		
		\$1,066,619.	06/30/20
(a) No. Trom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	1,444,024 POUNDS OF FOOD		
		\$ 2,339,319.	06/30/20
453 11-06	2.10		0 990-E7 or 990-PE) (2

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

REGIONAL FOOD BANK OF OKLAHOMA, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Provide the Pro	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	1,258,032 FOUNDS OF FOOD		
		\$2,038,012.	06/30/20
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
9	1,190,733 POUNDS OF FOOD		
		\$1,928,987.	06/30/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	1,136,430 POUNDS OF FOOD		
		\$1,841,017.	06/30/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
1		1	

Employer identification number 73-1100380

Page **4** 

Name of or	ganization		Employer identification number
REGIONAL	FOOD BANK OF OKLAHOMA, INC.		73-1100380
Part III	from any one contributor. Complete columns (a	<ul> <li>through (e) and the following line er charitable, etc., contributions of \$1,000 or</li> </ul>	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	   
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi nd ZIP + 4	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of ginned ZIP + 4	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	 
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE C Political Campaign and Lobbying Activities							OMB No. 1545-0047			
(Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section 527									
		if the organization is described b		.,			pen to P			
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 for ir					Inspecti			
If the organization answ	vered "Yes," or	Form 990, Part IV, line 3, or Forr	n 990-EZ, Part V, line	46 (Political Camp	aign Ac	tivities),	then			
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations: Com	plete Parts I-A and B. Do not comp	olete Part I-C.							
<ul> <li>Section 501(c) (other</li> </ul>	than section 50	01(c)(3)) organizations: Complete Pa	arts I-A and C below. D	o not complete Parl	t I-B.					
<ul> <li>Section 527 organiza</li> </ul>	ations: Complete	e Part I-A only.								
If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then										
• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.										
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that I	nave NOT filed Form 5768 (election	under section 501(h)):	Complete Part II-B.	Do not	complet	e Part II-A	۹.		
If the organization answ	vered "Yes," or	Form 990, Part IV, line 5 (Proxy <sup>-</sup>	Tax) (see separate ins	structions) or Form	990-EZ	, Part V,	, line 35c	(Proxy		
Tax) (see separate instr	ructions), then									
<ul> <li>Section 501(c)(4), (5)</li> </ul>	, or (6) organizat	ions: Complete Part III.								
Name of organization					Employ	/er ident	tification	number		
							100380			
Part I-A Comple	ete if the org	anization is exempt under	section 501(c) or	is a section 52	?7 orga	anizati	on.			
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in I	Part IV.						
2 Political campaign a	activity expendit	ures	-		▶\$_					
3 Volunteer hours for	political campai									
Part I-B Comple	ete if the org	anization is exempt under	section 501(c)(3)	•						
1 Enter the amount of	f any excise tax	incurred by the organization under	section 4955		▶\$_					
2 Enter the amount o	f any excise tax	incurred by organization managers								
3 If the organization in	ncurred a sectio	n 4955 tax, did it file Form 4720 for	r this year?				Yes	No No		
4a Was a correction m	ade?						Yes	No No		
b If "Yes," describe in	i Part IV.									
Part I-C Comple	ete if the org	anization is exempt under	section 501(c), e	xcept section 5	501(c)(	3).				
1 Enter the amount d	irectly expended	by the filing organization for section	on 527 exempt functio	n activities	. ▶\$_					
2 Enter the amount o	f the filing organ	ization's funds contributed to othe	r organizations for sect	tion 527						
exempt function ac	tivities				▶\$_					
3 Total exempt functi		. Add lines 1 and 2. Enter here and								
line 17b					▶\$_					
		1120-POL for this year?					Yes	No No		
		ployer identification number (EIN)					organizat	ion		
made payments. Fo	or each organiza	tion listed, enter the amount paid fi	rom the filing organizat	ion's funds. Also en	ter the a	amount c	of political	I		
		omptly and directly delivered to a s			eparate s	segregat	ed fund o	or a		
political action com	mittee (PAC). If	additional space is needed, provide	e information in Part IV							
(a) Name	)	(b) Address	(c) EIN	(d) Amount paid f	from	(e) Am	ount of p	olitical		
				filing organizatio			tions rece			
		1		funds. If none, ente	er-0 I	promp	otly and d	mecuy		

<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Schedule C (Form 990 or 990-EZ) 2019	REGIONAL	FOOD BAN	NK OF OKLAHOMA, I	NC.	73-1	100380 Page 2
Part II-A Complete if the org					d Form 5768 (ele	ction under
section 501(h)).						
	-			Part IV each affiliated	group member's name	e, address, EIN,
expenses, and shar			• •			
3 Check 🕨 🛄 if the filing organiza	tion checked	d box A an	d "limited control" pro	visions apply.		
	ts on Lobby ditures" mea	• •	nditures nts paid or incurred.)		<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public	opinion (g	rassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ	uence a legis	lative body	y (direct lobbying)		48,556.	
c Total lobbying expenditures (add lir	nes 1a and 1	lb)			48,556.	
d Other exempt purpose expenditure					88,830,384.	
e Total exempt purpose expenditures					88,878,940.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.				1,000,000.		
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:					, , -	
Not over \$500,000     20% of the amount on line 1e.						
Over \$500,000 but not over \$1,000	000			255 OVOr \$500 000		
	0 but not over \$1,000,000         \$100,000 plus 15% of the excess over \$500,000.           000 but not over \$1,500,000         \$175,000 plus 10% of the excess over \$1,000,000.					
· · · · ·						
Over \$1,500,000 but not over \$17,	000,000		0 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000	Over \$17,000,000 \$1,000,000.					
g Grassroots nontaxable amount (en	ter 25% of lir	ne 1f)			250,000.	
h Subtract line 1g from line 1a. If zero		,			0.	
i Subtract line 1f from line 1c. If zero	,				0.	
j If there is an amount other than zer			ine 1i, did the organiza			
reporting section 4911 tax for this					Г	Yes N
· · · · · · · · · · · · · · · · · · ·			raging Period Under			
(Some organizations the second s			)1(h) election do not h ate instructions for lin		of the five columns be	elow.
	Lobby	ing Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 20	016	<b>(b)</b> 2017	<b>(c)</b> 2018	( <b>d)</b> 2019	<b>(e)</b> Total
2a Lobbying nontaxable amount	1,0	00,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>						6,000,000
c Total lobbying expenditures		70,340.	38,986.	33,880.	48,556.	191,762
d Grassroots nontaxable amount	2	50,000.	250,000.	250,000.	250,000.	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))						1,500,000
f Grassroots lobbving expenditures						

Schedule C (Form 990 or 990-EZ) 2019

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5),	or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
_3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	'No" OR (b	) Part I	II-A, line	3, IS
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
	Current year		2a		
	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		. 3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A,	lines 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

