			** PUBLIC DISCLOSURE COPY *	*					
	0		Return of Organization Exempt From	Income Tax	OMB No. 1545-0047				
For	mΥ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e		s) 2021				
_			Do not enter social security numbers on this form as it ma	y be made public.	Open to Public				
Dep Inter	artment nal Rev	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the late	est information.	Inspection				
Α	For th	e 2021 calend	ar year, or tax year beginning OCT 1 , 2021 and ending	<u>SEP 30, 2022</u>					
в	Check if applicat	C Name of	forganization	D Employer identific	ation number				
Г	Addr chan	cent	RAL TEXAS FOOD BANK, INC.						
Γ	Nam Chan	e <u> </u>	usiness as	74-221735	50				
	Initia retur	. <u> </u>	and street (or P.O. box if mail is not delivered to street address) Room/su	ite E Telephone number					
	Final retur		METROPOLIS DRIVE	(512)282-	-2111				
	termi ated	in-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	115,778,350.				
	Amer		IN, TX 78744	H(a) Is this a group re	turn				
	Appl tion	F Name a	nd address of principal officer: SARI VATSKE	for subordinates?	? Yes X No				
	pend	SAME	AS C ABOVE	H(b) Are all subordinates inc	luded? Yes No				
		kempt status:		If "No," attach a I	ist. See instructions				
			RALTEXASFOODBANK.ORG	H(c) Group exemption					
				ear of formation: 1982 M	I State of legal domicile: ${f T}{f X}$				
Ρ	art I								
đ	1		be the organization's mission or most significant activities: $_{ t TO \ DISTR}$						
ÖUE			S AGENCIES WHICH ASSIST FOOD INSECURE		INCLUDING				
ŝ	2	2 Check this box b if the organization discontinued its operations or disposed of more than 25% of its net assets.							
Ň	3		ting members of the governing body (Part VI, line 1a)		18				
ن م	4		dependent voting members of the governing body (Part VI, line 1b)		18				
S O	5		of individuals employed in calendar year 2021 (Part V, line 2a)		218				
Activities & Governance	6		of volunteers (estimate if necessary)		10950				
Δc	7a		d business revenue from Part VIII, column (C), line 12		0.				
		Net unrelated	business taxable income from Form 990-T, Part I, line 11						
		Oantributions	-	Prior Year 140,106,913.	Current Year 111,567,982.				
e	8		and grants (Part VIII, line 1h)	2,744,567.	2,154,528.				
Revenue	9 10		ice revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	385,531.	671,163.				
Be	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0,11,103.				
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	143,237,011.	114,393,673.				
	13		milar amounts paid (Part IX, column (A), lines 1-3)	91,803,942.	88,515,082.				
	14		to or for members (Part IX, column (A), line 4)	0.	0.				
"	45		r compensation, employee benefits (Part IX, column (A), lines 5-10)	10,250,407.	11,510,819.				
Sec	16a		undraising fees (Part IX, column (A), line 11e)	79,000.	0.				
Exnenses	i b		ing expenses (Part IX, column (D), line 25) > 3,419,760.						
Ĕ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	15,516,609.	7,772,964.				
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	117,649,958.	107,798,865.				
	19	Revenue less	expenses. Subtract line 18 from line 12	25,587,053.	6,594,808.				
Net Assets or				Beginning of Current Year	End of Year				
sets	20	Total assets (F	Part X, line 16)	84,022,611.	95,128,221.				
tAs	21		s (Part X, line 26)	1,935,871.	1,915,830.				
LNe.	22	Net assets or	fund balances. Subtract line 21 from line 20	82,086,740.	93,212,391.				
	art II	0							
			I declare that I have examined this return, including accompanying schedules and state		knowledge and belief, it is				
true	e, corre	ect, and complete.	. Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge.					

Sign	Signature of officer	Date							
Here	SARI VATSKE, PRESIDENT & CEO								
	Type or print name and title								
	Print/Type preparer's name Preparer's signature	Date Check PTIN							
Paid	RENAE DUNCAN Ferral Duncan CPA	08/14/23 self-employed P01257722							
Preparer	Firm's name ATCHLEY & ASSOCIATES, LLP	Firm's EIN 74-2920819							
Use Only	Firm's address 🕨 1005 LA POSADA DRIVE								
	AUSTIN, TX 78752	Phone no. (512)346-2086							
May the IF	RS discuss this return with the preparer shown above? See instructions	X Yes No							
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2021) CENTRAL TEXAS FOOD BANK	I, INC. 74-2217350 Page 2
Part III Statement of Program Service Accomplishments	
Check if Schedule O contains a response or note to any line in the	s Part III
1 Briefly describe the organization's mission: TO NOURISH HUNGRY PEOPLE AND LEAD TH	E COMMINITY IN THE FIGHT AGAINST
HUNGER.	E COMMONITI IN THE FIGHT AGAINST
2 Did the organization undertake any significant program services during	•
prior Form 990 or 990-EZ?	Yes X N
If "Yes," describe these new services on Schedule O.	
3 Did the organization cease conducting, or make significant changes in h	now it conducts, any program services? Yes X No
If "Yes," describe these changes on Schedule O.Describe the organization's program service accomplishments for each	of its three largest program services, as measured by expenses
Section 501(c)(3) and 501(c)(4) organizations are required to report the a	
revenue, if any, for each program service reported.	
4a (Code:) (Expenses \$ 90,024,120. including grants	of \$ 88,482,681.) (Revenue \$ 2,154,528.
FOOD DISTRIBUTION - FOOD IS DISTRIBU	TED TO PARTNER AGENCIES AND
PROVIDED TO LOW-INCOME INDIVIDUALS A	
DISTRIBUTED OVER 48 MILLION POUNDS C	F FOOD.
4b (Code:) (Expenses \$7, 282, 850. including grants	of \$) (Revenue \$
MOBILE FOOD PANTRY - MOBILE FOOD PAN	
	THESE MOBILE FOOD PANTRIES PROVIDE
BASIC STAPLES, FRUITS, VEGETABLES, A	
PROGRAM DISTRIBUTED OVER 2.7 MILLION	POUNDS OF FOOD TO OVER 71,250
CLIENTS.	
4c (Code:) (Expenses \$1, 314, 959. including grants	of \$32,401.) (Revenue \$
FRESH FOOD FOR FAMILIES - FRESH FOOD	
DISTRIBUTIONS OF FRUITS, VEGETABLES,	
LOW-INCOME FAMILIES. IN FY 22 WE SER OVER 60,000 CLIENTS.	VED OVER 680,000 POUNDS OF FOOD TO
OVER 00,000 CLIENIS.	
4d Other program services (Describe on Schedule O.)	
(Expenses \$ 2,528,768. including grants of \$ 4e Total program service expenses ► 101,150,697.) (Revenue \$
4e Total program service expenses ► 101,150,697.	Form 990 (202
20000 10 00 01	Form 990 (202
32002 12-09-21 0814 796448 10218 2021	

10010814 796448 10218

Form	990	(2021)
	330	

 Form 990 (2021)
 CENTRAL TEXAS FOOD BANK, INC.

