Return of Organization Exempt From Income Tax

Form **990**

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

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

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

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or the	2022 calendar year, or tax year beginning and ending		
_	heck if	C Name of organization	D Employer identif	ication number
ar	plicable			
	Addres	HIGH PLAINS FOOD BANK	1	
누	Jonange Name Johange		75-18383	48
<u> </u>	Johange Tinitial			
느	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	uite E Telephone numbe 806-374-	
	Final return/ termin-	P.O. Box 31803		
_	ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	20284552.
	Amend return	AMERITIO, IN 19120 2005	H(a) Is this a group r	
	Application pendin		for subordinates	,,,,,
	-	same as C above	_	ncluded? Yes No
I I	ax-exe	This officer (22) on to No.		a list. See instructions
	Vebsit		H(c) Group exemption	
K F	orm of	organization: X Corporation Trust Association Other LY	ear of formation: 1982	M State of legal domicile; TX
Pa	rt I	Summary		
	1	Briefly describe the organization's mission or most significant activities: The High	Plains Food	Bank
2		collects, warehouses and distributes donated/		
E L	2	Check this box if the organization discontinued its operations or disposed of m	nore than 25% of its net as	
N N	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
ون در	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	70
£	6	Total number of volunteers (estimate if necessary)	6	8904
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12		-12956.
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	17184129.	18996252.
ž		Program service revenue (Part VIII, line 2g)	975825.	1252663.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	113085.	-286522.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18144.	241931.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18291183.	20204324.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	las I	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2185948.	2424076.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
pen	b	Total fundraising expenses (Part IX, column (D), line 25) 718000.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13658398.	15399665.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15844346.	17823741.
		Revenue less expenses. Subtract line 18 from line 12	2446837.	2380583.
- 2		TOTOTION TOTO ON PARTICULAR TOTOTION TO THE PART	Beginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)	16120806.	18324801.
SS Ba	21	Total liabilities (Part X, line 26)	346186.	169592.
Vet	22	Net assets or fund balances. Subtract line 21 from line 20	15774620.	18155209.
Pa	irt II	Signature Block		
Und	er pena	ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is
true.	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	I v
		Garmette Staces	11111	123
Sign	n	Signature of officer	Date	
Her		Ravonnette Stacey, Treasurer		
	•	Type or print name and title		
_		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	1	Jerry Hill, CPA	ti seli-empli	P01251403
	Darer	Firm's name ANDERSON HILL LLP	Firm's EIN 8	33-1026475
	Only	Firm's address 1910 W American Blvd.		
	43	Muleshoe, TX 79347	Phone no. (8	306) 272-7502
Mai	v the I	RS discuss this return with the preparer shown above? See instructions		X Yes No
_				C 000 (0000)

