Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

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OMB No 1545 0047
2023
Open to Public Inspection

AF	or the	2023 calendar year, or tax year beginning a	nd ending			
Вс	heck if pplicable	C Name of organization	-2	D Employer identific	cation number	
	Addres	HIGH PLAINS FOOD BANK				
-	change Name change	Doing business as	110	75-18383	48	
F	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Rosm/suite	E Telephone number	r	
	Final return/	P.O. Box 31803		806-374-		
,	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	19810309.	
	Amend return	Amarii 10, 12 /3120-1003		H(a) Is this a group re		
	Applice				? Yes X No	
_	pendin	same as C above		H(b) Are all subordinates in		
		mpt status; X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527	1	list. See instructions	
	Vebsit		li Vana	H(c) Group exemption	n number § State of legal domicile: TX	
K		organization: X Corporation Trust Association Other Summary	IL Year	or formation, 1302	A State of legal domicile: 1A	
-	1 1	Briefly describe the organization's mission or most significant activities: The	High P	lains Food I	Bank	
89	' '	collects, warehouses and distributes don	nated/pu	irchased foo	d and	
Activities & Governance	100	Check this box if the organization discontinued its operations or dis	posed of more	than 25% of its net ass	sets	
Ver		Number of voting members of the governing body (Part VI, line 1a)		3	22	
8		Number of independent voting members of the governing body (Part VI, line 1b)	4	22	
양	5 '	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	48	
ritie		Total number of volunteers (estimate if necessary)			10125	
Ę.				7a	23142.	
_	_ b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
			-	Prior Year 18996252.	Current Year 17755916.	
•		Contributions and grants (Part VIII, line 1h)		1252663.	1067201.	
eun	ı	Program service revenue (Part VIII, line 2g)		-286522.	313278.	
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		241931.	624422.	
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20204324.	19760817.	
_		Fotal revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12 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.	
	46	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1		2424076.	2756111.	
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Den	,oa	Total fundraising expenses (Part IX, column (D), line 25) 747	7979.			
2	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		15399665.	15990081.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		17823741.	18746192.	
		Revenue less expenses. Subtract line 18 from line 12		2380583.	1014625.	
68		——————————————————————————————————————	Be	eginning of Current Year	End of Year	
Net Assets	20	Total assets (Part X, line 16)		18324801.	19290230.	
4	21	Total liabilities (Part X, line 26)		169592.	120395.	
2	22	Net assets or fund balances. Subtract line 21 from line 20		18155209.	19169835.	
		Signature Block			u knowledge and betief it in	
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying sched	lu es ano statem	ents, and to the dest of the	y knowledge and beaut, it is	
true	correc	t, and complete. Declaration of preparer (other than office:) is based on all information o	Minch hid are	lias any kilowieuge.	03/04	
0		Signature of officer		Date	127	
Sig		Ravonnette Stacey Vice - President				
Her	е	Type or print name and title				
-		Print/Type preparer's name Preparer's signature		Date Check	PTÍN	
Paid	1	Jerry Hill, CPA		self-em plo		
Pre	parer	Firm's name ANDERSON HILL LL		Firm's El ^t i 8	33-1026475	
Use	Only	Firm's address 1910 W American Blvd.				
_		Muleshoe, TX 79347		Phone no. (8	306) 272-7502	
Ma	u the II	RS discuss this return with the preparer shown above? See instructions	0100030300000000000		X Yes No	

75~1838348 HIGH PLAINS FOOD BANK Page 3 Part IV | Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X 1 If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments. or X 5 similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? /f "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete X 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X 10 or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X. as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X 11c assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in X 11d Part X, line 16? If "Yes," complete Schedule D, Part IX X 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E... 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. Fines X 18 1c and 8a? If "Yes." complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes," 19 X 19 complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

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domestic government on Part IX, column (A), line 1? If *Yes.* complete Schedule I, Parts I and II

X

Form 990 (2023)