 Part IV
 Checklist of Required Schedules

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 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 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 X 17 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 G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization operate one or more hospital facilities? If "Yes,				Yes	No
2 b the organization engage in direct o indirect political campaign activities on behalf of ori lopposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X 4 4 X 5 5 X 3 X 5 b the organization as election 501(b) election in offect diverse in the organization as election 501(b) election in offect diverse in the assessments of the organization as election 501(b) election in offect diverse in the organization as election 501(b) election in election of the organization as election 501(b) election in election of the organization as election 501(b) election in election of anounts in schedule C, Part I 4 X 6 1 5 X 6 X 6 X 7 1 the organization matrian any doner advised tunds or any similar funds or accounts? If "Yes," complete Schedule D, Part I 6 X 7 X 10 the organization matrian collections of works of at, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part I 8 X 9 Did the organization election and trians and the organization index organization election and the asset election coll asset in denore redirected endowments? 9 X 10 Did the organization election part, responder cedic coll coll asset in denoreredirecid endowments? <td< td=""><td>1</td><td>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td><td></td><td></td><td></td></td<>	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
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 II 3 X 4 X Section 501(b) organization. Did the organization engage in lobbying activities, on have a section 501(b) election in affect during the tax year? If 'Yes,' complete Schedule C, Part II 4 X 5 Ib the organization entition and on any similar funds or any somilar funds or accounts for which denors have the right to provide activice on the distribution or investment of amounts in such funds or accounts for which denors have the right to the provide activice and the organization mains and endor on ay similar during assemits to character the provide activice and the cases, or initiation setting assemited to Part II 6 X 9 Did the organization mains and endocritons of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 7 X 9 Did the organization require a rise of the organization, hold assets in donorrestricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V 7 X 9 Did the organization report an amount for integral asset in Part X, line 10? If 'Yes,' complete Schedule D, Part V 8 X 9 Did the organization report an amount for integral asset in Part X, line 10? If 'Yes,' complete Schedule D, Part V 9 X 10 Did					
public official of "Yes," complete Schedule Q. Part I 3 X 4 Sectors 60 (Kg) organization. Bid the organization engage in lobbying activities, or have a section 501(P) election in effect during the tax year? If "Yes," complete Schedule Q. Part II 4 X 5 Is the organization a section 501(P), 601(e)(D) 601(e)(D) conganization that receives membership dues, assessments, or amiliar amounts in activities of two-ice 501(P) "Wes," complete Schedule C, Part II 6 X 6 Did the organization relation or investment of amounts in such thands or accounts? If "Wes," complete Schedule D, Part II 6 X 7 Zid the organization relation of works of art, historical treasures, or other similar assets? If "Wes," complete Schedule D, Part II 7 X 8 Did the organization relation and two relations in activities? If "Wes," complete Schedule D, Part II 8 X 9 Did the organization relation and two relation relations and the account is allow assets in dono relations and two relation relations and two relations and two relations and two r	2		2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4) election in effect 4 X 5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) enganization that neceives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197. If "Yes," complete Schedule C, Part II 5 X 6 Did the organization markin any doorn advected indus or any similar funds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 X Bit bit organization markin any doorn advected indus or any similar indus or accounts? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization markin any doorn advected indus or any similar assets? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization encore any other advected reganization, hold assets in door restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part IV 7 X 10 X 10 X 10 X 11 If the organization service? 9 X. 10 X 10 X 10 X 10 X 10 X 10 X 10 X 10	3				
during the tax year? If Yes, "complete Schedule C, Part II 4 X is the organization a section S(16)(4), 501((6)) or 501((6)) or 501((6)) or 501((6)) or 201((6)) 5 X 6 Did the organization mantain any domo advised funds or any similar funds or accounts for which domors have the right to provide advised on the distribution or investment of admunts in such funds or accounts for which domors have the right to provide advised on the distribution or investment of admunts in such funds or accounts for which domors have the right to the environment, historic later assa , or historic admunts in such funds or accounts latibility, sarve as a custofiant for amounts not listed in Part X, ine 21, for secrow or custofial account liability, sarve as a custofiant for amounts not listed in Part X, ine 21, for secrow or custofial account liability, sarve as a custofiant for amounts not listed in Part X, ine 21, for secrow or custofial account liability, sarve as a custofiant for amounts not listed in Part X, ine 21, for secrow or custofial account liability, sarve as a custofiant for amounts not listed in Part X, ine 21, which any the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 X 12 Did the organization report an amount for lines/testments, other securities in Part X, line 12? If "Yes," complete Schedule D, Part V 11 X 13 X 11 X 11 X 14 <td></td> <td></td> <td>3</td> <td></td> <td><u> </u></td>			3		<u> </u>
5 Is the organization ascience 501(c)(4), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 99:197 if "Yes," complete Schedule C, Part II 5 X Did the organization markina may domor advised funds or any similar inside or accounts for which domors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 X Did the organization markina may domor advised funds or any similar inside or accounts? If "Yes," complete Schedule D, Part II 7 X Did the organization markina markina collectors of works of art, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II 7 X Did the organization, risero trong in arelated organization, hold assets in domor restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 7 X Did the organization is and to rise any of the following questions is "Yes," then complete Schedule D, Part V, III, VII, VX, VX, as applicable. 9 X Did the organization meror an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 19/ "Yes," complete Schedule D, Part VI 11a X Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 19/ "Yes," complete Schedule D, Part X 11a X	4			v	
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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? // 'Yes, 'complete Schedule D, Part // 'Xes, 'complete Schedu	5				v
provide advice on the distribution or investment of amounts in such funds or accounts? // 'Yes,' complete Schedule D, Part // 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? // 'Yes,' complete Schedule D, Part // 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custolian for amounts no listel in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 8 X 9 Did the organization report an amount for land, lieb 1, for escrow or custodial account liability, serve as a custolian for amounts no listed in Part X, ire 21, wes,' complete Schedule D, Part V 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107, H'Yes,' complete Schedule D, Part VI 11a X 11 If the organization report an amount for lawestments - program related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167, H'Yes,' complete Schedule D, Part VI 11a X 11 Did the organization report an amount for other liabilities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167, H'Yes,' complete Schedule D, Part X 11a X 11 Did the organization report an amount for other liabilities in Part X, line 120, H'Yes,' complete Schedule D, Part X	~		5		
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 "ke," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete Schedule D, Part II 8 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, ine 21, for secrow 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? 9 X 10 Did the organization report an amount for late active organization, hold assets in donor-restricted endowments or in quasi endowments? (f 'Yes, 'complete Schedule D, Part VI, VII, VII, K, or X, as applicable. 10 X 11 If the organization report an amount for investments- orber securities in Part X, line 10? If 'Yes, 'complete Schedule D, Part VI 11a X 11 Viet organization report an amount for investments- program related in Part X, line 12, that is 5% or more of its total assets reported in Part Y, line 16? If 'Yes, 'complete Schedule D, Part X 11a X 12 Did the organization neotration axposition sub refer Y Yes, 'complete Schedule D, Part X 11d	0				x
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Image: Complex Schedule D, Part V 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, comprote credit counseling, debt management, credit repair, or debt negotiation services? 9 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 answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VII, IX, or X, as applicable. 10 X 10 X 11 If the organization report an amount for inextments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VI 11a X 11 Ub the organization report an amount for investments - rogram related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part X 11a X 11 Ub the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization shalling for uncertain tax positions under FIM 48 (SC 7407) 'F'Yes, 'complete Schedule D, Part X 11d X 12 Did the organization neoton	'		_		x
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, sarve as a custodian for amounts not listed in Part X or provide credit counseling, debt management, credit repair, or debt negotiation services? 8 X 10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "yes," complete Schedule D, Part V 10 X 10 Did the organization directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments - other assets in Part X, line 16? If "Yes," complete Schedule D, Part X 11a X 11 Did the organization sector notiolidated financial statements for the tax year? 11d X 12 Did the organization asserd w/M 11ma X 11ma X 11ma X	0		-		
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 regain, or debt negotiation services? 9 X 10 Ub the organization, directly or through a related organization, hold assets in donor-restricted endowments 0 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, XI, or X, as applicable. 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 12? If "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - robra encurities in Part X, line 12? If "Yes," complete Schedule D, Part VI 11a X 14 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "ys," complete Schedule D, Part VI 11a X 14 Did the organization report an amount for other assets in Part X, line 15? that is 5% or more of its total assets reported in Part X, line 16? If "ys," complete Schedule D, Part X 11d X 11 Did the organization subari to forther assets in Part X, line 15? that is 5% or more of its total assets reported in Part X, line 16? If "ys," complete Schedule D, Part X 11d X 12<	0				x
amounts not listed in Part X, or provide credit counseling, debt management, or debt negotiation services? y X If 'Yes,'' complete Schedule D, Part V 10 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X If the organization report an answer to any of the following questions is 'Yes,'' then complete Schedule D, Part VI 10 X a Did the organization report an amount for investments - other ascurities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VI 11a X Did the organization report an amount for investments - order assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VII 11a X Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VII 11c X Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part X 11e X 11d the organization included in consolidated financial statements for the tax year'? 11t X 12a Did the organization assert or orsolidated, independent audited financial statements for the tax year? 11t X 12a Did the organization aseparate, independent audited fina	٥		•		
If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11e X 14 Did the organization report an amount for other assets in Part X, line 257 If "Yes," complete Schedule D, Part X 11e X 15 Did the organization separate, independent audited financial statements for the tax year? 11f X 11e X 16 the organization included in consolidated, independent audited financial statements for the tax year? 11f X 12e X 17 Yes," and if the organization asched "No" to line 12a, then completing Schedule D, Part X 12a	9				
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, VII, VII, VII, VII, VII, VII,			<u>م</u>		x
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 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 10 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 200 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I. Parts I and II</i> 	16				
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domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			206		
	21			v	
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 Form 990 (2021)
 CENTRAL TEXAS FOOD BANK, INC.
 74-2217350
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Page 4

			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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
	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			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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	0.51		v
06	Schedule L, Part I	25b		<u> </u>
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%	26		х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
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 the Schedule L, Part IV,	21		
20	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			
u	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		1c	Х	
12000				(2021)
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_	CENTRAL THEYAC FOOD DANK INC		74-2217	2 5 0	_	5
Form Par	990 (2021) CENTRAL TEXAS FOOD BANK, INC. t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		/4-221/	350	Pa	age 5
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				163	
24	filed for the calendar year ending with or within the year covered by this return	2a	218			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$. See instruction					
3a	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?					Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3a 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a		-	4a		Х
b	If "Yes," enter the name of the foreign country		,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orgar	nization 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 contributi	ons 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 ser	vices pr	ovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired			
	to file Form 8282?	1 1		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 co		?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fc			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the		-		
-				8		
9	Sponsoring organizations maintaining donor advised funds.			-		
a				9a		
d 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	10-				
a h	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a				
a b	Gross income from members or snareholders					
5	amounta due or received from them)	11b				
	amounts due of received from them.					

	amounts due or received from them.)	110	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
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	13b	
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
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O	14b
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		
	excess parachute payment(s) during the year?		15
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any	
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17
	If "Yes," complete Form 6069.		

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Form **990** (2021) K , 10218_1

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Form 990	(2021)
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CENTRAL TEXAS FOOD BANK, INC.