Form 990 (2022) HIGH PLAINS
Part IV Checklist of Required Schedules

# "Nex." completes Schedule A completes Schedule B, Schedule of Contributors" See instructions 2 X S 1 bit the organization reagage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offers? "New," complete Schedule C, Part V 1 Section 501(c)(\$0) organizations. Did the organization engage in fotbyting activities, or have a section 501(h) election in effect during the taxy year" (**Prex, "complete Schedule C, Part V) or similar amounts as delined in Pier. Proc. 99 197 if "Nex," complete Schedule C, Part V) or similar amounts as delined in Pier. Proc. 99 197 if "Nex," complete Schedule C, Part V) or bit to organization receive or holds or consensation searcement, including easierments to prevent or provide activities on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide active or the distribution or investment of amounts in such funds or accounts for which donors have the right to provide active or the distribution or investment of amounts in such funds or accounts for which donors have the right to provide active active to the research of the provide active active active to the research of the provide active				Yes	No
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3 It the organization reagage in timed or incidence positional campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Section Sti()(gi) organizations. Did the organization engage in lotbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization assection 501(e)(s), 501(e)(s), or 501(e)(s) organization that receives memberahip duse, assessments, or similar amounts as defined in Park, Proc. 96-197 If "Yes," complete Schedule C, Part III 6 Id the organization maintain any donor advised funds or any similar transfor a occounts? If "Yes," complete Schedule C, Part III 7 Id Id the organization maintain any donor advised funds or any similar funds or accountate for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part III 8 Id the organization receive in total a conservation assement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 9 Did the organization maintain collections of works of ant, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part IV. 10 Id the organization maintain any part X, line 21, for secretor or custodial account liability, serve as a custodian for amounts not littled in Part X, in 10 provide credit countingling, debt management, credit registration, descript or through a related organization, hold assests in the part X, line 10? If "Yes," complete Schedule D, Part V 10 Id the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V VII, VIII, IX, or X, as applicable. 10 Id the organization is port an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X VIII VIII, X VIII, VIII, X VIII, X VIII, X VIII, VIII, X VIII, VIII, X VIII			_		
public office? if "Yes," complete Schedule C, Part I Section Sol (1)(3) organization. Bit the organization engage in inhibitying activities, or have a section 501 hyl election in effect during the tax year? if "Yes," complete Schedule C, Part II Is the organization a section 501 (c)(4), 501 (c)(6), or 301 (c)(6) organization that necelves membership dues, assessments, or a miliar amounts as defined in Perc Proc. 98-19? if "Yes," complete Schedule C, Part III Did the organization maintain any donor avidered 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 for which donors have the right to provide advice on the distribution or investment of a more state of the organization maintain collections of works of art, historical treasures, or other similar assets? if "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? if "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assets? if "Yes," complete Schedule D, Part III Did the organization funderity of through a related organization, hold assets in donor-creatificated endowments? If "Yes," complete Schedule D, Part IV If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, X, or X, as application. Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, X, or X, as a spitcation. Did the organization separate an amount for investments - other securities in Part X, line 10; If "Yes," complete Schedule D, Parts VI, VII, VIII, X, or X, as a spitcation. Did the organization separate in Part X, line 10; If "Yes," complete Schedule D, Parts X, VII, VIII, X,			2	A	
4 Section 50 %(s)(s) organization. Did the organization anguage in lobbying activities, or have a section 501(s)(s) election in effect during the tax year? if "Yes," complete Schedule C, Pert II is the organization assection 501(s)(s), 501(s)(s), or 501(s)(s) organization that receives memberahip dues, assessments, or similar amounts as defined in Pew Price, 95(19)? if "Yes," complete Schedule C, Part II is 10 bit the organization maintain any donor advised influed or any similar fands or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II is 10 bit the organization received not dol accessarior of an easemant, including essements to preserve open species on the evironment, historic fand areas, or historic structures? If "Yes," complete Schedule D, Part II is 10 bit the organization maintain collections of vivers of art, historical treasures, or other similar assestar? If "Yes," complete Schedule D, Part II is 10 bit the organization report on a mount in Part X, line 21, for escrew or custodial account flability, serve as a outstodian for amounts not listed in Part X, ine 21, for escrew or custodial account flability, serve as a outstodian for amounts not listed in Part X, ine 21, for escrew or custodial account flability, serve as a outstodian for amounts not listed in Part X, ine 21, for escrew or custodial account flability, serve as a outstodian for amounts not listed in Part X, ine 21, for escrew or custodial account flability, serve as a outstodian for amounts not listed in Part X, ine 21, for escrew or custodial account flability, or debt regolization services? If "Yes," complete Schedule D, Part V II it the organization is accounted for intrough a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V II it the organization is accounted for the part X, line 12, it has is 5% or more of its total assets reported in Par	3				v
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? #'Yes," complete Schedule D, Part III S V V V V V V V V V	-		,		x
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9 Did the organization report an amount in Part X, line 21, for escrow or oustodial account liability, serve as a custodian for amounts not liable In Part X; or provide credit counseling, dobt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part W 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 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 13 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII 14 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 VIII 15 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 VIII 16 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 11 Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization separate or consolidated financial statements for the tax year? 11 Yes, and If the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is a pitional and the part X and XII is a pitional and XII is a pitional and XII is a pitional and XII is the organization separate, independent audited financial statements for the tax year? 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 o	0		ا ۾ ا		x
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Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? # "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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? # "Yes" complete Schedule I. Parts I and II. 21 X	18		امدا	- I	
complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. 22 X			18	Α.	_
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19			l l	v
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes " complete Schedule I. Parts I and II. 21 X					
Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.				\vdash	A
domestic government on Part IX, column (A), line 1? // "Yes," complete Schedule I. Parts I and II			2/0		_
CONTROLL CONTROL C	21		21		x
232003 12-13-22 Form 990 (2022)	00000			990	

