

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 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](http://www.irs.gov/Form990) for instructions and the latest information.

# 2022

Open to Public Inspection

**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COMMUNITY FOOD BANK OF EASTERN OKLAHOMA, INC.</b> Doing business as		<b>D</b> Employer identification number <b>73-1184980</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1304 N KENOSHA AVENUE</b>	<b>E</b> Telephone number <b>918-585-2800</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>TULSA, OK 74106</b>		<b>G</b> Gross receipts \$ <b>65,169,987.</b>
	<b>F</b> Name and address of principal officer: <b>JEFF MARLOW</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number

**J** Website: **OKFOODBANK.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: **1982** **M** State of legal domicile: **OK**

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF THE FOOD BANK OF EASTERN OKLAHOMA IS TO LEAD ENGAGED PARTNERS IN THE FIGHT AGAINST</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>24</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>23</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>131</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>5794</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>55,938,155.</b>	<b>50,357,491.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,050,277.</b>	<b>1,889,333.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,336,881.</b>	<b>470,164.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-287,204.</b>	<b>1,078,308.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>58,038,109.</b>	<b>53,795,296.</b>
Expenses	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>48,291,032.</b>	<b>44,402,208.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>5,246,615.</b>	<b>7,083,524.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>165,175.</b>	<b>225,125.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>811,405.</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,989,438.</b>	<b>5,961,852.</b>
Net Assets or Fund Balances	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>58,692,260.</b>	<b>57,672,709.</b>
	<b>20</b> Total assets (Part X, line 16)	<b>-654,151.</b>	<b>-3,877,413.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>63,350,648.</b>	<b>63,441,417.</b>
		<b>672,126.</b>	<b>2,438,521.</b>
		<b>62,678,522.</b>	<b>61,002,896.</b>

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>KARLA DAVIS, CFO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>ASHLEY M. FOGLE</b>	<b>ASHLEY M. FOGLE</b>	<b>05/15/24</b>		<b>P01258800</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	<b>HOGANTAYLOR LLP</b>	<b>73-1413977</b>		<b>405-848-2020</b>	
	Firm's address				
	<b>1225 N BROADWAY AVENUE, SUITE 200</b> <b>OKLAHOMA CITY, OK 73103</b>				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: LEAD ENGAGED PARTNERS IN THE FIGHT AGAINST HUNGER IN EASTERN OKLAHOMA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 55,729,092. including grants of \$ 44,402,208. ) (Revenue \$ 2,447,198. ) DISTRIBUTED 27,088,562 POUNDS OF FOOD THROUGH MORE THAN 600 FEEDING PARTNER PROGRAMS; THE EQUIVALENT OF 22,573,802 MEALS PER YEAR. PARTNERS COORDINATE FEEDING PROGRAMS WHICH INCLUDE ON-SITE HOT MEALS, EMERGENCY SHELTERS, FOOD PANTRIES, CHILD AND SENIOR MEAL PROGRAMS, VETERANS INITIATIVES, AND DISASTER RELIEF PROGRAMS. FBEO'S COMMUNITY IMPACT DIRECT SERVICES INCLUDE FOOD FOR KIDS PROGRAMS (BACKPACK PROGRAM, SCHOOL & CAMPUS PANTRY, SUMMER FOOD SERVICE PROGRAM, KIDS' CAF), SENIOR PROGRAMS (COMMODITY SUPPLEMENTAL FOOD PROGRAM, SENIOR SERVINGS, CACFP-ADULT), FOOD ACCESS PROGRAMS (MOBILE MARKET, DRIVE-THRU FOOD PANTRY, SNAP OUTREACH), AND HEALTHCARE PROGRAMS (CLINIC PANTRIES).

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 55,729,092.

**COMMUNITY FOOD BANK OF EASTERN  
OKLAHOMA, INC.**

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....		<b>X</b>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>X</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>X</b>	
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<b>X</b>	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	

**COMMUNITY FOOD BANK OF EASTERN  
OKLAHOMA, INC.**

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**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	22	X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	23	X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	24a	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	24b	
<b>c</b> 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	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	24d	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	25a	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....	25b	X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....	26	X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....	27	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	28a	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	28b	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	28c	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	29	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	30	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	31	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	32	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	33	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	34	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	35a	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	35b	X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	36	X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....	37	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	38	X

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	1a	25
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	1b	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	1c	X

COMMUNITY FOOD BANK OF EASTERN OKLAHOMA, INC.