74-2217350 Page 6

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

Check if Schedule O contains a response or note to any line in this Part VI		X			
Section A. Governing Body and Management					

	, ,				Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	1a	18		165	
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year					
	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	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			-		
2				2		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under th			<u> </u>		- 23
3				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filod?	4		X
4 5	Did the organization become aware during the year of a significant diversion of the organization's as			4 5		X
6				6		X
0 7a						
74	more members of the governing body?	•		7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			<u>1a</u>		
U				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			10		
			•	8a	Х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?			8b	X	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				- 23	
9	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		Cada	5		
	the internal requests information about policies not required by the internal re	venue	Coue.)		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		
~		•	, uninatoo,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	,	g			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "					
-	on Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,				
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	exempt status with respect to such arrangements?					
Sec	ection C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	nd 990	-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	n on Sc	hedule ()			

19		ade its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.	

7

SARI VATSKE - (512)282-2111
State the name, address, and telephone number of the person who possesses the organization's books and records 🕨 🛌

6500 METROPOLIS DRIVE, AUSTIN, TX 78744

132006 12-09-21

2021.06010 CENTRAL TEXAS FOOD BANK,

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Form **990** (2021)

Form 990 (2021)	CENTRAL TEXAS			74-2217350	Page 7						
Part VII Comper	nsation of Officers, Director	rs, Trustees, Key	/ Employees,	Highest Compensated							
Employees, and Independent Contractors											
Check if S	chedule O contains a response or n	ote to any line in this	Part VII								
Section A. Officers,	Directors, Trustees, Key Employe	es, and Highest Co	npensated Empl	oyees							
1a Complete this table	e for all persons required to be listed	l. Report compensati	on for the calenda	ar year ending with or within the organization's t	ax yea						

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is		on is both an		compensation	compensation	amount of	
	week		officer and a director/trustee)		lee)	from	from related	other		
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1039-1120)	and related
	below	dual t	nstitutional trustee	_	mploy	st col	5	1000 1120/		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			5
(1) DERRICK CHUBBS	40.00									
PRESIDENT & CEO (UNTIL 12/31/21)	2.00			Х				263,082.	0.	27,790.
(2) MARK JACKSON	40.00									
CHIEF DEVELOPMENT OFFICER				Х				153,153.	0.	17,485.
(3) CATRINA SALINAS	40.00									
CHIEF PEOPLE OFFICER	2.00			Х				134,179.	0.	16,493.
(4) EMILY NICOLA DE MARIA	40.00									
CHIEF PROGRAM OFFICER				Х				127,202.	0.	22,345.
(5) ALAN ROBINSON	40.00									
CFO (UNTIL 08/22)				Х				133,099.	0.	15,734.
(6) DENISE BLOK	40.00									
CHIEF OPERATIONS OFFICER				Х				125,681.	0.	11,002.
(7) KATHLEEN FARLOW	1.00									
TREASURER		Х		Х				0.	0.	0.
(8) KELLI GREEN	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JEFF HAHN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) MONICA HERNANDEZ	1.00									
DIRECTOR		Х						0.	0.	0.
(11) PETE INMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(12) HARI JAYARAM	1.00									
CHAIR		Х		Х				0.	0.	0.
(13) PAT MASSEY	1.00									
DIRECTOR		Х						0.	0.	0.
(14) LAURA MENDOZA	1.00									
DIRECTOR		Х						0.	0.	0.
(15) FRANK REID	1.00									
DIRECTOR		Х						0.	0.	0.
(16) JOHN SANCHEZ	1.00									
DIRECTOR		Х						0.	0.	0.
(17) ANNELIESE TANNER	1.00								-	
DIRECTOR		Х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

132007 12-09-21

Form **990** (2021)

10010814 796448 10218

2021.06010 CENTRAL TEXAS FOOD BANK, 10218_1

Form 990 (2021) CENTRAL 7	EXAS FC	DOD) B	AN	ΓK ,	I	NC	7 - •	74-22	<u>17:</u>	350	Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	anc	d Hig	ghes	st C	compensated Employees	(continued)			
(A)	(B)				C)	•		(D)	(E)		(F)
Name and title	Average			Pos	itior			Reportable	Reportable		Estim	
Name and the	hours per		not ch , unles					compensation	compensation		amou	
	week		cer an					from	from related		oth	
	(list any	tor						the	organizations		comper	
	hours for	direc				-			(W-2/1099-MISC	:/	from	
	related	e or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	"	organiz	
	organizations	ruste	al tru		/ee	mper		1099-NEC)			and re	
	below	dual 1	nstitutional trustee	5	nplo	st co	er				organiz	
	line)	ndividual trustee or director	nstitu	Officer	Key employee	Highest compensated employee	Form				5	
(18) MARK J. WILLIAMS	1.00	_			-					\rightarrow		
DIRECTOR		x						0.		0.		0.
(19) SHAYNE WOODARD	1.00											
DIRECTOR	1.00	х						0.		0.		0.
(20) ESTELLITA DOOLIN	1 00	^				-		0.		<u> </u>		0.
	1.00									<u> </u>		~
DIRECTOR		Х						0.		0.		0.
(21) JEN ALESSANDRA	1.00											
DIRECTOR	1.00	Х						0.		0.		0.
(22) STEPHEN PORTNER	1.00											
DIRECTOR	1.00	х						0.		0.		0.
(23) ALICE STARR	1.00											
VICE CHAIR		x		х				0.		0.		0.
(24) SHAUN CRANSTON	1.00											
SECRETARY	1.00	x		х				0.		0.		0.
(25) SARI VATSKE	10 00	Δ		Λ	-	-	-	0.		<u> </u>		0.
	40.00									<u> </u>		~
PRESIDENT & CEO (AS OF 06/01/22)	2.00			Х		<u> </u>		0.		0.		0.
										$ \rightarrow $		
1b Subtotal								936,396.		0.	110,	
c Total from continuation sheets to Part VI	, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								936,396.		0.	110,	849.
2 Total number of individuals (including but no							o re	eceived more than \$100.0	00 of reportable			
compensation from the organization						,		. ,	•			6
											Ye	
3 Did the organization list any former officer,	director trust	oo k		mnl		0 or	hic	nhest compensated emplo		ſ		
o	,					,		, , ,	5	- 1	2	X
line 1a? If "Yes," complete Schedule J for su										··	3	
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150											4 X	· —
5 Did any person listed on line 1a receive or a	•				-			•	al for services			
rendered to the organization? If "Yes, " com	plete Schedule	e J fo	or su	ch ı	oers	on .				<u></u>	5	X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	acto	rs tł	hat received more than \$1	00,000 of compe	ensat	ion from	
the organization. Report compensation for t	he calendar ve	ear e	endin	g w	rith c	or wi	thir	n the organization's tax ye	ar.			
(A)	,			5				(B)			(C)	
Name and business	address							Description of se	rvices	C	ompensa	tion
BRAD CECIL & ASSOCIATES,	2115 AR	т.т	NG	τO	N			CONSULTANT IN				
DOWNS RD., ARLINGTON, TX			110	10.	14			MAIL CAMPAIGN		1	,056,	976
DOWNS KD., AKDINGION, IX	70011							MAID CAMPAIGN			,050,	070.
2 Total number of independent contractors (ir	ncludina but na	ot lin	nited	l to	thos	se lis	ted	above) who received mor	e than			
\$100,000 of compensation from the organiz	•			-	1			,				

Form 990 (2021)

132008 12-09-21

Ра	rt V	/111					or noto to any lin	o in this Part VIII			
			Check if Schedule O	Conta	ins a respo	JISE	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
tts Its	1	а	Federated campaigns		1a						
iran		b	Membership dues		1b						
s, G		С	Fundraising events		1c						
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations		1d						
imi,		е	Government grants (contr	ibutic	ons) 1e		8,791,028.				
tior S		f	All other contributions, gifts,								
ibu			similar amounts not included	abov			102,776,954.				
onti od (g	Noncash contributions included in				75,957,652.	111565000			
0 g		h	Total. Add lines 1a-1f					111567982.			
	_		BOOD HANDI ING BEEG				Business Code 900099	1 075 760	1 975 760		
ice	2	а				900099	1,875,760.				
Program Service Revenue		b					900099	278,768.	278,768.		
m S ven		C d									
gra Re		d									
Pro		e f	All other program service	rovor							
-			Total. Add lines 2a-2f					2,154,528.			
	3		Investment income (includ					-,,,			
	•		other similar amounts)	•			· ·	565,983.			565,983.
	4		Income from investment of					· · ·			
	5		Royalties		•		· · ·				
			,		(i) Rea		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss))							
	7	а	Gross amount from sales of		(i) Securi	ties	(ii) Other				
			assets other than inventory	7a	1,489,	857.					
		b	Less: cost or other basis								
iue			and sales expenses		1,384,						
Revenue		С	Gain or (loss)	7c	105,	180.					
Re			Net gain or (loss)				🕨	105,180.			105,180.
her	8	а	Gross income from fundraising								
Oth			including \$								
			contributions reported on		,						
			Part IV, line 18								
			Less: direct expenses								
	•		Net income or (loss) from		Ŭ,		····· P				
	9	а	Gross income from gamin								
		L	Part IV, line 19								
			Less: direct expenses								
	10		Net income or (loss) from Gross sales of inventory, I	-	-	°	▶				
	10	a	and allowances			10a					
		h	Less: cost of goods sold								
			Net income or (loss) from								
				54100		· j	Business Code				
snc	11	а									
Duec		b									
ella evel		с									
Miscellaneous Revenue		d	All other revenue								
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					114393673.	2,154,528.	٥.	671,163.
13200	9 12-	-09-									Form 990 (2021)

CENTRAL TEXAS FOOD BANK, INC.