Form 990 (2023) 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			
	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			
04-	Schedule J	23		X
2 4a	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			١
h	Schedule K. If *No, * go to line 25a	24a		X
0	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		
	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		Х
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		Х
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? #			
ь	"Yes," complete Schedule L, Part IV	28a	_	X
	A family member of any individual described in line 28a? // "Yes," complete Schedule L, Part IV	286		X
·	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? #			tr
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c	TUP .	<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	X	
00	contributions? If "Yes," complete Schedule M			v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
-	Schedule N, Part II	32	- 1	x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	3/2	-	
	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	33	-	
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>
	within the meaning of section 512(b)(13)? If *Yes,* complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
[al	Chack if Schadula O contains a response or note to any line in this Dat V			
-	Check if Scriedule O contains a response or note to any line in this Part V	T		Ш.
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
h	Folder 1 15 March 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	40	х	
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				~~~~

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements						
	filed for the calendar year ending with or within the year covered by this return2a2a						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X				
3a	Person of the private area of the control of the co						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
h	If "Yes," enter the name of the foreign country						
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?						
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			
ь	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).	Fig					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		X_			
đ	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							
h							
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.	=		ليب			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	_	X			
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	_	X			
10	Section 501(c)(7) organizations. Enter:						
a	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:						
a	Gross income from members or shareholders						
þ	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	12a					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	ıza					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Is the organization licensed to issue qualified health plans in more than one state?	13a					
а	Note: See the instructions for additional information the organization must report on Schedule O.	100					
_	Enter the amount of reserves the organization is required to maintain by the states in which the						
b	organization is licensed to issue qualified health plans						
_	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
10	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		X			
	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.						

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

Sec	tion A. Governing Body and Management			*********		144
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2:	2		
	If there are material differences in voting rights among members of the governing body, or if the governing			1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	2:	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as					Х
6	Did the organization have members or stockholders?			6		Х
7a						
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	ne following:			
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the			
	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 colicies not required by the Internal Ri	evenus	Code.)			
					Yes	
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such d	hapter	s, affiliates,	1		
	· · · · · · · · · · · · · · · · · · ·			10b		_
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the form?	11a	X	-
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				17	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	_
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? #			1		l
	on Schedule O how this was done			12c	-	_
13	Did the organization have a written whistleblower policy?		********************************	13	X	-
14	-			14	X	_
15	Did the process for determining compensation of the following persons include a review and approv	-	naepenaent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45.	X	-
a	The organization's CEO, Executive Director, or top management official			15a 15b	Α.	х
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			130		Α
160	Did the organization invest in contribute assets to, or participate in a joint venture or similar arrange	umont :	with a			
IOa				16a		Х
ь	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the content of t			100	_	-
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the company of		•			
	exempt status with respect to such arrangements?	II WEST		16b		_
Sec	tion C. Disclosure	*****	**************	1 100		_
17	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, a	and 99	0-T (section 501(c)(3	)s only)	availa	b!e
	for public inspection. Indicate how you made these available. Check all that apply			, , ,		
	X Own website X Another's website X Upon request Other (explain	in on S	Schedule (1)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents of		•	nd finan	cial	
	statements available to the public during the tax year.		p y   w-			
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks as	nd records			
	Zack Wilson - 806-374-8562					
	815 S. Ross, Amarillo, TX 79107					

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### 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 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, 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.

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

- 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.