73-1100380

		Supplement	ol Einonoial	6+	atomonto		OMB No. 1545-0047			
SCHEDULE D (Form 990) Supplementa							2010			
Part IV, line 6, 7, 8, 9, 10			janization answered "Yes" on Form 990, ), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				<b>ZUIJ</b> Open to Public			
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and					he latest information.	Inspection				
Nam	e of the organizati	ion REGIONAL FOOD BANK OF OKLAH	OMA INC.			Emp	loyer identification number 73-1100380			
Pa	rt I Organiza	ations Maintaining Donor Advise		er Si	imilar Funds or Ac	coun	ts. Complete if the			
	organizatio	on answered "Yes" on Form 990, Part IV, lin	e 6.		r					
	(a) Donor advised funds					(b) Funds and other accounts				
1	Total number at e	nd of year								
2		of contributions to (during year)								
3	Aggregate value of grants from (during year)									
4		it end of year								
5	-	on inform all donors and donor advisors in	-							
6		on's property, subject to the organization's on inform all grantees, donors, and donor a					Yes No			
6	0	poses and not for the benefit of the donor o	0	0		,				
	impermissible priv					•	Yes No			
Pa		vation Easements. Complete if the org								
1		servation easements held by the organization								
	Preservation	n of land for public use (for example, recrea	tion or education)		Preservation of a histo	orically i	mportant land area			
	Protection of	of natural habitat			Preservation of a cert	tified historic structure				
	Preservation	n of open space								
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation cor	ntribu	ution in the form of a co	nservati	ion easement on the last			
	day of the tax yea						Held at the End of the Tax Yea			
a		onservation easements				2a				
b	-	-				2b				
ر اہ	c Number of conservation easements on a certified historic structure included in (a)       2c         d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure       1									
a		nal Register				2d				
3		vation easements modified, transferred, rel				· · · ·	during the tax			
•	year ►		oucou, oxingulariou	01 1	orrination by the organi	Lation				
4		where property subject to conservation eas	sement is located							
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, ins	pecti	ion, handling of					
	violations, and ent	forcement of the conservation easements it	holds?				Yes No			
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violation	s, an	d enforcing conservatio	n easer	ments during the year			
	▶									
7		ses incurred in monitoring, inspecting, hanc	lling of violations, an	d enf	forcing conservation ea	sements	s during the year			
•	►\$					(1)				
8		vation easement reported on line 2(d) abov					Yes			
9		)(4)(B)(ii)? be how the organization reports conservation								
Ŭ	-	d include, if applicable, the text of the footr			•					
		counting for conservation easements.								
Pa		ations Maintaining Collections of	Art, Historical	Trea	asures, or Other S	imilar	Assets.			
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.							
1a	•	elected, as permitted under FASB ASC 95	•							
		easures, or other similar assets held for put				ice of p	ublic			
_	· •	Part XIII the text of the footnote to its finar								
b	-	elected, as permitted under FASB ASC 95								
		sures, or other similar assets held for public	exhibition, educatio	n, or	research in furtherance	ot pub	lic service,			
	-	ing amounts relating to these items:				•	<u>,</u>			
		ided on Form 990, Part VIII, line 1 ed in Form 990, Part X								
2	.,	received or held works of art, historical trea			ssets for financial gain.	orovide	,			
_		unts required to be reported under FASB A								

b Assets included in Form 990, Part X
 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
 932051 10-02-19

a Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2019

▶ \$

▶ \$

Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued;         a       Using the organization's accussion, and other records, check any of the following that make significant use of its control to the control of the following that make significant use of its control of the control of			OD BANK OF OKLA					-1100		Pa	<sub>age</sub> 2
colection terms (check all that apply): <ul> <li>Cole exhibition</li> <li>Scholarly research</li> <li>Other</li> </ul> Provide a colection of thrue generations <ul> <li>Other</li> <li>Other</li> <li>Provide a colection of thrue generations</li> <li>Other</li> </ul> Particle acception of the organization solections and explain how they further the organization's exempt purpose in Part XIII.         Purity a description of the organization's collections <ul> <li>Provide acception of the organization's collection?</li> <li>Yes</li> <li>No</li> </ul> Part V       Escow and Custodial Arrangements. Complete if the organization's collection? <ul> <li>Yes</li> <li>No</li> <li>If "Yes," explain the arrangement in Part XIII and complete the following table:</li> <li>Amount</li> <li>Id</li> <li>Id<!--</th--><th>Par</th><th>t III   Organizations Maintaining Co</th><th>ollections of Art</th><th>, Historical Tre</th><th>asures, or Ot</th><th>her S</th><th>imilar As</th><th>sets</th><th>(contin</th><th>ued)</th><th></th></li></ul>	Par	t III   Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Ot	her S	imilar As	sets	(contin	ued)	
a       Public exhibition       d       □ can or exchange program         b       Scholarly research       e       Other	3	Using the organization's acquisition, accession	n, and other records	, check any of the f	following that mal	ke signi	ficant use o	of its			
b       Scholarly research       e       Other         c       Preservation for future generations       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       Uning the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.       School the organization's collection?       Yes       No         Part V       Escrow and Cutstochial Arrangements. Complete if the organization's collection?       Yes       No         Ia       Is the organization and cutstochial arrangements. Complete the following table:       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Ia       Amount         c       Beginning balance       Ia       Amount       Ia       Ia         d Additions during the year       Ia       Ia <t< th=""><th></th><th colspan="8">collection items (check all that apply):</th></t<>		collection items (check all that apply):									
b       Scholary research       e       Other         c       Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       Uning the year, did the organization solic or receive donations of art, historical treasures, or other similar assets       to be solid to raise funds rainfart than to be manutaned as part of the organization answered "Yes" on Form 990, Part IV, line 9, or resported an amount on form 990, Part X, line 21.         1a       Is the organization and pert than to be manutaned as part of the organization answered "Yes" on Form 990, Part X, line 21.         1a       Is the organization included an amount on Form 990, Part X, line 21.         1b       Ending balance         1c       Amount         1d       Id         1d       Id         1d       Id         1d       Id         2       Distributions during the year         1d       Id         2       Distributions during the year         2       Distributions during the year         2       Distributions during the year         1d       Id         1d       Id         1d       Id         1d       Id         1d       Id         1d       Id         1d <td>а</td> <td>Public exhibition</td> <td>d</td> <td>Loan or exc</td> <td>hange program</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	а	Public exhibition	d	Loan or exc	hange program						
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they turber the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets       to be sold to raise function to be maintained as part of the organization answered "Yes" on Form 990, Part KJ, line 9.         6       Dering the year, did the organization and explain their tremediary for contributions or other assets not included on form 990, Part XJ, line 21.       Ta is the organization an agent, threstee, custodian or other intermediary for contributions or other assets not included on form 990, Part XJ, line 21.         7       Is the organization and explain the year.       Id.         8       Ending balance       Id.         9       If 'yes, "explain the arrangement in Part XIII and complete the following table:       Im.         9       If 'yes, "explain the arrangement in Part XIII and complete the following table:       Im.         9       If 'yes, "explain the arrangement in Part XIII and complete the following table:       Im.         9       If 'yes, "explain the arrangement in Part XIII and complete the following table:       Im.         9       If 'yes, 'explain the arrangement in Part XIII and complete the following table:       Im.         9       If 'yes, 'explain the arrangement in Part XIII and complete tathe companization table account tablity? <th>b</th> <th>Scholarly research</th> <th>е</th> <th>Other</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	b	Scholarly research	е	Other							
<ul> <li>4. Provide a description of the organization's collections and explain how they further the organization's exempt purgoes in Part XIII.</li> <li>5. During the year, did the organization solicit or receive donations of at, historical treasures, or other similar assets</li> <li>1. The second of the organization and the organization's collection?</li> <li>1. Part W Escrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 980, Part X, line 9, or reported an amount on Form 980, PArt X, line 21.</li> <li>1. Ta is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X / line 21.</li> <li>1. Ta is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.</li> <li>1. Begrinning balance</li> <li>2. Bid the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability?</li> <li>2. Did the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability?</li> <li>2. Did the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability?</li> <li>2. Did the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability?</li> <li>2. Did the organization include an amount on Form 980, Part X, line 21, for escrow or custodial account liability?</li> <li>2. Board do arise of scholarshipe</li> <li>3. Combinitories</li> <li>4. Sec2, 758.</li> <li>5. (2. 119, 101.</li> <li>5. 2. 25, 583.</li> <li>5. (2. 6. 01, 777.</li> <li>7. (2. 6. 3. 5, 6. 6. 7. 777.</li> <li>7. (2. 6. 3. 5. 6. 7. 2. 9. 3. 2. 7. 2. 7. 2. 7. 2. 7. 2. 7. 2. 7. 2. 7. 2. 7. 2. 7. 7. 7. 7. 7. 7. 7. 6. 8. 5. 7. 2. 9. 3. 7. 2. 7. 2. 7. 2. 7. 2. 7. 2. 7. 2. 7. 2. 7. 2. 7. 7. 7. 7. 7. 7. 7. 7. 8. 6. 7. 777.</li> <li>4. Carats or scholarshipe</li> <li>5. Other expenditures of facibilities</li> <li>and programs<th>с</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></li></ul>	с										
5       During the year, did the organization solicit or receive donations of art, historical resources, or other similar assets       No.         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       No         I       Is the organization angement in Part XIII and complete the following table:       Image: Complete if the organization angement in Part XIII and complete the following table:       Image: Complete if the organization angement in Part XIII and complete the following table:         C       Beginning balance       Image: Complete if the organization angement in Part XIII and complete the following table:       Image: Complete if the organization angement in Part XIII and complete the following table:       Image: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Complete if the organization answered Yes' on Form 990, Part X, line 21, for escrow part back.         18       Beginning of year balance       Image: Complete if the organization answered Yes' on Form 990, Part X, line 21, for escrew back.       Image: Complete if the organization answered Yes' on Form 990, Part X, line 21, for escrew back.         19       If Yes's in the angement in Part XIII and complete the solitation table been provided on Part X, line 21, for escrew back.       Image: Complete if the organization answered Yes' for Form 990, Part X, line 10.	4		lections and explain	how they further th	ne organization's e	exempt	purpose in	Part X	301.		
top = volt         res         No.           Part IV         Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, Ime 9, or reported an amount on Form 990, Part X, Ime 21.           1a         Is the organization an agent, tustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ime 21.         Yes         No.           b         If 'Yes, ' explain the arrangement in Part XIII and complete the following table:         Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, Ime 21.         Amount         Yes         No.           b         If 'Yes, ' explain the arrangement in Part XIII and complete the following table:         Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, Ime 21.         Yes         No.           Distributions during the year         Image: Complete intermediary for cestrow or custodial account liability?         Yes         No.           Part V         Endowment Funds. Complete if the organization has been provided on Part XIII.         One the organization include an amount on Form 990, Part X, Ime 21.         Yes         No.           Contributions         Image: Complete if the organization include an amount on Form 990, Part X, Ime 21.         One form 200, Part X, Ime 21.         No.           Contributions         Image: Complete intermediary in Part XIII.         Contributions         Image: Complete intermediary in Part XII											
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodial an or other intermediary for contributions or other assets not included on Form 990, Part X       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:	•			,	,				Yes		No
reported an amount on Form 990, Part X, line 21.           1a is the organization an agent, trustee, custodian or other intermediary for contributions or that assets not included on Form 990, Part X?         Image To the state of the state of the organization include an agent, trustee, custodian or other intermediary for contributions or outstate assets not included on Form 990, Part X.         Image To the state of the state of the state of the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?         Ves         No           d Additions during the year         1a         1a <t< th=""><th>Par</th><th></th><th></th><th></th><th></th><th></th><th></th><th>t IV lir</th><th></th><th></th><th><u>,</u></th></t<>	Par							t IV lir			<u>,</u>
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X       IVes       No         b       If 'Yes,'' explinit the arrangement in Part XIII and complete the following table:       Image: Complete in the included include an amount on Form 980, Part X, line 21, for escrow or custolial account liability?       Ves       No         2a       Did the organization include an amount on Form 980, Part X, line 21, for escrow or custolial account liability?       Ves       No         b       If 'Yes' explain the arrangement in Part XIII       Include the explanation tables been provided on Part XIII       No         b       If 'Yes' explain the arrangement in Part XIII Check here if the explanation tanswered "Yes' on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Pror year       (c) Two years back (d) Iner years back (e) Four years back and programs.       (a) Current year       (b) Pror years (b) (a) Units years back (e) Four years back and programs.       (a) 5.00.       12.10.00.       12.10.00.         c       Noter expenditures to racifities and programs.       (a) 5.456.       7,777.       7,763.       8,587.       29,20.         g End of year balance       22.58       %       5.236.				to in the organizatio		01110		,	10 0, 01		
on Form 990, Part X2	12			any for contribution	s or other assets	not incl	uded				
b       If 'Yes,' explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>d</li> </ul> Image: Complete the following table: <ul> <li>d</li> <lid< li=""> <li>d</li> <li< td=""><td>Ia</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Voc</td><td></td><td></td></li<></lid<></ul>	Ia								Voc		
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on Part XIII.       Image: Check here if the explanation naws been provided on part XIII.       Image: Check here if the explanation naws been provided on part XIII.       Check here if the explanation	Ь								165		
c       Beginning balance       1c       1d         d       Additions during the year       1e       1d         f       Ending balance       1f       1e         2a       Distributions during the year       1f       1e         f       Ending balance       1f       1e       1f         2a       Distributions during the year       1f       1e       1f         2a       Distributions during the year       1f       1e       1f         e       Distributions during the year       1f       1f       1f       1f         bit 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       1f	b		na complete the loli	Swilly table.					Amount		
d Additions during the year       1d         e Distributions during the year       1d         1       Ending balance       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation naws been provided on Part XIII.       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       (a) Current year       (b) Prior year       (c) Two years back.       (c) Four years back.       (e) Four years back.       (e) Four years back.         1a Beginning of year balance       4,862,758.       6,119,101.       5,236,583.       5,608,633.       6,604,107.         C Ontributions       1,000.       11,000.       1,458,037.       101,500.       121,000.         c Other expenditures for facilities       and programs       622,659.       1,599,397.       863,954.       961,188.       761,417.         f Administrative expendes       5,266.       7,777.       7,763.       8,587.       29,220.         g End of year balance       34,88.       %         S,666.       33.         P Provide the estinated percentage of the current year and balanc									Amouni		
e       Distributions during the year       1e         f       Ending balance       Yes       No         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2b       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2b       Did the organization include an amount on Form 990, Part X, line 10.       10       Yes       No         2b       Did the organization answered "Yes" on Form 990, Part IV, line 10.       12,000, 1,458,033, 100,500, 122,000.       12,1000, 1,458,037, 100,500, 122,000.         2b       Contributions       1,000, 1,458,037, 100,500, 122,000.       12,000, 12,000, 14,959,337, 100,500, 122,000.         2c       Contributions       1,000, 1,458,037, 100,500, 122,000.       12,000, 14,959,937, 100,500, 122,000.         2c       Contributions       1,000, 1,458,037, 100,500, 122,000.       12,000, 14,959,937, 100,500, 122,000.         3c       Contributions       1,599,337, 863,954, 961,888, 761,417, 462,758, 6,113,011, 5,236,583, 5,608,633.       2         2       Conviet the estimated percentage of the current year end balance (line 1g, column (a) held as:       a Board designated or quasi-endowment \stars, 5,258, 5,60,603,30.       2         2       Provide the estimated percentage of the cryanizatio		<b>e e</b>									
f Ending balance       If         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       No         Part V       Enclowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       1         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         14 Gortant year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back       (e) Two years back       (e) Two years back       (e) Two years back       (e) Two years back       (e) Four years back       (e) Two years back       (e) Four years       (f)											
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       1,000.       11,500.       121,000.       (c) 433,031.       296,198.       496,925.       -125,737.         1a       Grants or scholarships       622,659.       1,599,397.       863,954.       961,888.       761,417.         1       Administrative expenses       6,546.       7,777.       7,763.       8,587.       29,220.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Boar	-										
b       If Yes,*explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 900, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prov years       (c) Two years back       (d) Three years       (d) The years back       (d) Three years       (d) Three years       (d) The years back       (d) The years back       (d) Three years       (d) The years back       (d) The years back       (d) The years back       (d) The years b											1