132009 12-09-21

Form 990 (2021)

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CENTRAL TEXAS FOOD BANK, Part IX Statement of Functional Expenses

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

INC.

	Check if Schedule O contains a respor	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	88,515,082.	88,515,082.		
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	1,207,245.	221,115.	809,608.	176,522.
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	8,203,534.	6,244,901.	1,007,000.	951,633.
8	Pension plan accruals and contributions (include				,
-	section 401(k) and 403(b) employer contributions)	251,440.	200,854.	24,988.	25,598.
9	Other employee benefits	1,032,849.		177,701.	120,712.
10	Payroll taxes	815,751.	564,524.	154,019.	97,208.
11	Fees for services (nonemployees):		,		.,
a					
b					
	5	25,521.		25,521.	
с С	3	22,426.		25,521.	22,426.
d	, ,	22,420.			22,420.
e	3	62,416.		62,416.	
f	Investment management fees	02,410.		02,410.	
g	(°	710 565	181,393.	338,161.	102 011
	column (A), amount, list line 11g expenses on Sch 0.)	712,565.	101,393.	530,101.	193,011.
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	700 (10	775 773	14 500	250
16	Occupancy	790,618.	775,773.	14,589.	256.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots	050 610	184 000	<u> </u>	1 - 0 - 0
19	Conferences, conventions, and meetings	252,612.	174,208.	63,134.	15,270.
20	Interest	88,242.	4,560.	83,682.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	527,446.	524,211.	1,455.	1,780.
23	Insurance	415,021.	394,691.	20,330.	
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	FEES FOR SERVICES	1,932,631.	46,158.	192,403.	1,694,070.
b	EQUIPMENT RENT AND MAIN	1,341,343.	1,103,978.	193,182.	44,183.
с	MILEAGE AND FREIGHT	1,009,538.	1,009,538.		
d	SUPPLIES	417,844.	367,039.	34,443.	16,362.
е	All other expenses	174,741.	88,236.	25,776.	60,729.
25		107,798,865.	101,150,697.	3,228,408.	3,419,760.
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 Fight following SOP 98-2 (ASC 958-720)				
	· · · · · · · · · · · · · · · · · · ·				Form 990 (2021

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Form 990 (2021)

Part X Balance Sheet

Total liabilities and net assets/fund balances

84,022,611.

33

95,128,221.

Form **990** (2021)

					·····
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	49,914,986.	1	53,260,272.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	219,865.	4	1,731,379.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		-	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
~	7	Notes and loans receivable, net	12,745,100.	7	0.
Assets	8	Inventories for sale or use	4,849,831.	8	2,727,561.
Ass	9		372,609.	9	413,960.
		Land, buildings, and equipment: cost or other	0/2/0000		110,5000
		basis. Complete Part VI of Schedule D <u>10a</u> 31,238,776.			
	h	Less: accumulated depreciation 10b 7,480,154.	3,837,128.	10c	23,758,622.
	11	Investments - publicly traded securities	12,083,092.	11	13,236,427.
	12	Investments - other securities. See Part IV, line 11	12,005,052.	12	15,250,427.
	13	Investments - program-related. See Part IV, line 11		13	
	14	· · · · · · · · · · · · · · · · · · ·		14	
	15	Intangible assets Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	84,022,611.	16	95,128,221.
	17	Accounts payable and accrued expenses	1,821,680.	17	1,754,769.
	18	Grants payable	1,011,0001	18	
	19	Deferred revenue	114,191.	19	161,061.
	20	Tax-exempt bond liabilities	/	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ilid		controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,935,871.	26	1,915,830.
		Organizations that follow FASB ASC 958, check here ▶ X			
es		and complete lines 27, 28, 32, and 33.			
ũ	27	Net assets without donor restrictions	81,962,934.	27	93,194,508.
Bala	28	Net assets with donor restrictions	123,806.	28	17,883.
Ъ		Organizations that do not follow FASB ASC 958, check here			,
Fur		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Å ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
let,	32	Total net assets or fund balances	82,086,740.	32	93,212,391.
z	32	Total lighilition and not accets/fund balances	84 022 611	22	95 128 221

CENTRAL TEXAS FOOD BANK, INC.

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

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	990 (2021) CENTRAL TEXAS FOOD BANK, INC.	74-	<u>2217</u>	350	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		.,393		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,798</u>	-	
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>, 59</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,08		
5	Net unrealized gains (losses) on investments	5	-1	.,99'	7,7	13.
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	6	,528	8,5	56.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	93	,21	2,3	<u>91.</u>
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 on Schedule	О.				
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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis 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					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	•				1
	Act and OMB Circular A-133?			3a	Х	┝──
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	(2021)
					uur)	(0001)

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Nar	ne of t	he organization							identification number			
_				FOOD BANK, II					4-2217350			
Pa	art I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The	organi	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)						
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	ו 990).)							
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).					
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state:										
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental ur	nit describe	ed in			
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6	\square	A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).					
	X	An organization that norma	-					e general r	oublic described in			
•		section 170(b)(1)(A)(vi). (C		nu part of no support i	onn a gove			io general p				
8		A community trust describe		1)(A)(vi) (Complete Par	E III)							
9	\square	An agricultural research org				ad in coniu	inction with a	land-grant	college			
5		or university or a non-land-g				-		-	-			
		university:	grant conege of agrici			lame, ony	, and state of	the college				
10		·	lly receives (1) more	than 22 1/20/ of its supp	ort from o	ontribution	a mambarah	in food and	d aroon ronginto from			
10		An organization that norma	•					-				
		activities related to its exem										
		income and unrelated busin		(less section 511 tax) ind	in busines	ses acqui	red by the org	anization a	iller June 30, 1975.			
		See section 509(a)(2). (Con	• •				O(-)(A)					
11		An organization organized a	-	•	•							
12		An organization organized a	•	•	•		-	•	• •			
		more publicly supported or	-						Direck the box on			
	_	lines 12a through 12d that	• •					-				
a		Type I. A supporting orga		-	• • • •	-						
		the supported organization			majority c	f the direc	tors or trustee	es of the su	ipporting			
		organization. You must o	-									
k		Type II. A supporting org	-				-		•			
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported			
		organization(s). You mus	-									
c		Type III functionally inte						ly integrate	ed with,			
		its supported organization		-								
c		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)			
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness			
		_ requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .					
e	•	Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type I	I, Type III				
		functionally integrated, or	r Type III non-functior	nally integrated supporting	ng organiz	ation.						
f	Ente	er the number of supported o	organizations									
<u>ç</u>		vide the following information			(iv) to the error	inization listed						
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi		(v) Amount of	-	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)			
_												
Tot	al											

Schedule	A (F	Forn	n !	990) 2	202
Part II		Su	р	po	rt	Sc

CENTRAL TEXAS FOOD BANK, INC.

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.)

260	ction A. Public Support			-						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	<u>91705907.</u>	<u>89415799.</u>	139460511	<u>µ40106913</u>	<u>µ11567982</u>	572257112			
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									
	Total. Add lines 1 through 3	91/0590/.	89415799.	139460511	140106913	11120/982	5/225/112			
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)						110895488			
6	Public support. Subtract line 5 from line 4.						461361624			
	ction B. Total Support						<u>H01301024</u>			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
	Amounts from line 4			139460511						
	Gross income from interest.									
-	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	199,485.	213,136.	231,241.	337,985.	565,983.	1547830.			
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.)									
11	Total support. Add lines 7 through 10						573804942			
12	Gross receipts from related activities	, etc. (see instructio	ons)			12 13	<u>,591,702.</u>			
13	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)				
_	organization, check this box and sto						>			
Section C. Computation of Public Support Percentage										
	Public support percentage for 2021 (-			14	80.40 %			
	Public support percentage from 2020					15	81.24 %			
16a	6a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and									
	stop here. The organization qualifies as a publicly supported organization X									
b	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
47-										
1/8	10% -facts-and-circumstances test									
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization									
ь	10% -facts-and-circumstances test	-		• • • •		7a and line 15 is				
L.	more, and if the organization meets t	-								
	organization meets the facts-and-circ									
18	Private foundation. If the organization		-							
			2.5. 6.7 10 10, 10		, <u></u> ,		(Form 990) 2021			

132022 01-04-22

CENTRAL TEXAS FOOD BANK, 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	<u>, picaco comp</u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons						
Ľ	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						
	Add lines 7a and 7b						
Se	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
		(a) 2017	(b) 2018	(0) 2019	(d) 2020	(e) 2021	
	Amounts from line 6						
101	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	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 on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,
	check this box and stop here				•		·····
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19 a	a 33 1/3% support tests - 2021. If the	organization did r	not check the box (on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
k	33 1/3% support tests - 2020. If the	organization did r	not check a box on	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	>
1320	23 01-04-22					Schedule	A (Form 990) 2021

CENTRAL TEXAS FOOD BANK, INC.