(A)	(B)			{(	2)			(D)	(E)	(F)
Name and title	Average	١		Pos	ition	l.		Reportable	Reportable	Estimated
That is a second the	hours per	box	, unle	sa per	son i	than o s both	เลก	compensation	compensation	amount of
	week	offi	cer an	dad	recto	r/trus	tee)	from	from related	other
	(list any	actor						the	organizations	compensation
	hours for	- E				2	l	organization	(W-2/1099-MISC/	from the
	related		Tuste			E S		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	置	lano Liga		Se ye	E .		1099-NEC)		and related organizations
	below (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) Zachary Wilson	40.00	=	=	P	~	==	T.			
Executive Director						X		108787.	0.	0.
(2) Jackie Kingston	0.00		П			П				
Immediate Past President		X		X				0.	0.	0.
(3) Gianni Amato	0.00									
President		X		X			L	0.	0.	0.
(4) Tim Williams	0.00							_	_	_
Secretary		X		X	_		_	0.	0.	0.
(5) Ravonnette Stacey	0.00	ļ								
Vice President		X	_	X	_	_	_	0.	0.	0.
(6) Paul Evans	0.00									
Asst. Treasurer		X	_	X	_	_	_	0.	0.	0.
(7) Denise Blanchard	0.00			l						_
Director		X	_	X	_	_	-	0.	0.	0.
(B) Abel Bosquez	0.00	١						0.	0.	_
Director	0.00	X	_	X	$\vdash$	⊢	-	0.	0.	0.
(9) Pat Ware	0.00	١		,,				0.	0.	0.
Director	0.00	X	⊢	X	$\vdash$	$\vdash$	-	0.	0.	<u></u>
(10) Rosemartha Cates	0.00	۱.,						0.	0.	0.
Director	0.00	X	-	├	⊢	-	$\vdash$	U .	0.	0.
(11) Shirley Clark	0.00	x	1					0.	0.	0.
Director	0.00	┝	-	╁	$\vdash$	$\vdash$	$\vdash$	0.	0.	0.
(12) Stephanie Fretwell Director	0.00	x						0.	0.	0.
(13) Cheryl Gentry	0.00	┢	-	H	-	$\vdash$	╁	· · · · · ·	0.	0.
Director	0.00	x	1					0.	0.	0.
(14) Cherry Graham	0.00	$\vdash$	$\top$							
Director		1x						0.	0.	0.
(15) Amanda Ast	0.00		Г	Г	П	Τ	П			
Director		x						0.	0.	0.
(16) Shawn Morrison	0.00									
Director		X			_		_	0.	0.	0.
(17) Marty Murry	0.00									
Director		X		L	1_	L		0.	0.	0.
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Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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75-1838348 HIGH PLAINS FOOD BANK Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 1a 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts. **b** Membership dues 1b 10 c Fundraising events 1d d Related organizations 849334. e Government grants (contributions) Contributions, f All other contributions, gifts, grants, and 16906582. similar amounts not included above ... 13435891. 19 \$ g Noncash contributions included in lines 1a-1f 17755916. h Total. Add lines 1a-1f **Business Code** 0. 424000 285118. 285118. 2 a REVENUE: Share Contrib Program Service 246832. 0. b CSFP Reimbursement Pro 424000 246832. 0. 424000 173120. 173120. c CACFP 0. d Grants Foundation Kids 424000 162174. 162174. 107676. 0. 424000 107676. Grants Foundation Oper 92281. 92281. 424000 f All other program service revenue 1067201. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 290136. 290136. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... 5 (i) Real (ii) Personal 6 a Gross rents ...... b Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (iii) Other 7 a Gross amount from sales of 35223. assets other than inventory 7a b Less: cost or other basis 12081. 7b Other Revenue and sales expenses 23142. c Gain or (loss) 23142. 23142. d Net gain or (loss) ..... 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See 119432. Part IV, line 18 37411. b Less: direct expenses ...... 82021. 82021. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses ..... c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances ...... b Less: cost of goods sold ....... c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 524154. 524154. 11 a Support: Organizations 900099 18247. ь Organizations - Commun 900099 18247. d All other revenue .....

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82021.

23142.

542401.

19760817.

1899738.

e Total, Add lines 11a 11d

Total revenue. See instructions

devotor of right) and so right, briganizations must complete an columns. An other organizations must complete column the	Section 501(c)(3) and 501(c)(4) organizations must complete all colum	ns. All other organizations must complete column (A)
--------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------	------------------------------------------------------