Part V         Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.           1a         Beginning of year balance         (a) Current year         (b) Prior year         (c) Two years back         (d) Three years back         (e) Four years back         (e) A (107.           b         Contributions         1,000.         11,000.         1,458,037.         101,500.         121,000.           c         Net investment earnings, gains, and losses         98,751.         339,831.         296,198.         496,925.         -125,737.           f         Administrative expenses         622,659.         1,599,397.         863,954.         961,888.         761,417.           f         Administrative expenses         5,46.         7,777.         7,763.         8,587.         29,320.		0					,	ட	Yes		] <b>NO</b> ]
(a) Current year         (b) Prior year         (c) Two years back         (d) Three years back         (e) Four years back           1a         Beginning of year balance         4,862,758,6,119,101,5,236,583,5,00,633,6,404,107.         5,236,583,5,00,633,6,404,107.           b         Contributions         1,000,11,000,1,458,037,101,500,1212,000.         121,000,122,737.           c         Grants or scholarships         98,751,333,831,229,198,496,925,-125,737.           c         Other expenditures for facilities and programs         622,659,1,599,397,863,954,961,888,761,417.           f         Administrative expenses         8,546,7,777,7,7,763,8,587,29,320.           g         End of year balance         4,331,304,4,262,758,6,119,101,5,236,583,5,608,633.           2         Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         Board designated or quasi-endowment ▶           34.88         %         Term endowment ▶         12.54,%           (i)         Unrelated organizations         34()         X           (ii)         Unrelated organizations         34()         X           (iii)         Inelated organizations         Sa(i)         X           (iii)         Unrelated organizations         Isequipment.         364,655           2         Description of property         (a) C											<u> </u>
1a       Beginning of year balance       4,862,758.       6,119,101.       5,236,583.       5,608,633.       6,404,107.         b       Contributions       1,000.       11,000.       1,458,037.       101,500.       121,000.         c       Net investment earnings, gains, and losses       98,751.       339,831.       296,198.       496,925.       -125,737.         c       Other expenditures for facilities       622,659.       1,599,397.       863,954.       961,888.       761,417.         f       Administrative expenses       6,2546.       7,777.       7,763.       8,587.       29,320.         g       End of year balance       4,331,304.       4,862,758.       6,119,101.       5,236,583.       5,608,633.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment ▶       52.58.       %         b       Permanent endowment ▶       12.54%       %       %       Yes       No         (i)       Unrelated organizations	Fai	<b>Endowment Funds.</b> Complete if						[			
b       Contributions       1,000.       11,000.       1,458,037.       101,500.       121,000.         c       Net investment earnings, gains, and losses       98,751.       339,831.       296,198.       496,925.      125,737.         d       Grants or scholarships       622,659.       1,599,397.       863,954.       961,888.       761,417.         f       Administrative expenditures for facilities and programs       622,659.       1,777.       7,763.       8,587.       29,320.         g       End of year balance       8,546.       7,777.       7,763.       8,587.       29,320.         g       End of year balance       52.58       %       5,008,633.       5,608,633.         2       Provide the estimated percentage of the current year end balance (line 1g, column (al) held as:       a Board designated or quasi-endowment ▶       52.58       %         b       Permanent endowment ▶       34.88       %       %       %       %       %         (i)       Unrelated organizations       12.54       %											
c       Net investment earnings, gains, and losses       98,751.       339,831.       296,198.       496,925.      125,737.         d       Grants or scholarships       6       0									,		
d Grants or scholarships	b										
e       Other expenditures for facilities and programs       622,659.       1,599,397.       863,954.       961,888.       761,417.         f       Administrative expenses       8,546.       7,777.       7,763.       8,587.       29,320.         g       End of year balance       4,331,304.       4,622,758.       6,119,101.       5,236,583.       5,608,633.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment ▶       52.58       %         b       Permanent endowment ▶       12.54       %       %       %         c       Term endowment ▶       12.54       %       %       %       Yes       No         i)       Unrelated organizations       12.54       %       %       %       Yes       No         i)       Unrelated organizations       12.54       %       %       Yes       No         ii)       Ioneadowment funds not in the possession of the organization that are held and administered for the organization by:       ii)       Iii Related organizations       3a(ii) X       3a(ii) X       3a(ii) X       3a(ii) X       3b       X         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Part	С	Net investment earnings, gains, and losses 98,751. 339,831. 296,198. 496,925125,737							737.		
and programs       622,659.       1,599,397.       863,954.       961,888.       761,417.         f Administrative expenses       8,546.       7,777.       7,763.       8,587.       29,320.         g End of year balance       4,331,304.       4,862,758.       6,119,101.       5,236,583.       5,608,633.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶       52.58.       %         b Permanent endowment ▶       12.54%       %       *       *       *         ii) Unrelated organizations	d	Grants or scholarships									
f       Administrative expenses       8,546.       7,777.       7,763.       8,587.       29,320.         g       End of year balance       4,331,304.       4,862,758.       6,119,101.       5,236,583.       5,608,633.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       a       Board designated or quasi-endowment ▶       52.58       %         b       Permanent endowment ▶       12.54       %       ftttt       The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment ▶       12.54       %       fttttttttttttttttttttttttttttttttttt	е	Other expenditures for facilities									
g End of year balance       4,331,304.       4,862,758.       6,119,101.       5,236,583.       5,608,633.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶       52.58       %         b Permanent endowment ▶       34.88       %       c       Term endowment ▶       12.54       %         c Term endowment ▶       12.54       %       fm percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i) Unrelated organizations       3a(i) X       3a(i) X       3a(ii) X       <		and programs									
2       Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as:         a       Board designated or quasi-endowment ▶	f	Administrative expenses	8,546.	7,777.						29,	320.
a Board designated or quasi-endowment ▶       52.58 %         b Permanent endowment ▶       34.88 %         c Term endowment ▶       12.54 %         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:        (i) Unrelated organizations         (ii) Related organizations         b If "Yes" on line 3a(ii), are the related organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other         b 364, 655.       364, 655.         b Buildings       19, 229, 284.       6, 506, 801.       12, 722, 483.         c Leasehold improvements       19, 229, 284.       6, 506, 801.       12, 722, 483.         c Equipment       8, 843, 627.       5, 746, 012.       3, 097, 615.         e Other       1, 263, 116.       1, 114, 312.       148, 804.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       16, 333, 557.	g	End of year balance	4,331,304.	4,862,758.	6,119,10	1.	5,236,5	583.	5,	608,	633.
b Permanent endowment ▶	2	Provide the estimated percentage of the curre	nt year end balance	(line 1g, column (a)	)) held as:						
c       Term endowment       12.54 %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Inrelated organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations listed as required on Schedule R?</li> <li>(iii) Land, Buildings, and Equipment.</li> </ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>(d) Sost or other</li> <li>(e) Accumulated</li> <li>(f) Book value</li> <li>(f) Buildings</li> <li>(f) 229, 284.</li> <li>(f) Book value</li> <li>(f) Buildings</li> <li>(f) 229, 284.</li> <li>(f) 206.</li> <li>(f) 207.</li> <li>(f) 330, 557.</li>	а	Board designated or quasi-endowment 🕨 _	52.58	_%							
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) ad(ii) x</li> <li>(iii) an ethe related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>Part VI</li> <li>Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other depreciation</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(a) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(a) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(e) Cost or other basis (other)</li> <li>(f) Book value</li> <li>(f) Book value</li> <li>(g) Cost or other basis (other)</li> <li>(g) Accumulated depreciation</li> <li>(g) Cost or other basis (other)</li> <li>(g) Accumulated Accumulated Accumulated Accumulated Accumulated Accis S.</li> <li>(g) Accumulated Accumulated Accis S.<th>b</th><th>Permanent endowment &gt; 34.88</th><th>%</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></li></ul>	b	Permanent endowment > 34.88	%								
Sa       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i)       Unrelated organizations       3a(i)       X       3a(ii)       X         (ii)       Related organizations       3a(ii)       X       3a(ii)       X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       X       3b       X         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI       Land, Buildings, and Equipment.       364, 655.       364, 655.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       364, 655.         b       Buildings       19, 229, 284.       6, 506, 801.       12, 722, 483.       12, 722, 483.         c       Leasehold improvements         30, 997, 615.       3, 097, 615.         e       Other       1, 263, 116.       1, 114, 312.       148, 804.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B). line 10c.)       16, 333, 557.	с	Term endowment 12.54 %	6								
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land 1a Land 1a Land 1a Land 4 Description of property 1a Land 5 Description of property 1a Land 5 Description of property 1a Land 5 Description of property 1a Land 5 Description of property 5 Description of prope		The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land 1a Land 1a Land 1a Land 4 Description of property 1a Land 5 Description of property 1a Land 5 Description of property 1a Land 5 Description of property 1a Land 5 Description of property 5 Description of prope	3a	Are there endowment funds not in the posses	sion of the organizat	ion that are held ar	nd administered fo	or the o	rganization				
(i) Unrelated organizations       3a(i) X         (ii) Related organizations       3a(ii) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b X         4 Describe in Part XIII the intended uses of the organization's endowment funds.       7         Part VI       Land, Buildings, and Equipment.       364, 655.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       364,655.       364,655.         b Buildings       19,229,284.       6,506,801.       12,722,483.         c Leasehold improvements       8,843,627.       5,746,012.       3,097,615.         e Other       1,263,116.       1,114,312.       148,804.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.)       16,333,557.		by:								Yes	No
(ii)       Related organizations       3a(ii)       x         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       x         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       364,655.       364,655.         b       Buildings       19,229,284.       6,506,801.       12,722,483.         c       Leasehold improvements       8,843,627.       5,746,012.       3,097,615.         e       Other       1,263,116.       1,114,312.       148,804.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       16,333,557.		(i) Unrelated organizations									
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       X         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       364,655.       364,655.         b       Buildings       19,229,284.       6,506,801.       12,722,483.         c       Leasehold improvements        1,263,116.       1,114,312.       148,804.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       16,333,557.       16,333,557.										Х	
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         basis (other)       (c) Accumulated depreciation         1a Land       364,655.         b Buildings       19,229,284.         c Leasehold improvements       8,843,627.         d Equipment       8,843,627.         e Other       1,263,116.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       16,333,557.	b	If "Yes" on line 3a(ii), are the related organizati	ons listed as require	d on Schedule R?						х	
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (c) Accumulated depreciation         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       364,655.       364,655.         b       Buildings       19,229,284.       6,506,801.       12,722,483.         c       Leasehold improvements         3097,615.         d       Equipment       8,843,627.       5,746,012.       3,097,615.         e       Other       1,263,116.       1,114,312.       148,804.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       16,333,557.										I	
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land364,655.364,655.364,655.b Buildings19,229,284.6,506,801.12,722,483.c Leasehold improvementsd Equipment8,843,627.5,746,012.3,097,615.e Other1,263,116.1,114,312.148,804.Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)16,333,557.											
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land364,655.364,655.364,655.b Buildings19,229,284.6,506,801.12,722,483.c Leasehold improvementsd Equipment8,843,627.5,746,012.3,097,615.e Other1,263,116.1,114,312.148,804.Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)16,333,557.		Complete if the organization answered	"Yes" on Form 990.	Part IV. line 11a. S	ee Form 990. Par	t X. line	e 10.				
basis (investment)         basis (other)         depreciation           1a Land         364,655.         364,655.           b Buildings         19,229,284.         6,506,801.         12,722,483.           c Leasehold improvements         4         4         4         4           d Equipment         8,843,627.         5,746,012.         3,097,615.         3,097,615.           e Other         1,263,116.         1,114,312.         148,804.         16,333,557.										cvalue	
1a Land       364,655.       364,655.         b Buildings       19,229,284.       6,506,801.       12,722,483.         c Leasehold improvements       4       6,506,801.       12,722,483.         d Equipment       8,843,627.       5,746,012.       3,097,615.         e Other       1,263,116.       1,114,312.       148,804.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       16,333,557.		Description of property	1	• • •		,			( <b>u)</b> Dool	value	,
b Buildings       19,229,284.       6,506,801.       12,722,483.         c Leasehold improvements            d Equipment       8,843,627.       5,746,012.       3,097,615.         e Other       1,263,116.       1,114,312.       148,804.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       16,333,557.	10	Land			, ,					364	655
c       Leasehold improvements         d       Equipment         e       Other         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1 Q	,	6	506 801	1		,	
d Equipment         8,843,627.         5,746,012.         3,097,615.           e Other         1,263,116.         1,114,312.         148,804.           Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)         16,333,557.					,,,,		, 500, 001,	•	±4,	,	
e Other         1,263,116.         1,114,312.         148,804.           Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)         16,333,557.				o	843 627	F	746 010	-	2	097	615
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					· · ·			_			
					· · ·			·		,	
	Tota	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X	( <u>, column (B), line 1</u>	<u>0c.)</u>			<u> </u>		· · ·	

#### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

#### Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 15.) X Other Liabilities.	
Part		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CAPITAL LEASE OBLIGATION	1,894,992.
(3)	CONTRACT DEPOSITS	184,676.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

2,079,668.

Schedule D (Form 990) 2019 REGIONAL FOOD BANK OF OKLAHOMA, IN		73-1100380	Page
Part XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	ue per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			
Part XII Reconciliation of Expenses per Audited Financial Sta	tements With Exper	ises per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1			
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		
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18			
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; I	Part V, line 4; Part X, line 2; Part	XI,
ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	v additional information.		-

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT FUNDS ARE HELD AND ADMINISTERED BY A RELATED

ORGANIZATION, REGIONAL FOOD BANK FOUNDATION. THE PERMANENTLY RESTRICTED

ENDOWMENT FUND IS TO PROVIDE FUNDS ACCORDING TO ORIGINAL DONOR

STIPULATIONS. THE TEMPORARILY RESTRICTED ENDOWMENT FUNDS ARE RESERVED FOR

THE OPERATING OR CAPITAL NEEDS OF THE ORGANIZATION AND CAN ONLY BE

RELEASED UPON APPROPRIATION FOR EXPENDITURE BY THE ORGANIZATION IN A

MANNER CONSISTENT WITH THE STANDARD OF PRUDENCE PRESCRIBED BY OKLAHOMA LAW

AND IN ACCORDANCE WITH ORIGINAL DONOR STIPULATIONS.

Part XIII Supplemental Information (continued)

SCHEDULE I		arants and Oth					OMB No. 1545-0047		
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.						2019			
Department of the Treasury	Compi	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.							
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.									
Name of the organization REGIONAL FOOI	BANK OF OKLAF	HOMA, INC.					Employer identification number 73-1100380		
Part I General Information on Grants and Assistance									
	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection     criteria used to award the grants or assistance?     Yes								
2 Describe in Part IV the organization's pr									
Part II Grants and Other Assistance to	-				anization answered "Y	es" on Form 990, Parl	: IV, line 21, for any		
recipient that received more than					(f) Method of	(a) Decemination of			
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
						COST OF			
248 FOOD DISTRIBUTION AGENCIES		501(C)(3)	0.	71,191,151.	BOOK	DONATED FOOD	TO PREVENT HUNGER		
HARVESTERS FOOD BANK									
3801 TOPPING AVENUE									
KANSAS CITY, MO 64129	43-1208665	501(C)(3)	137,649.	0.			DISASTER PREPAREDNESS		
SOUTHEAST MISSOURI FOOD BANK									
PO BOX 190									
SIKESTON, MO 63801	43-1395863	501(C)(3)	17,617.	0.			DISASTER PREPAREDNESS		
KANSAS FOOD BANK									
1919 E. DOUGLAS AVENUE	40.0050010	501 ( 2) ( 2)	20 500	0					
WICHITA, KS 67211	48-0959213	501(C)(3)	39,500.	0.			DISASTER PREPAREDNESS		
THE FOOD BANK FOR CENTRAL MISSOUR									
2101 VANDIVER DRIVE									
COLUMBIA, MO 65202	43-1238934	501(C)(3)	16,485.	0.			DISASTER PREPAREDNESS		
/									
ST. LOUIS AREA FOOD BANK									
70 CORPORATE WOODS DRIVE									
BRIDGETON, MO 63044	43-1253102	501(C)(3)	44,556.	0.			DISASTER PREPAREDNESS		
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in the	e line 1 table				•6.		
3 Enter total number of other organization							<b>&gt;</b>		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2019)									

dule	e I (Form 990)	REGIONAL	FOOD H	BANK OF	OKLAHOMA,	INC.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
GIONAL FOOD BANK FOUNDATION								
D BOX 270968								
KLAHOMA CITY, OK 73137	42-1589809	501(C)(3)	2,999,054.	0.			GENERAL OPERATIONS	