Form 990 (2022) HIGH PLAINS FOOD BANK
Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	_	X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? #			
	"Yes," complete Schedule L, Part IV	28c	w	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		A
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
35a		35a		_
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	age		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		x
	If "Yes," complete Schedule R, Part V, line 2	36	\vdash	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	3/	_	_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	x	l
Do	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	30		
Lea	and the state of t			
	Check if Schedule O contains a response or note to any line in this Part V	•••••	Yes	No
_	Soter the number reported in box 3 of Form 1096. Enter -0- if not applicable		163	140
_	The first terminal of the state	1		
b	Enter the number of Forms W-2G included on line 1a. Enter 6 in not applicable	1		
С		10	х	
0022	(gambling) winnings to prize winners?			(2022)

	(continued)	_	_	_
-	Fatastha assumbas of amelassas special on Familia Committed of Manageritas of Manageritas		Yes	No
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 70			ľ
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	_
3a	Bid she are starting to the second starting to the second starting of the second starting sta	3a	A	X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		A
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	90		
761	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
ь	If "Yes," enter the name of the foreign country	TO		-
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			_
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
2	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:		1	
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against		١,	
	amounts due or received from them.)		-	_
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
a	Note: See the instructions for additional information the organization must report on Schedule O.	138		\vdash
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
U	organization is licensed to issue qualified health plans	. 1		
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
		14b	_	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see 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 income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.			

HIGH PLAINS FOOD BANK 75-1838348 Form 990 (2022) 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 Section A. Governing Body and Management Yes No 19 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 18 b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? X 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 X 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X on Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official X 15b b Other officers or key employees of the organization 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 arrangement with a X 16a taxable entity during the year? b If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed __TX 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain on Schedule O)

X Another's website X Own website

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records <u> Zach Wilson - 806-374-8562</u>

79107 815 S. Ross, Amarillo, TX

Form 990 (2022)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employees."
- 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, box 6 of 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.

Name and this Notes age	(A)	(B)	Docition						(D)	(E)	(F)
Compensation Comp	Name and title	_	box	, unle	heck as pe	more rson i	than o	n an			Estimated amount of
Acade Acad		(list any hours for related organizations below	\vdash			Г	Г	Ė	the organization (W-2/1099-MISC/	organizations (W-2/1099-MISC/	other compensation from the organization and related organizations
(2) Jackie Kingston (3) Gianni Amato (3) Gianni Amato (3) Gianni Amato (3) Gianni Amato (4) Tim Williams (5) Ravonnette Stacey (5) Ravonnette Stacey (5) Ravonnette Stacey (5) Ravonnette Stacey (7) Consider Stacey (7) Consider Stace (7) Consider S		40.00								_	_
President	Executive Director				X				94962.	0.	0
(3) Gianni Amato (3) (4) Fresident (3) (4) ((2) Jackie Kingston	0.00	Į								
Vice President			X	_	X.			Ш	0.	0.	0.
(4) Tim Williams	(3) Gianni Amato	0.00	ļ		l	i				_	
Secretary X	Vice President		X		X		Ш		0.	0.	0.
S Ravonnette Stacey 0.00	(4) Tim Williams	0.00	Į						_	_	_
Treasurer	Secretary		X		X		_		0.	0.	0
(6) Paul Evans	(5) Ravonnette Stacey	0.00	Į		ı						
Asst. Treasurer	Treasurer		X		X		_	\perp	0.	0.	0
O	(6) Paul Evans	0.00	Į		l				_	_	_
Director	Asst. Treasurer		X	_	X	_	_		0.	0.	0
(8) Abel Bosquez 0.00 X X X 0. 0. Director	(7) Denise Blanchard	0.00	1		ı						_
Director			X	_	X	_	_	_	0.	0.	0
Section Sect	•	0.00			l						
Immediate Past President			X	_	X	_	<u> </u>	L	0.	0.	0
10 Rosemartha Cates		0.00	1								
Director			X	L	X	_	_	_	0.	0.	0
Columbia	(10) Rosemartha Cates	0.00	1								
Director X			X	_	_	_	-	⊢	0.	0.	0
(12) Dr. Anne Friemal 0.00 X 0.00	(11) Edmond Bachman	0.00	l_								_
Director X			X	_	┡	_	L	⊢	0.	0.	0
(13) Cheryl Gentry Director (14) Cherry Graham O.00 Director (15) Amanda Ast Director X O.00 Director X O.00		0.00	١		1	1					
Director X			X	_	⊢	⊢	L	⊢	0.	U.	0
(14) Cherry Graham 0.00 Director X (15) Amanda Ast 0.00 Director X (16) Shawn Morrison 0.00 Director X (17) Marty Murry 0.00		0.00	١					l			
Director		0.00	X	\vdash	⊢	⊢	⊢	-	0.	0.	0
(15) Amanda Ast	•	0.00	۱.,		ı						
Director		0.00	ļĂ.	-	⊢	⊢	\vdash	⊢	U.	0.	0
(16) Shawn Morrison Director (17) Marty Murry 0.00 X 0.00		0.00	{.,		1				_		0
Director		0.00	╇	-	+	\vdash	\vdash	\vdash	U.	U.	-
(17) Marty Murry 0.00		0.00	₩.							^	۸ ا
		0.00	┝	\vdash	+	\vdash	\vdash	\vdash	ļ	· ·	0
Director X 0. 0.		0.00	₩		1				0.	0.	0