_	Check if Schedule O contains a respons	e or note to any line in	this Part IX	277575	fi 34+E,
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,	100000	00.566	44045	
_	trustees, and key employees	108787.	83766.	11967.	13054.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	0471227	1685004	020004	055000
_	persons described in section 4958(c)(3)(B)	2171337.	1675084.	239221.	257032.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	301932.	022004	2001	04.04.5
9	Other employee benefits		232224.	37891.	31817.
10	Payroll taxes	174055.	134366.	19090.	20599.
11	Fees for services (nonemployees):			P	
a	-				
b	Legal	36260.		26260	
Ç	· · · · · · · · · · · · · · · · · · ·	30200.		36260.	
	Lobbying Conference Co				
9					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	25965.	20462		FF02
40	column (A), amount, list line 11g expenses on Sch O.)	163127.	20462.		5503.
12	Advertising and promotion	693931.	677562.	7042	163127.
13	Office expenses	033331.	0//502.	7942.	8427.
14	Information technology				
15	Royalties	322493.	320440.	899.	1154
16	Occupancy	344433.	320440.	033.	1154.
17 18	Travel				
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22138.	11663.	6012.	4463.
20		22170.	11003.	0012.	4403.
21	Payments to affiliates	-			
22	Depreciation, depletion, and amortization	316766.	313923.	2036.	807.
23		177299.	172178.	2825.	2296.
24	Other expenses. Itemize expenses not covered	2772551	1,21,00	2025.	
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list I'ne 24e expenses on Schedule (),				
а	Food Distribution	13541810.	13541052.	257.	501.
b	Other	349666.	134553.	1993.	213120.
C	Vehicle/Delivery	192619.	192544.	68.	7.
d	Equipment Repair & Main	137558.	99709.	13011.	24838.
8	All other expenses	10449.	8829.	386.	1234.
25	Total functional expenses. Add lines 1 through 24e	18746192.	17618355.	379858.	747979.
26	Joint costs. Complete this line only if the organization		_		
	reported in column (B) joint costs from a combined	A	B		
	educational campaign and fundralsing solicitation.				
	Check here if tottowing SOP 98-2 (ASC 958-720)		8		
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					(A) Beginning of year		(B) End of year
Т	1	Cash - non-interest-bearing			3071991.	1	2453066
1	2	Savings and temporary cash investments			2755.	2	11460
	3	Pledges and grants receivable, net			2678.	3	1478
	4	Accounts receivable, net			627258.	4	553520
	5	Loans and other receivables from any current or					
	•	trustee, key employee, creator or founder, subst					
1		controlled entity or family member of any of thes		· · · · · · · · · · · · · · · · · · ·		5	
	6	Loans and other receivables from other disqualif					
	•	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			7315887.	8	8585416
	9	Prepaid expenses and deferred charges			28874.	9	39159
1.	-	Land, buildings, and equipment: cost or other	l l				
1	IVa		10a	9928031.			
	ь	Less: accumulated depreciation	10b	3791888.	5686465.	10¢	6136143
1.	11			******************	1588893.	11	1509988
- 1	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV. line				13	
	14				14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			18324801.	16	19290230
_	17	Accounts payable and accrued expenses			169592.	17	120395
- 1	18	Grants payable				18	
- 1	19					19	
- 1	20	Tax-exempt bond liabilities		20			
- 1	21	Escrow or custodial account liability. Complete f		chedule D		21	
١,	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		22			
١,	23	Secured mortgages and notes payable to unrela		arties		23	
- 1	24	Unsecured notes and loans payable to unrelated				24	
- 1	25	Other liabilities (including federal income tax, pa					
1.		parties, and other liabilities not included on lines					
1		of Schedule D				25	
1	26	Total liabilities. Add lines 17 through 25			169592.	26	120395
7		Organizations that follow FASB ASC 958, che		X			
1		and complete lines 27, 28, 32, and 33.					00.00
1	27				16812773.	27	17651693
	28				1342436.	28	1518142
. [	~~	Organizations that do not follow FASB ASC 9		2000-01000			
		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building, or ex				30	
	31	Retained earnings, endowment accumulated in				31	
	32	Total net assets or fund balances			18155209.	32	19169835
	33	Total liabilities and net assets/fund balances			18324801.	33	19290230

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

3a X

#### **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.

OMR No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization 75-1838348 HIGH PLAINS FOOD BANK Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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 lines 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 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). (iv) is the organization listed in your governing document? (vi) Amount of other (iii) Type of organization (i) Name of supported (ii) EIN (v) Amount of monetary (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