1

2

3a

3b

3c

4a

Yes No

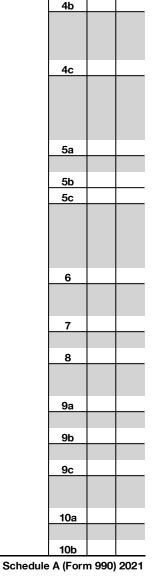
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? 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 line 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.)

132024 01-04-21



2021.06010 CENTRAL TEXAS FOOD BANK, 10218 1

dule A ((Form 990) 2021	CENTRAL	TEXAS	FOOD	BANK,	INC.	
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No

Yes No

Par	IV Supporting Organizations (continued)			
			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 on lines 11b and			
	1c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		11c		
Sec	on B. Type I Supporting Organizations			
	_		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> 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 officers, directors, or trustees were allocated among the	4		
•	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	i. or controlled i	ine supporting d	organization.
Section C. T	ype II Suppo	orting Organ	nižations

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 Image: Trustees of each of the organization's support of organization (s)? If "No," describe in Part VI how control or managed

	Section D.	All Type II	I 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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌] The organization supported a governmental entity	Describe in Part VI how	you supported a g	overnmental entity	(see instruction <u>s).</u>
-----	--	-------------------------	-------------------	--------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

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132026 01-04-22 10010814 796448 10218	19 2021.06010	CENTRAL	TEXAS	FOOD	BANK ,	10218	_1

6

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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount Subtract line 5 from line 4 unless subject to			

6 emergency temporary reduction (see instructions)

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

(A) Prior Year

(B) Current Year

(optional)

	Type III Non	-Functionally
Schedule A	(Form 990) 2021	CEN

Section A - Adjusted Net Income

Net short-term capital gain

Recoveries of prior-year distributions Other gross income (see instructions)

1

2

3

TRAL TEXAS FOOD BANK, INC. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

1

2

3

Sche	dule A (Form 990) 2021 CENTRAL TEXAS	FOOD BANK, INC	С.	7	4-2217350	Page
Pa	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ued)		
Sect	ion D - Distributions				Current Yea	ar
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the					
	(provide details in Part VI). See instructions.	8				
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributab Amount for 2	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
c	From 2018					
d	From 2019					

	line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
C	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if		
	any. Subtract lines 3g and 4a from line 2. For result greater		
	than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
C	Excess from 2019		
d	Excess from 2020		
е	Excess from 2021		
		0	

Schedule A (Form 990) 2021

e From 2020

f Total of lines 3a through 3e

g Applied to underdistributions of prior years h Applied to 2021 distributable amount

4 Distributions for 2021 from Section D,

i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

Schedule A	(Form 990) 2021	CENTRAL	TEXAS	FOOD BANK	K, INC.	74-2217350 Page 8
Part VI	Supplemental Int Part IV, Section A, line line 1; Part IV, Section	formation. Provi es 1, 2, 3b, 3c, 4b, 4 D, lines 2 and 3; Pa	de the explan c, 5a, 6, 9a, 9 art IV, Section	ations required by b, 9c, 11a, 11b, a E, lines 1c, 2a, 2	y Part II, line 10; P and 11c; Part IV, S b, 3a, and 3b; Par	art II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section C, t V, line 1; Part V, Section B, line 1e; Part V, t for any additional information.
132028 01-04-2	2			21		Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2021

Employer identification number

	CENTRAL TEXAS FOOD BANK, INC.	74-2217350
Organization type (cheo		
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

74-2217350

CENTRAL TEXAS FOOD BANK, INC.

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
		\$ <u>15,422,753.</u>	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
<u>2</u>		\$2,043,603.	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		\$ <u>10,752,056.</u>	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 		\$ <u>116,500.</u>	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
5		\$ <u>6,706,627.</u>	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
6		\$9,684,490.	Person Payroll Noncash X (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

24

10010814 796448 10218

Name of organization

Employer identification number

74-2217350

CENTRAL TEXAS FOOD BANK, INC

	$14^{-2}217550$				
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		
		\$ <u>27,550.</u>	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		
		\$	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.)		
(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.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990) (2021)

123452 11-11-21

Name of c	organization	Employer identification number		
CENTR	AL TEXAS FOOD BANK, INC.		74-	-2217350
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	1.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
1	FOOD			
<u> 1</u>		\$15,422,7	53.	09/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
ົ ງ	FOOD			
2		\$2,043,6	03.	09/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
3	FOOD			
		\$10,752,0	56.	09/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
5	FOOD			
		\$6,706,6	27.	09/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
6	FOOD			
<u> </u>		\$9,684,4	90.	09/30/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.		(d) Date received
		\$		

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Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)

Schedule I	B (Form 990) (2021)		Page 4				
Name of o	organization		Employer identification number				
CENTR	AL TEXAS FOOD BANK, INC		74-2217350				
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	ions to organizations described in	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000	or less for the year. (Enter this info. once.) > \$				
(a) No.	Use duplicate copies of Part III if additional	space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of	gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	((1) 011 11 3.11					
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of	gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(-) N-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
1 01 1 1							
		(e) Transfer of	gift				
		nd 7 ID + 4	Polationship of transforms to transforms				
	Transferee's name, address, a		Relationship of transferor to transferee				
123454 11-11	1-21	I	Schedule B (Form 990) (2021)				

27 2021.06010 CENTRAL TEXAS FOOD BANK, 10218_1

SCHEDULE C	Po	litical Campaign	and Lobbvin	na Activities	OMB No. 1545-0047	
(Form 990) Department of the Treasury Internal Revenue Service	Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.					
 Section 501(c)(3) or 	ganizations: Com r than section 50	Form 990, Part IV, line 3, or Fo plete Parts I-A and B. Do not cor I1(c)(3)) organizations: Complete	mplete Part I-C.			
If the organization ans • Section 501(c)(3) org • Section 501(c)(3) org If the organization ans Tax) (See separate inst	wered "Yes," on ganizations that h ganizations that h wered "Yes," on tructions), then	Form 990, Part IV, line 4, or Form 990, Part IV, line 4, or Formave filed Form 5768 (election un have NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy ions: Complete Part III.	ider section 501(h)): Co on under section 501(l	omplete Part II-A. Do not c h)): Complete Part II-B. Do	omplete Part II-B. not complete Part II-A.	
Name of organization	CENTRAL	TEXAS FOOD BANK	, INC.		ployer identification number $74 - 2217350$	
Part I-A Compl	ete if the org	anization is exempt unde	er section 501(c)	or is a section 527 c	organization.	
 Provide a description Political campaign Volunteer hours for 	activity expendit				\$	
Part I-B Compl	ete if the org	anization is exempt unde	er section 501(c)((3).		
1 Enter the amount c	of any excise tax	incurred by the organization und	er section 4955		\$	
	ncurred a section nade?	incurred by organization manage n 4955 tax, did it file Form 4720 t	for this year?			
		anization is exempt unde	er section 501(c),	except section 501	(c)(3).	
1 Enter the amount c	lirectly expended	by the filing organization for sec	tion 527 exempt func	tion activities	\$	
	of the filing organ	ization's funds contributed to oth	ner organizations for se	ection 527	\$	
		. Add lines 1 and 2. Enter here ar		,	\$	
		1120-POL for this year?				
made payments. For contributions received	or each organizatived that were pro	nployer identification number (EIN tion listed, enter the amount paic pmptly and directly delivered to a additional space is needed, provi	from the filing organized separate political org	zation's funds. Also enter t anization, such as a separ	the amount of political	
(a) Namo	9	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -C	contributions received and	
		see the Instructions for Form 9			Schedule C (Form 990) 2021	