232007 12-13-22

Form 990 (2022)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ghes	st C	ompensated Employee	S (continued)				
(A)	(B)	(B) (C)				(D)	(E)			(F)			
Name and title	Average		not c	heck	Position ack more than one			Reportable	Reportable			stimate	-
	hours per week	week box, unless person is both an officer and a director/trustee)						compensation	compensation from related	- 1	ar	nount other	of
	(list any	ģ			П	П		the	organizations	- 1	com	pensa	tion
	hours for	§				E			(W-2/1099-MISC	, I		om th	
	related	휥	l ag			en sat	1	(W-2/1099-MISC/	1099-NEC)		_	anizati	
	organizations below	Ę	ag l		§	8 2		1099-NEC)		- 1		d relat	
	line)	Individual trustee or director	Institutional trustee	Officer	кеу етрівуве	Highest compensated employes	a me			- 1	orga	anizati	วกร
(18) Don Nicholson	0.00	٣	٣	٦	Ť	1	٦			\dashv			
Director		x						0.	(<u>, c</u>			0.
(19) Bill Pinkham	0.00							_	i.				
Director	0.00	X	_	_	_		┡	0.		9.			0.
(20) Sonja Clrk	0.00	Į.						0.	,	٠l			٨
Director		X	\vdash	H	\vdash	╁	⊢	0.		9.			0.
		1	1										
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		1											
1b Subtotal								94962.		٥.			0.
c Total from continuation sheets to Part VI								0.).			0.
d Total (add lines 1b and 1c)								94962.		0.			0.
2 Total number of individuals (including but n	ot limited to th	10\$8	liste	d al	DOVE	e) wr	io re	eceived more than \$100,	000 of reportable				^
compensation from the organization				-			_			_		Yes	No.
3 Did the organization list any former officer,	director talet	-00	rov o	mn	love	. ^!	r hia	sheet compensated emp	lovee on	1		103	140
line 1a? If "Yes." complete Schedule J for s			-					•		- 1	3		X
4 For any individual listed on line 1a, is the su										. 1			
and related organizations greater than \$150]	4		X
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." con	nolete Schedul	e.li	or s	uch	pers	on					5		X
Section B. Independent Contractors		-	_		_	_	- 41			-			
 Complete this table for your five highest co the organization. Report compensation for 										nsat	tion m	om	
the organization. Report Compensation for	tile calelitual y	ear i	ai iOii	eg vi	/11/1	OI W		(B)	ear.	_	"		
Name and business	address	N	ONI	3				Description of s	ervices	C	ompe	nsatio	n
							_						
		_		_		_	-			_			
			_							_			
X									<u> </u>				
N													
2 Total number of independent contractors (i		ot li	mite	d to		_	sted	l above) who received m	ore than				
\$100,000 of compensation from the organi	zation		_			0	-	_		_	F	agn /	

75-1838348 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenue excluded Related or exempt Total revenue Unrelated from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns b Membership dues 1b c Fundraising events 10 d Related organizations 1d 2495878. 1e e Government grants (contributions) f All other contributions, gifts, grants, and 16500374. similar amounts not included above ... 12605357. g Noncash contributions included in lines 1a-1f 18996252. h Total. Add lines 1a-1f **Business Code** 2 a REVENUE: Share Contrib 424000 304543. 304543. 0. 0. 424000 225020. 225020. 0. 0. b Food Distributions Exp c Grants Foundation Kids 219046. 0. 424000 219046. 0. 424000 162638. 0. d CSFP Reimbursement Pro 162638. 0. 424000 157784. 157784. e CACFP 0. 0. 424000 183632. 183632. f All other program service revenue 1252663. g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and -273566. -273566. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 25753. assets other than inventory 7a **b** Less: cost or other basis 38709. and sales expenses Other Revenue -12956 c Gain or (loss) -12956. -12956. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See 113456. Part IV, line 18 41519. b Less: direct expenses 71937. 71937. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 155223 and allowances b Less: cost of goods sold 155223 155223. c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 14735. 14735. 11 a Support: Organizations 900099 0. 0. 900099 36. 36. 0. 0. ь Organizations - Commun d All other revenue 14771. e Total. Add lines 11a-11d

232009 12-13-22

-12956.