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

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

Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Gifts, grants, contributions, and				1	15, 3700	17.00		
	membership fees received. (Do not								
	include any "unusual grants.")	18920864.	22183087.	18436698.	20476073.	19429292.	99446014.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to					1			
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge				1				
4	Total. Add lines 1 through 3	18920864.	22183087.	18436698.	20476073.	19429292.	99446014.		
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)								
	Public support, Subtract line 5 from line 4						99446014.		
Sec	ction B. Total Support	Y							
	ndar year (or fisçal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 4	18920864.	22183087.	18436698.	20476073.	19429292.	99446014.		
8	8 Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources ,	27448.	21970.	90085.	63491.	122629.	325623.		
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	62054							
	assets (Explain in Part VI.)	63951.	11645.	45958.	1816.	41389.	164759.		
11	Total support. Add lines 7 through 10						99936396.		
12	Gross receipts from related activities,					12			
13	First 5 years. If the Form 990 is for the								
Sec	organization, check this box and stoction C. Computation of Publi		aantaga						
							00 51		
	Public support percentage for 2023 (I					14	99.51 %		
	Public support percentage from 2022 33 1/3% support test - 2023. If the					15	99.61 %		
iva	stop here. The organization qualifies								
h	33 1/3% support test - 2022. If the	as a position did no	orted organization	ne 13 or 16a and	lino 15 in 22 1/20/	or orong object this	<u>(A</u> )		
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test	- 2023 If the ord	anization did not c	hack a hoy on line	13 16a or 16b a	nd line 14 is 1004	li		
	and if the organization meets the fact								
	meets the facts and circumstances te								
b	10% -facts-and-circumstances test					7a and line 15 is			
							10/0 01		
	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								
18	Private foundation. If the organization								
		100000000000000000000000000000000000000					(Form 990) 2023		

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Schedule A (Form 990) 2023 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 t
qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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-				1					
	iness under section 513									
4	Tax revenues levied for the organ-									
*	ization's benefit and either paid to			1	1					
					1					
	111111111111									
5	The value of services or facilities			ł						
	furnished by a governmental unit to									
	the organization without charge				-					
	Total. Add lines 1 through 5									
7a	Amounts included on lines 1, 2, and									
	3 received from disqualified persons		-							
t	Amounts included on lines 2 and 3 received									
	from other than disqualified persons that exceed the greater of \$5,000 or 196 of the			1		1				
	amount on line 13 for the year									
	Add lines 7a and 7b									
8	Public support. (Subtract line 7c from line 5.)			<u> </u>						
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
9	Amounts from line 6									
108	Gross income from interest,									
	dividends, payments received on securities loans, rents, royalties,									
	and income from similar sources			l						
	Unrelated business taxable income					1				
	(less section 511 taxes) from businesses	1								
	acquired after June 30, 1975									
	Add lines 10a and 10b									
	Net income from unrelated business									
	activities not included on line 10b.		1							
	whether or not the business is regularly carried on									
12	Other income. Do not include gain		1	1						
	or loss from the sale of capital									
40	assets (Explain in Part VI.)		·			100				
	Total support, (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the		first second third	fourth or fifth tax	vear as a section	501(c)(3) organizatio	nn.			
14										
Sa	check this box and stop here ction C. Computation of Publ	ic Support Pe	rcentage			THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O	and the second			
-				column (fi)		15	%			
15	and the control of th				200	16	96			
16 Se	ction D. Computation of Inves					1.0				
DESCRIPTION OF THE PERSON NAMED IN	Investment income percentage for 2			line 13. column (fil		17	%			
				into to agonini (d)		18	96			
18	Investment income percentage from a 33 1/3% support tests - 2023. If the	Acceptantian did	noteback the bas	on line 14 and lin	no 15 le more than					
198							, 31100			
	more than 33 1/3%, check this box a						and and			
١	33 1/3% support tests - 2022. If the						# IC			
	line 18 is not more than 33 1/3%, che									
20	Private foundation. If the organization	on did not check a	a box on line 14, 19	ea or 190, check	to s pox and see in		A (Easter 000) 2000			
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## 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

- 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")? If "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 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 disqualified 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).

Yes	No
-	_
	$\neg$
-	
_	
	$\equiv$
	Yes

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.
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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.

Schedule A (Form 990) 2023

2b

За

these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

	_	_		
Schedule	A	(Form	990)	2023

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

emergency temporary reduction (see instructions)

instructions).

Schedule A (Form 990) 2023

and 4c.