932241 04-01-19

Schedule I (Form 990) (2019) REGIONAL FOOD BANK OF OKLAHOMA, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

REGIONAL FOOD BANK OF OKLAHOMA UTILIZES BOTH A BROAD OVERALL SYSTEM OF

FIRST REVIEWING ELIGIBILITY OF AN ORGANIZATION TO BECOME A PARTNER AGENCY

AND THEN MAINTAINS A MONITORING SYSTEM THAT ENSURES THAT THE PARTNER AGENCY

REMAINS IN COMPLIANCE WITH THE TERMS OF THE PARTNER AGENCY AGREEMENT.

73-1100380

SC	HEDULE J	Compensa	ation Information	0	MB No. 1	545-004	47
(Fo	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			1	20	10	<u> </u>
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				20	IJ	)
Depa	Department of the Treasury					Publ	ic
Intern	al Revenue Service		for instructions and the latest information.		Inspe		
Nam	e of the organization			Employer identi		on nui	nber
		REGIONAL FOOD BANK OF OKLAHO	MA, INC.	73-11003	380		
Pa	rt I Question	Regarding Compensation					
	<u>.</u>			•		Yes	No
1a			the following to or for a person listed on Form	990,			
		ine 1a. Complete Part III to provide any releva	_ * *				
	First-class or c	-	Housing allowance or residence for perso				
	Travel for com		Payments for business use of personal real Health or social club dues or initiation fee				
		ation and gross-up payments	Personal services (such as maid, chauffeu				
		pending account	Personal services (such as maid, chauned	ir, chei)			
h	If any of the bayes	on line 1a are checked, did the organization fo	llow a written policy regarding polymont or				
D	•	· -	e? If "No," complete Part III to explain		1b		
2		require substantiation prior to reimbursing or			ar		
2	-		rding the items checked on line 1a?		2		
	trustees, and onice	s, including the GEO/Executive Director, rega			2		
3	Indicate which if ar	v of the following the organization used to es	tablish the compensation of the organization's				
Ũ			oxes for methods used by a related organization				
		tion of the CEO/Executive Director, but explai	, .	JIT 10			
	X Compensation		X Written employment contract				
		ompensation consultant	X Compensation survey or study				
	X Form 990 of o	_	X Approval by the board or compensation c	ommittee			
				onninttoo			
4	During the year, did	any person listed on Form 990, Part VII, Sect	ion A. line 1a. with respect to the filing				
•	organization or a re	• •					
а	-				4a		x
b			ied retirement plan?		4b		x
с			sation arrangement?		4c		x
		es 4a-c, list the persons and provide the appli					
	Only section 501(c	(3), 501(c)(4), and 501(c)(29) organizations (	must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did th	e organization pay or accrue any compensatio	n			
	contingent on the re	evenues of:					
а	The organization?				5a		x
					5b		x
	If "Yes" on line 5a c	r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did th	e organization pay or accrue any compensatio	n			
	contingent on the n	-					
а	The organization?				6a		x
					6b		X
		r 6b, describe in Part III.					
7			e organization provide any nonfixed payments				
					7		X
8	Were any amounts	eported on Form 990, Part VII, paid or accrue	d pursuant to a contract that was subject to th	e			
		ption described in Regulations section 53.495			8		X
9		d the organization also follow the rebuttable p					
					9		
LHA	For Paperwork R	duction Act Notice, see the Instructions for	r Form 990.	Schedule J	l (Forn	n 990)	2019

Schedule J (Form 990) 2019

73-1100380

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) KATIE FITZGERALD	(i)	189,731.	0.	0.	7,589.	7,515.	204,835.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	٥.		0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(ii)		l	1				I	

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2019

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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

ſ 2019 **Open to Public** Inspection

Employer identification number

73-1100380

Name of the organization	
--------------------------	--

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

REGIONAL FOOD BANK OF OKLAHOMA, INC.

Pa	t I Types of Property								
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts report Form 990, Part VI	ted on	(d) Method of d noncash contrib	, letermini	•	3
4	Art Works of art			10111000,1 att 1	n, mic rg				
1	Art - Works of art								
2 3	Art - Historical treasures Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	x	1		22 000	FAIR MARKET VAL	TE		
6 7	Cars and other vehicles				22,000.		51		
7	Boats and planes								
8	Intellectual property								
9 10	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
10	trust interests								
12 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									
19	Collectibles	x	381	72 1	30 861.	RSM PRODUCT VAL	JATION		
20	Food inventory Drugs and medical supplies			, _ , _					
20 21									
22	Taxidermy								
22	Historical artifacts								
23 24	Scientific specimens								
24 25	Archeological artifacts Other (WAREHOUSE EQU)	x	1		10 000	FAIR MARKET VAL	IE		
25 26	Other (BACKPACKS)	x	0			COST			
20 27	Other ()				100.				
28	Other ( )								
29	Number of Forms 8283 received by the organiz	I zation during	I the tax year for o	ontributions					
23	for which the organization completed Form 82				29				
		00, i uitiv, i			20			Yes	No
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I line	s 1 throug	nh 28 that it		103	110
000	must hold for at least three years from the date								
	exempt purposes for the entire holding period?	_					30a		х
h	If "Yes," describe the arrangement in Part II.	• • • • • • • • • • • • • • • • • • • •					004		_
31	Does the organization have a gift acceptance	oolicy that re	auires the review o	of any nonstandard	contribut	tions?	31		х
	Does the organization have a girt acceptance p Does the organization hire or use third parties								
υzu	contributions?		-				32a		х
							020		

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA	For Paperwork	Reduction Act Notic	e, see the	Instructions	for Form 990.
-----	---------------	---------------------	------------	--------------	---------------

Schedule M (Form 990) 2019

b If "Yes," describe in Part II.

Schedule M (Form 990) 2019
Part II Supplemental **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

73-1100380

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

#### 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.



Employer identification number 73-1100380

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISTRIBUTION OF THESE ITEMS TO OTHER CHARITABLE FOOD PROGRAMS IN

CENTRAL AND WESTERN OKLAHOMA.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE. THE 990 IS THEN

REGIONAL FOOD BANK OF OKLAHOMA, INC.

PROVIDED TO EACH BOARD MEMBER FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER IS REQUIRED TO SUBMIT A CONFLICT OF INTEREST FORM UPON

BEING ELECTED TO THE BOARD, AND ALL BOARD MEMBERS PROVIDE AN ANNUAL UPDATE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE COMMITTEE SURVEYS THE SALARIES OF OTHER FOOD BANK

CEO/EXECUTIVE DIRECTORS TO DETERMINE FAIR COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

AUDITED FINANCIALS, FORM 990 AND SELECT POLICIES ARE AVAILABLE ON THE

ORGANIZATION'S WEBSITE.

SCH	IEDULE	R
<b>/</b>		

(Form 990)

#### **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

OMB No. 1545-0047 19

Open to Public Inspection

Employer identification number

73-1100380

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

Department of the Treasury Internal Revenue Service Name of the organization

REGIONAL FOOD BANK OF OKLAHOMA, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
FOODLINK, LLC					
3355 S. PURDUE					REGIONAL FOOD BANK OF
OKLAHOMA CITY, OK 73137	HOLD REAL PROPERTY	OKLAHOMA	180,154.	13,520,768.	OKLAHOMA, INC.