20204324.

1149091.

Total revenue. See instructions

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Program service expenses Do not include amounts reported on lines 6b. Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 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, 94962. 73121. 10446. 11395. trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 1921525. 1466696. 217221 237608. persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 191032. 33173. 253338. 29133. Other employee benefits 154251. 117996. 17290. 18965. Payroll taxes 10 Fees for services (nonemployees): 11 a Management b Legal 59392. 59392. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 15111. 11407 3704. column (A), amount, list line 11g expenses on Sch O.) 191618. -11100. 202718. Advertising and promotion 12 409610. 374386. 27023. 8201. Office expenses 13 Information technology 14 15 Royalties 230366. 227379. 1991. 996. 16 Occupancy Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 11291. 1225. 9000. 1066. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 219586. 1985. 222330. 759 Depreciation, depletion, and amortization 22 131049. 125973. 2648. 2428. Insurance 23 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 O.) 13421687. 13420855. 340. 492. a Food Distribution 153122. 22724. 201615. 377461. Other 256235. 256248. 13. c Vehicle/Delivery 3599. -22117. 62103. 80621. d Equipment Repair & Main 11399. 9160. 24. 2215. e All other expenses 17823741. 16717694. 388047. 718000. Total functional expenses. Add lines 1 through 24e 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 if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

	_	Check if Schedule O contains a response or n	oto to early in				
					(A) Beginning of year		(B) End of year
Т	1	Cash - non-interest-bearing		3356820.	1	3071991	
	2	Savings and temporary cash investments			186281.	2	2755
1	3	Pledges and grants receivable, net			4628.	3	2678
	4	Accounts receivable, net		E .	235421.	4	627258
	5	Loans and other receivables from any current	ficer, director,				
		trustee, key employee, creator or founder, sul					
1		controlled entity or family member of any of the			5		
	6	Loans and other receivables from other disqu					**
		under section 4958(f)(1)), and persons describ	ed in section	4958(c)(3)(B)		6	
. 1	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			7085503.	8	7315887
	9				86706.	9	28874
11	(0a		4				
		basis. Complete Part VI of Schedule D		9262245.			
	b	Less: accumulated depreciation	10b	3575780.	3676603.	10c	5686465
H	11	Investments · publicly traded securities			1488844.	11	1588893
- 1	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
111.0	16	Total assets. Add lines 1 through 15 (must ea			16120806.	16	18324801
_	17	Accounts payable and accrued expenses			346180.	17	169592
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
- 11	21	Escrow or custodial account liability. Complet			21		
1.	22	Loans and other payables to any current or fo					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		-		22	
۱,	23	Secured mortgages and notes payable to unr				23	74.0
- 1	24	Unsecured notes and loans payable to unrela				24	
_ I _	25	Other liabilities (including federal income tax,	-				
1.	ω	parties, and other liabilities not included on tir					
		of Schedule D	•		6.	25	0
Ι,	26	Total liabilities. Add lines 17 through 25			346186.	26	169592
+	26	Organizations that follow FASB ASC 958, c		X			
2		and complete lines 27, 28, 32, and 33.	HOOK HOLO				
Ĭ	27	Net assets without donor restrictions		T T	14101952.	27	16812773
	28	Net assets with donor restrictions	1672668.	28	1342436		
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		Organizations that do not follow FASB ASC					
		and complete lines 29 through 33.					
١,	20	Capital stock or trust principal, or current fund	F		29		
3 .	29 20	Paid-in or capital surplus, or land, building, or			30		
	30 34	Retained earnings, endowment, accumulated				31	
	31			15774620.	32	18155209	
1 S	32 33	Total net assets or fund balances Total liabilities and net assets/fund balances			16120806.		18324801

Form 990 (2022)