8 Breakdown of line 7:

a Excess from 2019

b Excess from 2020

c Excess from 2021

d Excess from 2022

e Excess from 2023

7 Excess distributions carryover to 2024. Add lines 3j

## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

**Employer identification number** 

Name of the organization HIGH PLAINS FOOD BANK 75-1838348 Part I | Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

(a) Donor advised funds (b) Funds and other accounts  1 Total number at end of year		organization answered "Yes" on Form 990, Part IV, line	e 6.	
2 Aggregate value of contributions to (during year)  3 Aggregate value of grants from (during year)  4 Aggregate value at and of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor from the programment of the consequence of the consequ	_			(b) Funds and other accounts
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4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, denore, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisor, for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the donor odnor advisor, for any other purpose conferring impermissible private benefit?  Purpose(s) of conservation easements held by the organization check all that apply).  Preservation of land for public use for example, recreation or education). Preservation of a historically important land area.  Preservation of pen space.  Complete lines 2s through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  I total careage restricted by conservation easements.  1 Total number of conservation easements.  2 Total number of conservation easements on a certified historic structure included on line 2a.  1 Number of conservation easements may be added on line 2c acquired after July 25, 2005, and not on a historic structure listed in the National Register.  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.  A Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year.  Note the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year.  Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(l) and section 170(h)(4)(B)(l)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet works of art, historical treasures, or	2	Aggregate value of contributions to (during year)		
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5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is properly, subject to the organization's exclusive legal control?	-			
are the organization's property, subject to the organization's exclusive legal control?		Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	ed funds
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violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(iii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  If the organization received or Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.	-			
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Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.	6			
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included on Form 990, Part VIII, line 1 \$	•	Gen and volunteer flours devoted to mornioning, inspecting	Tarranting of the same of the	,
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and section 170(h)(4)(B)(ii)?	•	reflective of expenses mounted at the mounter of the control of th		
and section 170(h)(4)(B)(ii)?	B	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(r	n)(4)(B)(i)
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(ii) Assets included in Form 990, Part X \$  2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.				\$
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the following amounts required to be reported under FASB ASC 958 relating to these items:	2			
	Z			m general for a come
a nevenue induded offi offi dov, i are vin, into i	_			\$
b. Assets included in Form 990, Part X	a			