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity		<b>3)</b> 12(b)(13) olled ity?
				501(c)(3))		Yes	No
REGIONAL FOOD BANK FOUNDATION, INC	MANAGE INVESTMENTS FOR THE				REGIONAL FOOD		
42-1589809, 3355 S. PURDUE, OKLAHOMA CITY,	REGIONAL FOODBANK OF				BANK OF OKLAHOMA,		
OK 73179	OKLAHOMA, INC.	OKLAHOMA	501(C)(3)	LINE 12A, I	INC.	х	
	-						
	-						
	-						

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

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

-	l	-					1			1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(i	)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule	Gene	ral or F	Percentage ownership
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	itions?	amount in box	part	iging her?	ownership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes No		K-1 (Form 1065)	Yes	No	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			1.00		,	1.00		
	1											
											-+	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(I contr ent	( <b>i)</b> ction b)(13) rolled tity?
		country)				400010		Yes	No
	1								

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
е	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		x
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		x
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	x	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r	x	
s	Other transfer of cash or property from related organization(s)	1s	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) REGIONAL FOOD BANK FOUNDATION	R	2,999,054.	CASH
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

\_

Schedule R (Form 990) 2019 REGIONAL FOOD BANK OF OKLAHOMA, INC.

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

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

(0)	<u> </u>	<b>F</b>	(d)	1-		(f)	(a)		•	(1)	(i)	(14)
(a)	(b)	(c)	(d)	(e Are partners 501(c orgs	all	(f)	<b>(g)</b> Share of		ר) החסיי-	(i) Code V URI	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner: 501(c	s sec. ;)(3)	Share of total	end-of-year	tio	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
of entity		country)	excluded from tax under	orgs		income	assets		tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes	No	Income	asseis	Yes	No	(Form 1065)	Yes No	·
				$\left  \right $								

Schedule R (Form 990) 2019

## Schedule R (Form 990) 2019 REGION Part VII Supplemental Information

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

			ENDED TO MA								
Form <b>990-T</b>	E	Exempt Organ	nization Bus	ines	ss Inco	me	Tax	x Returr	ר ב	OMB No. 15	45-0047
			nd proxy tax unde							00-	40
	For cal	endar year 2019 or other tax yea			, and end				·	<b>20</b> <sup>-</sup>	19
Department of the Treasury Internal Revenue Service		► Go to www. Do not enter SSN number	irs.gov/Form990T for in s on this form as it may						. 5	Open to Public I i01(c)(3) Organi	Inspection for zations Only
A Check box if address changed		Name of organization (	Check box if name ch	nanged	and see instruc	ctions	.)		(Emplo	yer identificatio byees' trust, see ctions.)	
B Exempt under section	Print	REGIONAL FOOD BAN	K OF OKLAHOMA, I	NC.					7	73-110038	30
X 501(c)(3)	Or Type	Number, street, and room	or suite no. If a P.O. box	, see ins	structions.					ted business ac structions.)	ctivity code
408(e) 220(e)	Type	P.O. BOX 270968							4		
408A 530(a)		City or town, state or prov OKLAHOMA CITY, OK		foreign	ı postal code				48000	0	
C Book value of all assets at end of year		F Group exemption numb	er (See instructions.)								
36,553,	416.	G Check organization type	e 🕨 🗴 501(c) corp	oration	501	(c) tru	ıst	401(a	) trust	01	ther trust
H Enter the number of the	-		· · · · · · · · · · · · · · · · · · ·	1		Desc	ribe the	only (or first) u	nrelated		
		SPORTATION OF GOOD				-		nplete Parts I-V.			
		ce at the end of the previou	s sentence, complete Pa	rts I and	l II, complete a	a Sche	dule M	for each additior	nal trade (	or	
business, then complete											
I During the tax year, was				t-subsid	diary controlled	d grou	p?	►	Yes	s X N	0
J The books are in care of		ifying number of the parent				Та	anhana	number 🕨 (	405) 0	72 1111	
		le or Business Inco			(A) Inco			(B) Expense		(C)	Net
1a Gross receipts or sale		32,350.							5	(0)	
<b>b</b> Less returns and allow			<b>c</b> Balance	1c	3	2,35	io.				
		A, line 7)		2		/	-				
<ul><li>3 Gross profit. Subtract</li></ul>				3	3	2,35	i0.				32,350.
		h Schedule D)		4a							
		art II, line 17) (attach Form		4b							
		its		4c							
		hip or an S corporation (at		5							
6 Rent income (Schedu	le C) .			6							
7 Unrelated debt-financ	ed incon	ne (Schedule E)		7							
· · · ·		nd rents from a controlled o	-	8							
		n 501(c)(7), (9), or (17) or		9							
		me (Schedule I)		10							
11 Advertising income (S	Schedule	J)		11			_				
		s; attach schedule)			3	2,35	0				32,350.
13 Total. Combine lines Part II Deductio	ns No	<sup>gh 12</sup> o <b>t Taken Elsewher</b> e	(See instructions fo	l3 rlimita	tions on ded						52,550.
		e directly connected wit					13.)				
14 Compensation of off	icers, dir	rectors, and trustees (Sche	dule K)						14		
									15		49,027.
									16		
17 Bad debts		·							17		
		ee instructions)							18		
<b>19</b> Taxes and licenses	Eorm 45					20 I			19		
		562) n Schedule A and elsewhere							21b		
									210		
		mpensation plans							23		
									24		1,583.
		hedule I)							25		
		nedule J)							26		
27 Other deductions (at	tach sch	edule)			SEE S	TATE	MENT	1	27		13,810.
28 Total deductions. A	dd lines	14 through 27							28		64,420.
		ncome before net operating							29	-	32,070.
		oss arising in tax years beg									
(see instructions) $\dots$					SEE S	TATE	MENT	2	30		0.
31 Unrelated business t	taxable ir	ncome. Subtract line 30 from	m line 29						31		-32,070.

Г	Dart III	Total Unre	lated	Rusi	nes	s Tayahle	Inc
F	orm 990-T (2019)	REGIONAL	FOOD	BANK	OF	OKLAHOMA,	INC