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
HIGH PLAINS FOOD BANK

Employer identification number 75-1838348

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ß An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on tines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (rv) is the organization tisted (iii) Type of organization (v) Amount of monetary (vi) Amount of other (ii) Name of supported (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II | (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") h7774755.h8920864.b2183087.h8436698.b0476073.b7791477. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 17774755.18920864.22183087.18436698.20476073.97791477. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 97791477. 6 Public support. Subtract line 5 from line 4. Section B. Total Support (c) 2020 (a) 2018 (b) 2019 (d) 2021 (e) 2022 Calendar year (or fiscal year beginning in) (f) Total 8920864.22183087.18436698.20476073.97791477. 7774755. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, rovalties, 21970. 27448. 90085. 63491. 25490. 228484. and income from similar sources 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 11645 45958 29655. 63951 1816. 153025 assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.61 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

Schedule A (Form 990) 2022

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990) 2022 HIGH PLAINS FOOD BANK

| 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

Sec	ction A. Public Support	now, please comp	ioto Fait II.)				
_	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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					2.112	
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						
	3 received from disqualified persons				-		
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that				1		
	exceed the greater of \$5,000 or 1% of the				1		
	amount on line 13 for the year				-		
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from fine 6.)						
_	ction B. Total Support	(m) 0040	(h) 2010	(=) 2020	(40 2021	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(I) TOTAL
	Amounts from line 6				1		
101	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
	and income from similar sources Unrelated business taxable income						
-	(less section 511 taxes) from businesses				1		1
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11							
	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				<u> </u>		
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	on,
	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2022 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2021	Schedule A. Part	III, line 15			16	<u>%</u>
_	ction D. Computation of Inves					II	
17	Investment income percentage for 20					17	<u>%</u>
18		2021 Schedule A,	Part III, line 17			18	<u>%</u>
19	a 33 1/3% support tests - 2022. If the						/ is not
	more than 33 1/3%, check this box a						L
	b 33 1/3% support tests - 2021. If the	organization did	not check a box of	nune 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on dia not check a	DOX ON HITE 14, 19	a, or 130, Check t	ans DUX ettu 366 IIIS		A (Form 990) 2022

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

	don't in outpoining organization			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.			
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			_
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a	\vdash	_
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		\vdash	
	organization made the determination.	3b	\vdash	_
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		\vdash	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	\vdash	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? #		\vdash	
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	-	_
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		1	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		\vdash	_
	despite being controlled or supervised by or in connection with its supported organizations.	4b	-1	_
¢	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4-	-	
-	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4c		
98				
	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).	5a		
Ь	Type I or Type II only. Was any added or substituted supported organization part of a class afready			
	designated in the organization's organizing document?	5b		
c	and the state of the first of the state of the state of the same s	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class		1 1	
	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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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).	8		
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.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which		\vdash	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	-	-
C	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			

232024 12-09-22

10a

9c

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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer line 10b below.

determine whether the organization had excess business holdings.)

Sche	t IV Supporting Organizations (continued)	7 103034	Pa	de 9
Fai	tre Supporting Organizations (continued)		Yes	No
44	Has the organization accepted a gift or contribution from any of the following persons?		165	NO
11	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			- 1
a	11c below, the governing body of a supported organization?	11a	\neg	
_	A family member of a person described on line 11a above?	11b	\vdash	
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
C	detail in Part VI.	11c		
Sec	tion 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 office			- 1
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			- 1
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	ted		
	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? # "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1	- 1	
	or management of the supporting organization was vested in the same persons that controlled or managed		\Box	
	the supported organization(s).	11		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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		\rightarrow	
_	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	2	\vdash	_
_	the organization maintained a close and continuous working relationship with the supported organization(s).		\vdash	\neg
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	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
ь	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 governmental entity	(see instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			\Box
_	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,	i i	lΙ	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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	14		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	ment to the first the annual to annual to an allocation materials of the affice of diseases of			\Box
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			لــــا
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
23202	5 12-08-22 S	chedule A (Forr	n 990)	2022

Pai	† V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		-
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	1 1		
	collection of gross income or for management, conservation, or	1 1		
	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):			
_	Average monthly value of securities	1a		
_	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
_	Total (add lines 1a, 1b, and 1c)	1d		
_	Discount claimed for blockage or other factors	 ''' 		
е	-	1 1		
-	(explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets	2		
		3		
3 4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
4		4		
_	see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5		6		
6	Multiply line 5 by 0.035. Recoveries of prior-year distributions	7		
7	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	1 6		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		4		
5		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ily integra	ted Type III supporting orga	anization (see
	instructions).		., ,, ,,	11 11 1

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2018

b Excess from 2019

c Excess from 2020

d Excess from 2021

e Excess from 2022

7 Excess distributions carryover to 2023. Add lines 3j

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.