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

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Schedule D (Form 990) 2023

-	edule D (Form 990) 2023 HIGH PL	AINS FOOD	BANK			75-18	3834	8 F	age 2
	rt III   Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or Othe	er Simila	r Assets	S (conti	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	s, check any of the	following that make	significant i	use of its			
	collection items (check all that apply).								
а		C		change program					
b		e	Other						
C									
4	Provide a description of the organization's co					se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or other simila	r assets	_		-	23
l Do	to be sold to raise funds rather than to be mart IV   Escrow and Custodial Arran	aintained as part of the	he organization's co	illection?			Yes		No
ra		gements Comple	te if the organization	n answered "Yes" or	Form 990.	Part IV, Ii	ne 9, or		
40	reported an amount on Form 990, Pa		W1000 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100						
та	Is the organization an agent, trustee, custodi						wa _k	-	nalej .
	on Form 990, Part X?			**********************		L	Yes	L	_ No
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
_	Designing between						Amoun	t	
C									
d	***************************************	*!!			1d		****	_	
e f	• • • • • • • • • • • • • • • • • • • •	=======================================	. 4 * * * * * * * * * * * * * * * * * *		. 1e				
	Ending balance	orm 000 Dark V line	04 (04 00000000000000000000000000000000		. <u>II</u>		7		7
	If "Yes," explain the arrangement in Part XIII.						_ Yes	$\vdash$	_ No
	rt V   Endowment Funds Complete if	the organization and	planation has been	m 000 Part IV line:	10	***************************************			
	- Contracte II	(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	naro haok	(a) Four		hade
ta	Beginning of year balance	284829.	566454.	512016	$\overline{}$	491040.	(e) Fou	<u> </u>	3946.
b	Contributions	501027.	300434,	312010.		491040.		433	3940.
	Net investment earnings, gains, and losses	290136.	-273566.	63823.		29569.			15.65
d	Grants or scholarships	270130.	-275500.	03023,	-	29369.		51	565.
	Other expenditures for facilities								
•		8888.	8059.	9385.		8593.		4.0	1477
f	Administrative surrous	0000.	0033.	3303.		\$393.		13	3471.
g	Foot of come but a com	566077.	284829,	566454.		512016.		401	040
2	Provide the estimated percentage of the curr					112010,		491	040.
a	Board designated or quasi-endowment	47.0400	- (iine 19, coloinii (a %	)) new as					
	Permanent endowment 52.9600	%	_70						
	_								
_	The percentages on lines 2a, 2b, and 2c sho	a ·							
За	Are there endowment funds not in the posse		tion that are held ar	ad administered for t	he				
	organization by:	out of the organiza	morratura di ornola di	101 E 201111 11510 100 101 1	110		1	Yes	No
	(i) Unrelated organizations?						3a(i)	X	110
	(ii) Related organizations?						3a(ii)	25.	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R2			4114	3b		Δ.
4	Describe in Part XIII the intended uses of the						SU I		
Pai	rt VI Land, Buildings, and Equipm	ent							
	Complete if the organization answered		, Part IV, line 11a. S	ee Form 990, Part X	line 10				
	Description of property	(a) Cost or of			Accumulate	н	(d) Bool	c vealu	_
		basis (investm		1-7	preciation		(a) Doo	, Adid	C
1a	Land	2110					2.	110	46.
	Buildings				230550	3.			41.
	Leasehold improvements					-	22,1		
	Equipment		L41.		148638	5.	171	367	56.
	Other								
	. Add lines 1a through 1e. (Column (d) must e		K. line 10c. column	(B))			613	361	43.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 HIGH PLAINS	FOOD BANK	75	-1838348 Page
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (and along ments of security)	(b) Book value	(c) Method of valuation: Cost or end	J-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(8)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)		1914	
Total. (Col. (b) must equal Form 990, Part X, line 12, cd. (B))			
Part VIII Investments - Program Related.  Complete if the organization answered "Yes"	Farm 000 Bart IV line	11a Pag Form 000 Part V line 13	
	(b) Book value	(c) Method of valuation: Cost or end	d.of.vear market value
(a) Description of investment	(b) DOOK VAIDE	(c) Wellion of Valuation. Cost of City	2 Of your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets  Complete if the organization answered "Yes"	on Form 990 Bort IV line	11d See Form 990 Part Y line 15	
	Description	Tru. See Form 550, Fait X, line 15.	(b) Book value
	Description		tal Book value
			<del> </del>
(2)			
(3)			
(4)			<u> </u>
(5)			
(6)			
(8)		3033	
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co.	(B))		
Part X Other Liabilities  Complete if the organization answered "Yes"			5.
(a) Description of liability	0111 01111 000; 1 41111, 11110	, , , , , , , , , , , , , , , , , , , ,	(b) Book value
(2)		*	
(3)			1
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 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) 2023

(8) (9)

#### 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Inspection
uployer identification numbe

vame of the organization HIGH PL	AINS FOOD BANK				75-1838	348
	Complete if the organization answer	ered "Y	es' or	n Form 990, Part IV, li	ne 17. Form 990-EZ	filers are not
required to complete this par  1 Indicate whether the organization rais a X Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990 P b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	sed funds through any of the following Solicita Table Solicita Tab	ntion of ation of I fundra I (includ professi	non-g gover ising ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundralser)	1 '' '		(iii) Did fundraliser have custody or control of contributions?		(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			
PX 75284 3595	Mail Solicitations	х		500074.	153730.	346344.
				500074.	153730.	346344.
<ol> <li>List all states in which the organization or licensing.</li> </ol>	on is registered or licensed to solicit	contrib	utions	s or has been notified	it is exempt from re	gistration
TX						
			_			
	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				3 4 (NO) 100 A 200	
112						\$ NA
						-
						3 2