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

Schedule C (Form 990) 2021

132041 11-03-21

Schedule C (Form 990) 2021	CENTRAL TEX	AS FOOD BAN	K, INC.	74-2	217350 Page 2			
	section 501(h)).							
	-	filiated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,			
	e of excess lobbying	expenditures). and "limited control" pro	wisions apply					
		•	visions apply.	(a) Filing	(b) Affiliated group			
	ts on Lobbying Expe			organization's totals	totals			
	(The term "expenditures" means amounts paid or incurred.)							
1a Total lobbying expenditures to influ	uence public opinion	(grassroots lobbying)						
b Total lobbying expenditures to influence	-	• • • •		22,426.				
c Total lobbying expenditures (add li				22,426. 107765418.				
d Other exempt purpose expendituree Total exempt purpose expenditure				107787844.				
f Lobbying nontaxable amount. Enter			columns	1,000,000.				
If the amount on line 1e, column (a) o		bbying nontaxable am						
Not over \$500,000		the amount on line 1e.						
Over \$500,000 but not over \$1,000		00 plus 15% of the exce	ess over \$500,000.					
Over \$1,000,000 but not over \$1,5	00,000 \$175,0	00 plus 10% of the exce	ess over \$1,000,000.					
Over \$1,500,000 but not over \$17,	000,000 \$225,0	00 plus 5% of the exces	ss over \$1,500,000.					
Over \$17,000,000	\$1,000	,000.						
				050 000				
g Grassroots nontaxable amount (en	,			250,000.				
h Subtract line 1g from line 1a. If zero				0.				
i Subtract line 1f from line 1c. If zeroj If there is an amount other than ze		ling 1 i did the organize		0.				
reporting section 4911 tax for this				Г	Yes No			
		veraging Period Under		<u>L</u>				
(Some organizations the second s	nat made a section	501(h) election do not l	have to complete all o	of the five columns be	low.			
		rate instructions for lin						
	Lobbying Expe	enditures During 4-Yea	ar Averaging Period					
Calendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total			
(or fiscal year beginning in)	(u) = 0 : 0		(0) = = = =	(4) _0_ 1	(0) • • • •			
2a Lobbying nontaxable amount	1,000,000	1,000,000.	1,000,000.	1,000,000.	4,000,000.			
b Lobbying ceiling amount								
(150% of line 2a, column(e))					6,000,000.			
-	17 240	21 017	22 706	22 126	91 160			
c Total lobbying expenditures	17,240	21,017.	23,786.	22,426.	84,469.			
d Grassroots nontaxable amount	250,000	250,000.	250,000.	250,000.	1,000,000.			
e Grassroots ceiling amount					,,			
(150% of line 2d, column (e))					1,500,000.			
f Grassroots lobbying expenditures								
				Schedu	Ile C (Form 990) 2021			

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	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description)	(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)?				
d	Mailings to members, legislators, or the public?				
	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?				
	Total. Add lines 1c through 1i				
b	If "Yes," enter the amount of any tax incurred under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 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?		1	100	110
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
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 ' answered "Yes."	'No" OR (b) Part I		3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
-	Total				
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce		3		
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information			·	
Prov	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	A, lines 1 a	nd 2 (See	

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

Schedule C (Form 990) 2021

132043 11-03-21

SCHEDULE D	
(Form 990)	

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

Name	of the organization CENTRAL TEXAS FOOD	BANK INC.	Employer identification number $74 - 2217350$
Par			
I UI	organization answered "Yes" on Form 990, Part IV, line		Complete il the
		(a) Donor advised funds	(b) Funds and other accounts
	Tabal much an all of a sec		
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in v	-	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
_	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education)	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic stru	icture included in (a)	2c
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
	Number of conservation easements modified, transferred, rele		
	vear 🕨		5 5
4	Number of states where property subject to conservation eas	ement is located	
	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
		0 <i>i</i> 0	6 ,
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	tion easements during the year
-			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
	In Part XIII, describe how the organization reports conservation		
5	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art. Historical Treasures. or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
19	If the organization elected, as permitted under FASB ASC 958		and balance sheet works
ia	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		•
h			
	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	ierance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	If the organization received or held works of art, historical trea		Il gain, provide
	the following amounts required to be reported under FASB AS	-	
	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Schedule D (Form 990) 2021

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Sche		TEXAS FOOI							17350		age 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Historio	al Tre	easures, oi	r Other	[.] Similar	Asset	s (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any	of the f	following that	make si	gnificant u	se of its	·		
	collection items (check all that apply):										
а	Public exhibition	d	Loa	n or exc	hange progra	am					
b	Scholarly research	е									
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	how they f	urther th	ne organizatio	n's exerr	npt purpos	e in Parl	XIII.		
5	During the year, did the organization solicit of	or receive donations o	of art, histor	cal treas	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma		<u>u</u>						Yes		No
Pa	TIV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the org	anizatio	on answered "	'Yes" on	Form 990,	, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi	ian or other intermed	iary for cont	ribution	s or other ass	sets not i	ncluded				
	on Form 990, Part X?							[Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table	:							
									Amount		
с	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escr	ow or cu	ustodial accor	unt liabili [.]	ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pa	t V Endowment Funds. Complete							<u> </u>	1		
		(a) Current year	(b) Prior	•	(c) Two year		(d) Three y			,	
1a	Beginning of year balance	151,094.	15	1,094.	151	1,094.	1:	51,094.		151,	094.
b	Contributions										
С	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses	151.004	1.5	1 004	1.54			-1 004		1 - 1	
g	End of year balance	151,094.		1,094.		1,094.	1:	51,094.		151,	094.
2	Provide the estimated percentage of the curr	rent year end balance		olumn (a)) held as:						
a	Board designated or quasi-endowment		_%								
	Permanent endowment 100	%									
С		<u>%</u>									
0-	The percentages on lines 2a, 2b, and 2c sho			م ام ام ام س		ما الم بر الم		1 :			
Ja	Are there endowment funds not in the posse	ession of the organiza	tion that are	e neid ar	nd administer	ed for the	e organiza	tion	Г	Yes	No
	by: (i) Unrelated organizations									103	X
									3a(i) 3a(ii)	x	
h	(ii) Related organizations	ations listed as requir	ed on Sche	 1ula R2					3a(ii)	X	
4	Describe in Part XIII the intended uses of the								. 00		
Pa	t VI Land, Buildings, and Equipm			5.							
	Complete if the organization answere		, Part IV, lin	e 11a. S	See Form 990	, Part X, I	line 10.				
	Description of property	(a) Cost or o			t or other		ccumulate	а	(d) Bool	value	,
	Description of property	basis (investn		• •	(other)	• •	preciation	ŭ	(u) 2001	value	
1 a	Land	· · · · · ·	-		6,775.				3,056	5,77	75.
b	Buildings				1,288.	3.2	224,79	90. 1	7,166		
	Leasehold improvements			,		- / -			,		
	Equipment			3,92	7,142.	2,1	137,71	.8.	1,789	,42	24.
	Other				3,571.		17,64		1,745		
	. Add lines 1a through 1e. (Column (d) must e		X. column (l	-					23,758		
								Schedul	e D (Form	990)	2021

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Schedule D	(Form 990) 2021	CENTRAL TEX	AS FOOD	BANK,	INC.	74–2217350 Page 3
Part VII	Investments -	Other Securities.				
	Complete if the org	anization answered "Yes"	on Form 990,	Part IV, line	11b. See Form 990, Part X, lin	ie 12.
(a) Descrip	tion of security or cate	GOTY (including name of security)	(b) Book	value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financia	al derivatives					
(2) Closely						
(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 org	anization answered "Yes"	on Form 990,	Part IV, line	11c. See Form 990, Part X, lin	e 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 org	anization answered "Yes"	on Form 990,	Part IV, line	11d. See Form 990, Part X, lin	ne 15.
		(a)	Description			(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	<u>ımn (b) must equal Fo</u>	orm 990, Part X, col. (B) line	e 15.)			►
Part X	Other Liabilitie					
			on Form 990,	Part IV, line	11e or 11f. See Form 990, Pa	
1.	(a) D	escription of liability				(b) Book value
(1) Fed	leral income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. <u>(Colu</u>	ımn (b) must equal Fo	orm 990, Part X, col. (B) line	e 25.)			
2. Liability	for uncertain tax po	sitions. In Part XIII, provide	the text of the	e footnote to	the organization's financial st	atements 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 X

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	dule D (Form 990) 2021 CENTRAL TEXAS FOOD BANK, IN				2217350	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts With	h Revenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				1	
1	Total revenue, gains, and other support per audited financial statements			1	112,333	<u>,544.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				-	
а	Net unrealized gains (losses) on investments	2a	-1,997,713.		-	
b	Donated services and use of facilities	2b			-	
с	Recoveries of prior year grants				-	
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	-1,997	
3	Subtract line 2e from line 1			3	114,331	<u>,257.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				-	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	62,416.		-	
b	Other (Describe in Part XIII.)	4b				
				4c	62	,416.
С				10	-	
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i>)			5	114,393	,673.
5	Add lines 4a and 4b			5	114,393	,673.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i>)	ents Wi		5 Retur	<u>114,393</u> n.	,673.
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per	5 Retur	114,393	,673.
5 Pa	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. <i>(This must equal Form 990, Part I, line 12.)</i> rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents Wi	th Expenses per	5 Retur	<u>114,393</u> n.	,673.
5 Pa 1	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . <i>(This must equal Form 990, Part I, line 12.)</i> rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents Wi	th Expenses per	5 Retur	<u>114,393</u> n.	,673.
5 Pa 1 2	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wit	th Expenses per	5 Retur	<u>114,393</u> n.	,673.
5 Pa 1 2 a	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents Wit	th Expenses per	5 Retur	<u>114,393</u> n.	,673.
5 Pa 1 2 a b	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) Total Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents Wit	th Expenses per	5 Retur	<u>114,393</u> n.	,673.
5 Pa 1 2 a b c	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>) Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>) Total revenue: Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	th Expenses per	5 Retur	<u>114,393</u> n. 107,736	<u>,673.</u> ,449. 0.
5 Pa 1 2 a b c d	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per	5 Retur	<u>114,393</u> n.	<u>,673.</u> ,449. 0.
5 Pa 1 2 a b c d e	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per	5 Retur	<u>114,393</u> n. 107,736	<u>,673.</u> ,449. 0.
5 Pa 1 2 a b c d e 3	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	ents Wit	th Expenses per	5 Retur	<u>114,393</u> n. 107,736	<u>,673.</u> ,449. 0.
5 Pa 1 2 a b c d e 3 4	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents Wit	th Expenses per	5 Retur	<u>114,393</u> n. 107,736	<u>,673.</u> ,449. 0. ,449.
5 Pa 1 2 a b c d e 3 4 a	Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>) Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>) Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents Wit 2a 2b 2c 2d 4a 4b	th Expenses per	5 Retur 1 2e 3	<u>114,393</u> n. <u>107,736</u> <u>107,736</u> 62	<u>,673.</u> <u>,449.</u> <u>0.</u> <u>,449.</u>
5 Pa 1 2 a b c d e 3 4 a b c 5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents Wit	th Expenses per 62,416.	5 Retur 1 2e 3	<u>114,393</u> n. 107,736	<u>,673.</u> <u>,449.</u> <u>0.</u> <u>,449.</u>

CENTRAL TEXAS FOOD BANK, INC.