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Department of the Treasury Internal Revenue Service

Name of the organization HIGH PLAINS FOOD BANK Employer identification number 75-1838348

OMB No. 1545-0047

Par	t I Organizations Maintaining Donor Advise		s or Ac	counts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lin	e 6.					
		(a) Donor advised funds		b) Funds and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor ad	vised fund	ls			
	are the organization's property, subject to the organization's						
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor o						
	impermissible private benefit?			Yes No			
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 99	D, 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, recrea	tion or education) Preservation	of a histo	rically important land area			
	Protection of natural habitat	Preservation	of a certif	fied historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the for	m of a cor				
	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			
C	Number of conservation easements on a certified historic stra	ucture included in (a)		2c			
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a					
	historic structure listed in the National Register			2d			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by t	he organia	zation during the tax			
	year						
4	Number of states where property subject to conservation eas	sement is located	_				
5	Does the organization have a written policy regarding the per		of				
	violations, and enforcement of the conservation easements it						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	onservatio	n easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conser	vation eas	sements during the year			
8	Does each conservation easement reported on line 2(d) above						
	and section 170(h)(4)(B)(ii)?			Yes No			
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial state	ments tha	at describes the			
	organization's accounting for conservation easements.	Art Historical Traceures or	Othor S	imilar Accets			
Pai	t III Organizations Maintaining Collections of		outer 5	illilar Assets.			
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 95						
	of art, historical treasures, or other similar assets held for pul			ace of public			
	service, provide in Part XIII the text of the footnote to its final						
b	If the organization elected, as permitted under FASB ASC 95						
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in fi	ırtherance	of public service,			
	provide the following amounts relating to these items:			•			
	(i) Revenue included on Form 990, Part VIII, line 1						
2	If the organization received or held works of art, historical tre		cial gain, p	provide			
	the following amounts required to be reported under FASB A			•			
а							
	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2022			

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Schedule D (Form 990) 2022

5686465.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

Schedule D (Form 990) 2022 HIGH PLAINS	FOOD BANK	75	5-1838348 Page 3
Part VIII Investments - Other Securities.			, 449
Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
(a) Description of security OF Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)		- 4	
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	T
(a) (Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)		
Part X Other Liabilities. Complete if the organization answered "Yes" of	on Form 000 Part IV line	11e or 11f See Form 200 Part V line 26	
(a) Description of liability	AT FORTH 990, Fart IV, IIII	118 OF 111. 388 FORM 330, Part A, line 25	(b) Book value
(1) Federal income taxes			(-,
(2)			
(3)			
(4)			
177			

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25,1

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

Schedule D (Form 990) 2022

(5) (6) (7)

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SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

2022

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

	HIGH PLAINS FOOD BANK	75-1838348			
Part	Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, lin	9 17. Form 990-EZ filers are not			
	required to complete this part.				
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.					
аX	Mail solicitations e X Solicitation of non-government grants				

b Internet and email solicitation c Phone solicitations		ation of	gover			
d In-person solicitations	g <u></u>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9			
2 a Did the organization have a written	ı or oral agreement with any individua	l (includ	ling of	ficers, directors, trus	tees, or	
key employees listed in Form 990,	Part VII) or entity in connection with p	orofessi	onal fi	undraising services?	X Yes	□ No
b If "Yes," list the 10 highest paid inc	dividuals or entities (fundraisers) pursu	ant to	agreei	ments under which th	ne fundraiser is to be	1
compensated at least \$5,000 by th	e organization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) funds have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
RKD - PO Box 843595, Dallas,		Yes	No			
TX 75284-3595	Mail Solicitations	X		519670.	204301.	315369.
		-				
_						
		\vdash				
		\vdash				
Total				519670.	204301.	315369.
List all states in which the organization licensing.				or has been notified	it is exempt from reg	gistration
TX						
	V					