Part		I otal Ollielated Busiliess Taxat								
32	Total of	unrelated business taxable income computed	from all unrelated trades o	r businesses (s	ee instructions)		32		-32,	070.
33	Amount	s paid for disallowed fringes					33			
34	Charitat	le contributions (see instructions for limitatio	n rules)				34			0.
35		related business taxable income before pre-20					35		-32,	070.
36		on for net operating loss arising in tax years b					36			
37		unrelated business taxable income before spe							-32,	070.
38		deduction (Generally \$1,000, but see line 38								000.
39		ed business taxable income. Subtract line 38	. ,						,	
00		a anallar of some on line 07		-	-		39		-32	070.
Part		Tax Computation		<u></u>			1 00		/	
40		ations Taxable as Corporations. Multiply line	30  by  21% (0.21)				40			0.
		axable at Trust Rates. See instructions for ta					40			
41						•				
40		x rate schedule or Schedule D (Form	,				· 41			
	-						42			
43	Alternat	ive minimum tax (trusts only)					43	-		
	Tax on	Noncompliant Facility Income. See instruction	ons							
45	Total. A	dd lines 42, 43, and 44 to line 40 or 41, which	iever applies				45			0.
Part		Tax and Payments								
46 a	Foreign	tax credit (corporations attach Form 1118; tru					_			
b	Other cr	edits (see instructions)			46b		_			
C							_			
d	Credit fo	or prior year minimum tax (attach Form 8801	or 8827)		46d					
e	Total cr	edits. Add lines 46a through 46d					466	;		
47	Subtrac	t line 46e from line 45					47			0.
48	Other ta	xes. Check if from: 🗌 Form 4255 📃	Form 8611 Form 86	697 🔲 Form	ı 8866 🔲 Other	(attach schedule)	48			
49	Total ta	x. Add lines 47 and 48 (see instructions)					49			0.
50		t 965 tax liability paid from Form 965-A or Fo								٥.
51 a		ts: A 2018 overpayment credited to 2019			1 1					
		timated tax payments								
		osited with Form 8868								
		organizations: Tax paid or withheld at source					-			
			(000 mou douono)							
		or small employer health insurance premiums					-			
		edits, adjustments, and payments:					-			
y			orm 2439 ther		► 51g					
50										
		yments. Add lines 51a through 51g					52			
53		ed tax penalty (see instructions). Check if Forn		]		<b>.</b>	53			
54		. If line 52 is less than the total of lines 49, 50					54			
55		ment. If line 52 is larger than the total of line		ount overpaid			55			
56 Part		e amount of line 55 you want: Credited to 202 Statements Regarding Certain		or Informo		efunded 🕨 🕨	56			
L						ictions)				
57		ime during the 2019 calendar year, did the org		•					Yes	No
		nancial account (bank, securities, or other) in		-	-					
	FinCEN	Form 114, Report of Foreign Bank and Financ	ial Accounts. If "Yes," enter	the name of the	e foreign country					
	here	►								X
58	During	he tax year, did the organization receive a dist	ribution from, or was it the	grantor of, or	transferor to, a fore	ign trust?				Х
		see instructions for other forms the organizat								
59		e amount of tax-exempt interest received or a		▶ \$						
0:		der penalties of perjury, I declare that I have examined rrect, and complete. Declaration of preparer (other than					ledge an	d belief, it is tru	e,	
Sign							May the	IRS discuss this	s return w	vith
Here				CHIEF EX	ECUTIVE OFFI		-	arer shown belo		
		Signature of officer	Date	Title			instructio	ons)? XY	es	No
		Print/Type preparer's name	Preparer's signature		Date	Check	if P	TIN		
Paid	4					self- employe	d			
	arer	W. LYNDEL LACKEY	W. LYNDEL LACKEY		05/13/21	. ,		P00234298	3	
	Only	Firm's name FIOGANTAYLOR LLP				Firm's EIN	► <sup>'</sup>	73-1413	977	
038	Unity		AVENUE, SUITE 20	0						
		Firm's address 🕨 OKLAHOMA CITY,	OK 73103			Phone no.	405-8	848-2020		

Sc	hedule A - Cost of Goods So	old.	Enter method of inventory	va	luation 🕨 N/A			
1	Inventory at beginning of year	1	6	6	Inventory at end of year	6		
2	Purchases	2	7	7	Cost of goods sold. Subtract line 6			
3	Cost of labor	3			from line 5. Enter here and in Part I,			
	Additional section 263A costs				line 2	7		
	(attach schedule)	4a	8	8	Do the rules of section 263A (with respect to		Yes	No
b	Other costs (attach schedule)	4b			property produced or acquired for resale) apply to			
5	Total. Add lines 1 through 4b	5			the organization?			

# 

#### (see instructions)

1. Description of property

(1)						
(1) (2)						
(3)						
(4)						
	2. Rent receive	ed or accrued				
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	centage of than	(b) From real ar of rent for pe the rent	nd personal property (if the percentagersonal property exceeds 50% or if t based on profit or income)	ge	3(a) Deductions directly co columns 2(a) and	onnected with the income in 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total	0.	Total		Ο.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	►		٥.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Deb	ot-Financed	Income (see i	instructions)			
			2. Gross income from		3. Deductions directly connector to debt-financed	
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)						
(3)						
(4)						
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	<b>8</b> . Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
					nter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals			▶		0.	0.
Total dividends-received deductions in					<b>&gt;</b>	0.

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Schedule F - Interest, A	Annuitie	s, Royali	ties, an	nd Rents	From Co	ntrolle	d Organiza	ations	S (see ins	struction	s)
				Exempt C	Controlled O	rganizati	ons				
1. Name of controlled organizati	ion	<b>2.</b> Em identifi num	cation		elated income instructions)		tal of specified ments made	incluc	rt of column 4 led in the contr zation's gross i	rolling	6. Deductions directly connected with income in column 5
(1)											
(2)											
_(3)											
(4)	Tationa										
Nonexempt Controlled Organiz	1		<i>a</i> \				40			44 -	
7. Taxable Income		Inrelated incom see instructions		<b>9</b> . lotal o	of specified payr made	nents	10. Part of colu in the controll gross		nization's		ductions directly connected income in column 10
(1)											
(2)											
_(3)											
(4)											
Totals	I			1		•	Add colur Enter here and line 8, c		e 1, Part I,	Enter h	id columns 6 and 11. ere and on page 1, Part I, line 8, column (B). <b>0 .</b>
Schedule G - Investme (see instr		ne of a S	Section	501(c)(7	), (9), or (	17) Org	ganization			1	
<b>1.</b> Desc	ription of inco	ome			2. Amount of	income	<ol> <li>Deductio directly conner (attach sched)</li> </ol>	ected	4. Set- (attach s	asides schedule)	<ol> <li>Total deductions and set-asides (col. 3 plus col. 4)</li> </ol>
(1)											
(2)											
(3)											
(4)											
					Enter here and o Part I, line 9, co				•		Enter here and on page 1, Part I, line 9, column (B).
Totals				►		٥.					0.
Schedule I - Exploited (see instru	-	Activity	Incom	e, Other	Than Adv	ertisir	ng Income		1		_
1. Description of exploited activity	unrelated incom	Gross I business ne from business	directly with pr of ur	xpenses connected roduction nrelated ss income	<ol> <li>Net incom from unrelated business (cc minus colum gain, compute through</li> </ol>	l trade or lumn 2 n 3). If a e cols. 5	<ol> <li>Gross inco from activity is not unrelat business inco</li> </ol>	that ted	<b>6.</b> Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											1
(3)											1
(4)											
	page 1	re and on I, Part I, col. (A).	page	ere and on 1, Part I, ), col. (B).			I		1		Enter here and on page 1, Part II, line 25.
Totals Schedule J - Advertisir	a Incor	0.	notre otio	0.							0.
Part I Income From I	Periodic	als Repo	orted o	n a Cons	olidated	Basis					
1. Name of periodical		<b>2.</b> Gross advertising income	adv	<b>3.</b> Direct vertising costs	or (loss) (co col. 3). If a ga	ising gain ol. 2 minus ain, comput nrough 7.			6. Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
<u></u>											
Totals (carry to Part II, line (5))	►		٥.	0							0.

%

 

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 Part II
 Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

 columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	<b>3.</b> Direct advertising cost	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulat income		Readership costs	7. Excess readersh costs (column 6 mir column 5, but not m than column 4).	nus
(1)								
(2)								
(3)								
(4)								
Totals from Part I	٥.		0.					0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and o page 1, Part I, line 11, col. (B).	ſ				Enter here and on page 1, Part II, line 26.	
Totals, Part II (lines 1-5)	Ο.		0.					0.
Schedule K - Compensation	n of Officers, D	Directors, a	nd Trustees (see i	nstructions)				
1. Name			2. Title				pensation attributable Inrelated business	
(1)					%			
(2)					%			
(3)					%			

(4)

Total. Enter here and on page 1, Part II, line 14

Ο.

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DESCRIPTION	AMOUNT
FUEL	3,222.
T&E	15.
TRACTOR LEASE	2,491.
TRACTOR INTEREST	66.
TRACTOR MILEAGE/TRAILER USAGE	2,699.
VEHICLE INSURANCE	824.
INDIRECT COSTS	4,493.
TOTAL TO FORM 990-T, PAGE 1, LINE 27	13,810.

OTHER DEDUCTIONS

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	23,076.	0.	23,076.	23,076.
NOL CARRYON	VER AVAILABLE THIS	23,076.	23,076.	

STATEMENT 1

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FORM 990-T