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

PART V, LINE 4:

FUNDS IN THE ENDOWMENT ARE HELD BY CENTRAL TEXAS FOOD BANK FOUNDATION TO

PROVIDE A SOURCE OF INCOME FOR THE CENTRAL TEXAS FOOD BANK'S CHARITABLE

ACTIVITIES.

PART X, LINE 2:

THE ORGANIZATION HAS ADOPTED FASB ASC 740-10, ACCOUNTING FOR UNCERTAINTY

IN INCOME TAX. THAT STANDARD PRESCRIBES A MINIMUM RECOGNITION THRESHOLD

AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE

34

TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE RECOGNIZED IN THE

CONSOLIDATED FINANCIAL STATEMENTS.

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Schedule D	(Form 990) 202
Dort VIII	Supplama

Part XIII Supplemental	nformation (continued)		
			Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047		
(Form 990)	Complete if the	or if the	2021							
Department of the Treasury		organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. Open to Inspect the latest information Inspect								
Internal Revenue Service Name of the organization										
Name of the organization		TEXAS FOOD BANK,	INC				24-221	entification number 7350		
Part I Fundrais required to		Complete if the organization answe			n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not		
 Indicate whether th X Mail solicitat Internet and Phone solici X In-person so 2 a Did the organization key employees list 	e organization rais tions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indiv	sed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual vart VII) or entity in connection with pre- viduals or entities (fundraisers) pursue	tion of tion of fundra (includ	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-	X Ye			
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) fundr have ci or con contribu	aiser ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
BRAD CECIL & ASSOC		CONSULTANT IN DIRECT MAIL	Yes	No	-					
2115 ARLINGTON DOWN	NS RD,	CAMPAIGN		X	3,880,823.		24,000	. 3,856,823.		
Total 3 List all states in whi or licensing.	ich the organizatic	n is registered or licensed to solicit c	contrib	▶ utions	3,880,823. or has been notified	it is e	24 , 000 exempt from r			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

132081 10-21-21

CENTRAL TEXAS FOOD BANK, INC.

 Schedule G (Form 990) 2021
 CENTRAL TEXAS FOOD BANK, INC.
 74-2217350
 Page

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
anr			(((,	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc						
_	8	Entertainment				
	9	Other direct expenses				
	10 11	5			•	
Pa	rt I	III Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve						
	1	Gross revenue				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	5		Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No //	□ No	<u>No</u>	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
	•	Net gaming moome sammary. Subtrast mile r				I
		ter the state(s) in which the organization conduc				
		the organization licensed to conduct gaming ac				Yes No
b) If "	No," explain:				
10-						
		ere any of the organization's gaming licenses re Yes," explain:			cai (Yes No
	_					
1320	32 10	D-21-21			Sche	dule G (Form 990) 2021

Schedule G (Form 990) 2021	CENTRAL TEXAS FOOD BANK, INC. 74-	2217350	Page 3
11 Does the organization conduct	t gaming activities with nonmembers?	Yes	No No
12 Is the organization a grantor, b	peneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gamir	ng?	Yes	No No
13 Indicate the percentage of gar			
a The organization's facility		13a	%
		13b	%
	of the person who prepares the organization's gaming/special events books and records:		
Name 🕨			
Address 🕨			
15a Does the organization have a	contract with a third party from whom the organization receives gaming revenue?	Yes	No
b If "Yes," enter the amount of g	gaming revenue received by the organization 🕨 💲 and the amount		
of gaming revenue retained by	/ the third party ▶\$		
c If "Yes," enter name and addre	ess of the third party:		
Name 🕨			
Address 🕨			
16 Gaming manager information:			
Name 🕨			
Gaming manager compensation	on 🕨 \$		
Description of services provide	ed 🕨		
Director/officer	Employee Independent contractor		
17 Mandatory distributions:			
	nder state law to make charitable distributions from the gaming proceeds to		<u> </u>
	e?	L Yes	└── No
	ons required under state law to be distributed to other exempt organizations or spent in the		
	tivities during the tax year \$		
	formation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, lines 9, 9	Jb, 10b,
15b, 15c, 16, and 17b	o, as applicable. Also provide any additional information. See instructions.		
		с.	
SCHEDULE G, PARI I	I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	5:	
(I) NAME OF FUNDRA	AISER: BRAD CECIL & ASSOCIATES		
(1) NAME OF FONDA	TISER: DRAD CECID & ASSOCIATES		
(I) ADDRESS OF FUN	NDRAISER: 2115 ARLINGTON DOWNS RD, ARLINGTON, T	X 7601	1
(1) ADDRESS OF FOR	DRAISER. 2115 ARDINGTON DOWNS RD, ARDINGTON, I	<u>x 7001</u>	<u> </u>
132083 10-21-21	Sche	dule G (Form	990) 2021
-			

10010814 796448 10218

Schedule G (Form 990) 2021

Schedule G	
	0

Part IV	Supplemental Information	(continued)
		Schedule G (Form 990)
132084 11-18-	21	

132084 11-18-21

SCHEDULE I (Form 990)	Go	arants and Oth vernments, an	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047
	Compl	ete if the organization			rt IV, line 21 or 22.		
Department of the Treasury Internal Revenue Service		Co to ununu ir	Attach to Form s.gov/Form990 form		nation		Open to Public Inspection
Name of the organization			5.gov/F0/11990 10	r the latest mon			Employer identification number
5	EXAS FOOD	BANK, INC.					74-2217350
Part I General Information on Grants a		-					
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or assi	stance, and the selection	
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I recipient that received more than \$	•				anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
289 NONPROFIT AGENCIES THAT FEED HUNGRY PEOPLE			0.	87,708,934.	\$1.92 PER POUND OF FOOD	FOOD	FOOD DISTRIBUTION PROGRAM
FOUNDATION COMMUNITIES, INC. 3000 s IH 35 FRONTAGE RD #300 AUSTIN, TX 78704	74-2563260	501(C)(3)	10,000.	0.			CAPACITY GRANT
HAYS COUNTY FOOD BANK 220 HERNDON ST SAN MARCOS, TX 78666	74-2331781	501(C)(3)	9,822.	0.			CAPACITY GRANT
HELPING HANDS MINISTRY OF BELTON, INC P.O. BOX 1923 - BELTON, TX 76513	74-2759918	501(C)(3)	38,849.	0.			CAPACITY GRANT
REVEAL RESOURCE CENTER 1150 SOUTH BELL BLVD CEDAR PARK, TX 78613	46-0925531	501(C)(3)	10,000.	0.			AGENCY CAPACITY EXPENDITURE
CAFB OF TX SUPPORT CORPORATION 6500 METROPOLIS DRIVE AUSTIN, TX 78744	47-3868105	501(C)(3)	180,836.	0.			GENERAL PURPOSE GRANT
2 Enter total number of section 501(c)(3) and	nd government org	ganizations listed in the	e line 1 table				
3 Enter total number of other organizations	listed in the line 1	I table					▶ 1.

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

CENTRAL TEXAS FOOD BANK, INC.

		BANK, INC.		. (0.)			4-2217350 Pag
Part II Continuation of Grants and Othe	r Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa I	rt II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OOD CARE CENTER							
0 N. 16TH STREET	RE 0105530	F01 (a) (2)					
LLEEN, TX 78761	75-2195539	501(C)(3)	8,000.	0.			CAPACITY GRANT
MCO FREEZEWEAR							275 WEIGHT BLANKETS
199 LEXINGTON AVE. N STE 205							PROVIDED TO MULTIPLE
				10 250	TIM 7	WEIGHTED BLANKETS	
RDEN HILLS, MN 55126			0.	18,356.	FMV	BLANKETS	ORGANIZATIONS

Schedule I (Form 990)

CENTRAL TEXAS FOOD BANK, INC. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
art IV Supplemental Information Dravide the information					

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:

ORGANIZATION STAFF VERIFY THE NUMBER OF MEALS SERVED AND VISIT AND MONITOR

PARTNER AGENCIES REGULARLY.