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Schedule G (Form 990) 2022

Sch	edul		AINS FOOD BAI			1838348 Page 2
Pa	πI	Fundraising Events. Complete if the of fundraising event contributions and groups and groups.				
			(a) Event #1 Golf Tournament	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	001. (0))
Revenue	1	Gross receipts	113456.			113456.
	2	Less: Contributions				
	3	Gross income (tine 1 minus line 2)	113456.			113456.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	35900.			35900.
E E	7	Food and beverages	4736.			4736.
	8	Entertainment Other direct expenses	883.			002
	9	883. 41519.				
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				71937.
Pa				990, Part IV, line 19, or r	reported more than	72557.
-		\$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))
Ē	1	Gross revenue				
Ses	2	Cash prizes				
pen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	Yes %	Yes% No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		,	
_	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		***************************************	
	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No, "explain:	ctivities in each of these			Yes No
	_					
		ere any of the organization's gaming licenses re			year?	Yes No

Schedule G (Form 990) 2022

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Sch	edule G (Form 990) 2022 HIGH PLAINS FOOD BANK	75-1838348	Page 3
11	Does the organization conduct garning activities with nonmembers?	Yes	No
12	is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes [□ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
17	Lifting the manie and accided of the person who proposed the organization of gazining special events are recording		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes [No
t	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	ount	
	of gaming revenue retained by the third party \$		
	e If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
ę	Is the organization required under state law to make charitable distributions from the gaming proceeds to	□ v [
	retain the state gaming license?	Yes L	No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
De	organization's own exempt activities during the tax year \$ int IVI Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v):	and Doct III. Sans O. Ob	105
100	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Part III, IIIIes 9, 90), 10D,
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information, dee mandetions.		
_			
_			
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Schedule (G (Form 990)	HIGH PLA	AINS FOOD	BANK	75-18	38348 Page 4
Part IV	G (Form 990) Supplemental Info	mation (contin	undl			
	Cappioine na inio	Conun	ueu)			
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				·		

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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

HIGH PLAINS FOOD BANK

Employer identification number 75–1838348

Pai	t I Types of Property								
		(a)	(b) Number of	(c) Noncash contrib	ution	(d)		:	
		Check if applicable	contributions or	amounts reporte		Method of de noncash contribu			e.
		црриоцью	items contributed	Form 990, Part VIII,	line 1g		1011 @	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1	Art · Works of art								
2	Art · Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities · Partnership, LLC, or				- 1				
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution ·								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	5147726	12605	357.				
20	Drugs and medical supplies								_
21	Taxidermy								
22	Historical artifacts							_	_
23	Scientific specimens			ļ					
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other (l					
29	Number of Forms 8283 received by the organia								
	for which the organization completed Form 82	83, Part V, [Oonee Acknowledg	ementL	29				
								Yes	No
30a	During the year, did the organization receive by								
	must hold for at least 3 years from the date of								X
	exempt purposes for the entire holding period	'			•••••		30a		_
	If "Yes," describe the arrangement in Part II.	11 Ale - A	ture she a seritaria	-6		0	-	х	-
31	Does the organization have a gift acceptance p						31	Α_	
32a	Does the organization hire or use third parties						200		x
	contributions?					**********	32a		-
b	If "Yes," describe in Part II. If the organization didn't report an amount in c	olumn (a) fa	r a time of propert	for which column for	a) is chool	red			
33		oumn (c) to	a type of property	y for which column (ay is crieci	vou,			
_	describe in Part II.							_	

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Schedule M (Form 990) 2022

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

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.

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

HIGH PLAINS FOOD BANK

Employer identification number 75-1838348

and the second distance and th
Form 990, Part I, Line 1, Description of Organization Mission:
products to over 160 other partner, non-profit organizations throught
the panhandle.
Form 990, Part VI, Section B, line 11b:
The Finance Committe will review the Form 990 in detail.
Form 990, Part VI, Section B, Line 12c:
The board is required to sign a conflict of interest policy statement every
year. They list where a possible conflict of interest might arise with
their position. These conflicts are monitored if one should arise. That
person is excused from board meetings and has to abstain from voting due to
a conflict of interest.
Form 990, Part VI, Section B, Line 15a:
The Excutive Committee evaluates the CEO each year. It is based on the
CEO's goals and objectives in the long range plan. They also conduct a
survey every few years to reasearch salaries of comparable non-profits in
the area. The CEO does the yearly compensation reveiw for key employees.
Form 990, Part VI, Section C, Line 19:
High Plains Food Bank governing documents, conflicts of interest and
financial statements are made available to the public upon request. Our 990
and annual audit is on our website, is provided to donors through the
annual report, and appears on Guidestar.

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Schedule O (Form 990) 2022