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Schedule G (Form 990) 2023

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

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr	ne organization answered oss income on Form 990	d "Yes" on Form 990, Pa D-EZ, lines 1 and 6b. List	rt IV, line 18, or reported events with gross recei	d more than \$15,000 ots greater than \$5,000
			(a) Event #1 Golf Tournament	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through col. (c))
92			(event type)	(event type)	(total number)	(-)//
Revenue	1	Gross receipts	119432.			119432.
	2	Less: Contributions				
_	3	Gross income (line 1 minus line 2)	119432.			119432.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
7	8	Entertainment				
	9	Other direct expenses				3584.
-	10	Direct expense summary. Add lines 4 through			***************************************	3584.
Pa	11	Net income summary. Subtract line 10 from li  II Gaming. Complete if the organization	ne 3, column (d)	- 000 D - 187 E - 40		115848.
		\$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
$\neg$		Training and the same and the s		(b) Pull tabs/instant		(d) Total gaming (add
<b>Ве</b> уелие			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
50		Gross revenue  Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct (	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	Yes% No	Yes% No	
	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)			
			The state of the s			
а	ls th	er the state(s) in which the organization condune organization licensed to conduct gaming action, explain:	tivities in each of these s	states?	··· Spew end in sti	Yes No
		re any of the organizat on's gaming licenses re ∕es," explain:				Yes No
						786
332082	09-	-13-23			Sche	dule G (Form 990) 2023

Sch	edule G (Form 990) 2023	HIGH PLAINS	FOOD BAN	К	75-1	838348	Page 3
_	Does the organization conduct ga			manife the second second		Yes	No
12	is the organization a grantor, bene	eficiary or trustee of a trus	t. or a member o	f a partnership or other entity formed		******	
				and an an an analysis of the latest and the		Yes	No
13	Indicate the percentage of gaming	g activity conducted in				1 1	
	The organization's facility					13a	96
- 1	An outside facility		a ka amata a wa	CONTRACTOR OF THE SHIP CONTRACTOR		13b	%
14	Enter the name and address of th	e person who prepares the	e organization's	gaming/specia! events books and recor	st.		
	Name						
	Address						
15	a Does the organization have a con	tract with a third party from	n whom the orga	anization receives gaming revenue?		Yes	No No
1	If "Yes," enter the amount of gam	ing revenue received by the	ne organization	\$ and the an	nount	9.	
	of gaming revenue retained by the						
	If "Yes," enter name and address						
	Alexan						
	Name	**					
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$	_				
	Description of services provided						
	2				_		
	Director/officer	Employee	Indepe	ndent contractor			
47	A familiation or allocable obligations						
	Mandatory distributions: a Is the organization required unde	v etate law to make charits	shle distributions	from the gaming proceeds to			
				The state of the s		Yes	No
	h Enter the amount of distributions	required under state law	o be distributed	to other exempt organizations or spent	in the		
	organization's own exempt activi						
P	art IV Supplemental Infor	rmation. Provide the ex	planations requi	red by Part I, line 2b, columns (iii) and (v	); and Par	t III, lines 9,	9b, 10b,
_	15b, 15c, 16, and 17b, a	s applicable. Also provide	any additional in	formation. See instructions.			
-				000 St. V 100 Tel. 100			
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Schedule G	(Form 990) HIGH PLAINS FOOD BANK Supplemental Information (continued)	75-1838348	Page 4
Part IV	Supplemental Information (continued)		Primary Charles
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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.

2023

Inspection

Name of the organization

Employer identification number

75-1838348 HIGH PLAINS FOOD BANK Types of Property Part I (b) (a) Noncash contribution Method of determining Number of Check if contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art · Works of art 2 Art · Historical treasures Art - Fractional interests ..... 3 Books and publications Clothing and household goods 5 Cars and other vehicles _____ 6 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock Securities · Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 13435891. 5147726 19 Food inventory Drugs and medical supplies _____ 20 Taxidermy 21 Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 25 Other Other 26 Other 27 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? 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

Schedule M (Form 990) 2023

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

Schedule M	(Form 990) 2023	HIGH	PLAINS	FOOD	BANK			75-18383	48 P	age 2
Part II	Supplementa is reporting in Pa this part for any a	i <b>l Inform</b> rt I, column additional in	ation. Provi n (b), the number nformation	ide the info ber of cont	rmation re ributions, t	quired by Part I, he number of ite	lines 30b, 32b, an ems received, or a	d 33, and whether the o combination of both. Als	rganization so complete	)
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Schedule M (Form 990) 2023

#### 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.

2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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annual report, and appears on Guidestar.

Schedule O (Form 990) 2023

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