74-2217350

Page 2

Part III

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		00	n 4		
•		Compensated Employees		20	Z I		
_		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to	Publ	ic	
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection			
Nan	e of the organization		Employer	identificatio	on nur	nber	
		CENTRAL TEXAS FOOD BANK, INC.	74-2	221735	0		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	harter travel Housing allowance or residence for perso	nal use				
	Travel for com	panions Payments for business use of personal re	sidence				
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s				
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		<u> </u>	
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>	
3		y, of the following the organization used to establish the compensation of the organization's					
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to				
	·	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation						
		ompensation consultant					
	X Form 990 of o	ther organizations	committee				
4	During the year dia	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
4	organization or a re						
-	-	e payment or change-of-control payment?		4a		x	
h				41		x	
c	-	eive payment from a supplemental nonqualified retirement plan?				X	
Ũ	-	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the r						
а	-					X	
		ation?				X	
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on				
	contingent on the n	et earnings of:					
а	The organization?			6a		X	
		ation?				X	
		r 6b, describe in Part III.					
7	-	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
		ies 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in					
		53.4958-6(c)?		9		<u> </u>	
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)	2021	

132111 11-02-21

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DERRICK CHUBBS	(i)	263,082.	0.	0.	17,365.	10,425.	290,872.	0.
PRESIDENT & CEO (UNTIL 12/31/21)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARK JACKSON	(i)	153,153.	0.	0.	9,933.	7,552.	170,638.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CATRINA SALINAS	(i)	134,179.	0.	0.	8,846.	7,647.	150,672.	0.
CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

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) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

ZUZ

Employer identification number

74-2217350

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

CENTRAL TEXAS FOOD BANK, INC.

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	•	 S
1	Art - Works of art							
2								
2	Art - Historical treasures							
	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	187	75,957,652.	1.92 PER PO	UND	OF	FO
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 (
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement				
							Yes	No
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I, lines 1 throug	n 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	ed for			
	exempt purposes for the entire holding period?			'		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ons?	31	X	
	Does the organization hire or use third parties of							

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

contributions?

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

Schedule M (Form 990) 2021

32a

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

SCHEDULE M, PART I, COLUMN (B):

HUNDREDS OF INDIVIDUAL FOOD DONATIONS COME IN ANONYMOUSLY AND THOUSANDS

OF POUNDS OF FOOD ARE RECEIVED THROUGH FOOD DRIVES, WHICH ARE COUNTED

AS ONE DONOR. 187 IS THE BEST QUANTIFIABLE NUMBER OF DONORS, ALTHOUGH

THERE ARE THOUSANDS OF INDIVIDUAL SMALL FOOD DONATIONS EACH YEAR.

Schedule M (Form 990) 2021

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SCHEDULE O

(Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.



74-2217350

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

CENTRAL TEXAS FOOD BANK,

INFANTS, THE NEEDY, THE ELDERLY, AND THE ILL.

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

HEALTH & NUTRITION EDUCATION - THE NUTRITION EDUCATION PROGRAM HELPS

LOW-INCOME INDIVIDUALS AND FAMILIES MAKE HEALTHY FOOD CHOICES WITHIN A

LIMITED BUDGET AND CHOOSE ACTIVE LIFESTYLES. IN FISCAL YEAR 22 MORE

THAN 1,000 UNIQUE PARTICIPANTS WERE EDUCATED THOUGH 274 EDUCATION

CLASSES OR COOKING DEMONSTRATIONS.

<u>SNAP ASSISTANCE - THE SNAP ASSISTANCE STAFF PROVIDE PHONE AND IN-PERSON</u> <u>HELP IN EXPLAINING THE SNAP APPLICATION PROCESS (ALONG WITH OTHER</u>

PROGRAMS) AND HELP COMPLETING THE APPLICATION PACKET. IN FY 22 WE

HELPED COMPLETE OVER 1800 APPLICATIONS.

HEALTHY OPTIONS FOR THE ELDERLY (HOPE) - HOPE PROVIDES FREE MONTHLY DISTRIBUTIONS OF HEALTH, SHELF-STABLE FOODS. IN FY 22 WE SERVED OVER

690,000 POUNDS OF FOOD TO OVER 49,000 LOW-INCOME SENIORS.

SUMMER FOOD SERVICE PROGRAM (SFSP) - SFSP PROVIDES NUTRITIOUS LUNCHES

AND SNACKS TO CHILDREN OF LOW-INCOME FAMILIES. IN FY 22 WE SERVED OVER

109,000 MEALS

KIDS CAFE - KIDS CAFE SERVES AS A DIRECT PARTNERSHIP BETWEEN THE FOOD

BANK AND EXISTING AFTER-SCHOOL PROGRAMS TO PROVIDE NUTRITIOUS MEALS TO

LOW-INCOME CHILDREN WHO MAY NOT OTHERWISE HAVE ACCESS TO HEALTHY AND

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

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2021.06010 CENTRAL TEXAS FOOD BANK, 10218_1

Schedule O (Form 990) 2021 Page 2							
Name of the organization CENTRAL TEXAS FOOD BANK, INC.	Employer identification number $74 - 2217350$						
BALANCED NUTRITION OUTSIDE OF THE SCHOOL. KIDS CAF SERVED	OVER 90,500						
MEALS IN FY 22.							

NATIONAL SCHOOL LUNCH PROGRAM - WE DELIVERED OVER 5 MILLION POUNDS OF

FOOD TO SCHOOLS FOR THE NATIONAL SCHOOL LUNCH PROGRAM IN FY 22.

EXPENSES \$ 2,528,768. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FINANCE COMMITTEE RECEIVES A DRAFT COPY OF THE FORM 990 TO REVIEW. THE FULL BOARD RECIEVES A COPY BEFORE THE RETURN IS FILED.

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

THE BOARD OF DIRECTORS IS REQUIRED TO SIGN AND DISCLOSE CONFLICTS ANNUALLY.

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

THE PRESIDENT & CEO'S PERFORMANCE REVIEW IS CONDUCTED IN DECEMBER OF EACH YEAR BY THE EXECUTIVE COMMITTEE. THE POLICY IS TO AWARD ANY SALARY INCREASE AND BONUS BASED ON MUTUALLY AGREED UPON QUANTIFIED OUTCOMES FOR THE ORGANIZATION. THE CEO'S SALARY IS BENCHMARKED AGAINST THE ANNUAL FEEDING AMERICA SALARY REVIEW OF FOOD BANKS ACROSS THE US. THE EXECUTIVE COMMITTEE OF THE BOARD WILL REVIEW THE CEO'S BASE SALARY NO LATER THEN DECEMBER 31ST OF EACH YEAR. THE CFO PERFORMANCE REVIEW IS CONDUCTED IN DECEMBER OF EACH YEAR BY THE CEO. THE PROCESS OF DETERMINING THE COMPENSATION AMOUNT IS SIMILAR TO THE CEO.

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

AVAILABLE UPON REQUEST

132212 11-11-21

THE COMMITTEE THAT ASSUMES RESI AUDIT DID NOT CHANGE IT'S PROCH	
FORM 990, PART XII, LINE 2C:	

132161 11-17-21 LHA

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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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection Employer identification number 74-2217350

Schedule R (Form 990) 2021

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

CENTRAL TEXAS FOOD BANK, INC.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
CENTRAL TEXAS FOOD BANK FOUNDATION -	PROVIDE STABLE SOURCE OF						
74-2964260, 6500 METROPOLIS DRIVE, AUSTIN,	REVENUE FOR THE PROGRAMS						
TX 78744	OF CENTRAL TEXAS FOOD BANK	TEXAS	501(C)(3)	LINE 12A, I			х
CAFB OF TX SUPPORT CORPORATION - 47-3868105							
6500 METROPOLIS DRIVE	SUPPORT CENTRAL TEXAS FOOD				CENTRAL TEXAS		
AUSTIN, TX 78744	BANK	TEXAS	501(C)(3)	LINE 12A, I	FOOD BANK, INC.	X	
	-						
	-						

OMB No. 1545-0047 2021

Schedule R (Form 990) 2021 CENTRAL TEXAS FOOD BANK, INC.

74-2217350 Page 2

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.

		, jour									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?		Genera manag partne	l or Percentage ^{ing} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

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

Schedule R (Form 990) 2021 CENTRAL TEXAS FOOD BANK, INC.

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	<u>1f</u>		
g Sale of assets to related organization(s)			
n Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)	<u>1i</u>		
Lease of facilities, equipment, or other assets to related organization(s)			+
Lease of facilities, equipment, or other assets from related organization(s)	1k	x	
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)		X	_
Reimbursement paid to related organization(s) for expenses	1 p		
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)			
Cher transfer of cash or property from related organization(s)		X	

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CAFB OF TX SUPPORT CORPORATION	в	180,836.	CASH
(2) CAFB OF TX SUPPORT CORPORATION	S	6,528,556.	FMV
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2021 CENTRAL TEXAS FOOD BANK, 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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partne 501(org	e all rs sec. c)(3) s.?	(f) Share of total	(g) Share of end-of-year	(f Dispr tior allocat	n) opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn) al or F ging ler?	(k) Percentage ownership		
		country)	sections 512-514)	Yes				Yes	No	(Form 1065)	Yes	No			
												-			
												_			
			1												

Schedule R (Form 990) 2021

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

Schedule R (Form 990) 2021

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