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	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		131
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
<b>4a</b>	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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
<b>15</b>	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? If "Yes," see the instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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? If "Yes," complete Form 6069.		

**COMMUNITY FOOD BANK OF EASTERN  
OKLAHOMA, INC.**

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	24		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	23		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>			<b>X</b>
<b>3</b> 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?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>			<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<b>9</b> 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	<b>9</b>			<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>		<b>X</b>	
<b>b</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?	<b>10b</b>		<b>X</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		<b>X</b>	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>		<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>12c</b>		<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		<b>X</b>	
<b>15</b> 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?				
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>			<b>X</b>
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>			<b>X</b>
<b>b</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?	<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed OK, TX, FL, CA, IL, WA, NY, NC, AR, KS, NM, DE
- 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.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**THE ORGANIZATION - (918) 936-4504**  
**1304 N KENOSHA AVENUE, TULSA, OK 74106**

COMMUNITY FOOD BANK OF EASTERN  
OKLAHOMA, INC.

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See 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.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CALVIN MOORE CEO	40.00 1.00	X		X				222,324.	0.	13,043.
(2) JEFFERY MARLOW CCO	40.00				X			110,214.	0.	5,924.
(3) JACOB GARRISON FORMER COO	40.00			X				100,325.	0.	1,179.
(4) SHERRY MORGAN FORMER CFO	40.00			X				96,055.	0.	0.
(5) RYAN WALKER FORMER COO	40.00			X				89,164.	0.	285.
(6) ANNTONETTE NELSON CFO	40.00 1.00			X				42,235.	0.	3,661.
(7) MARC BLOOMINGDALE COO	40.00			X				0.	0.	0.
(8) LAURA LAW BOARD CHAIR	3.00 1.00	X						0.	0.	0.
(9) MERCEDES MILLBERY FOWLER IMMEDIATE PAST BOARD CHAIR	3.00 1.00	X						0.	0.	0.
(10) WENDY BROOKS VICE CHAIR	3.00	X						0.	0.	0.
(11) JENNIFER HUA SECRETARY	1.00	X						0.	0.	0.
(12) DARREN WALKUP TREASURER/FINANCE & AUDIT COMMITTEE	2.00 1.00	X						0.	0.	0.
(13) CHIRSTINE MCQUEEN CHAIR	1.00	X						0.	0.	0.
(14) MICHELLE HARTMAN LIAISON TO DEVELOPMENT COMMITTEE	1.00	X						0.	0.	0.
(15) SHELLEY ALLEN MEMBER	1.00	X						0.	0.	0.
(16) BRANDON BROWN MEMBER	1.00	X						0.	0.	0.
(17) MISSY BRUMLEY MEMBER	1.00	X						0.	0.	0.

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OKLAHOMA, INC.**

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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HALEY BUZZARD-HAMILTON MEMBER	1.00	X					0.	0.	0.	
(19) JOE COWAN, CPA MEMBER	1.00	X					0.	0.	0.	
(20) RANDY COWLING MEMBER	1.00	X					0.	0.	0.	
(21) TONI GODWIN MEMBER	1.00	X					0.	0.	0.	
(22) RODNEY GOSS MEMBER	1.00	X					0.	0.	0.	
(23) JEANNE JACOBS MEMBER	1.00	X					0.	0.	0.	
(24) ERIC M. KUNKEL MEMBER	1.00	X					0.	0.	0.	
(25) BLAKE LYNCH, ESQ. MEMBER	1.00	X					0.	0.	0.	
(26) CHERYL LYON, CPA MEMBER	1.00	X					0.	0.	0.	
<b>1b Subtotal</b> .....							660,317.	0.	24,092.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							660,317.	0.	24,092.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CROSSLAND CONSTRUCTION COMPANY, 420 S. 145TH EAST AVE. STE. K, TULSA, OK 74108	CONSTRUCTION	712,177.
GH2 ARCHITECTS, 302 S. BOSTON AVE, STE. 100, TULSA, OK 74103	ARCHITECTS	359,462.
STONEBRIDGE GROUP 9301 S. TOLEDO AVE, TULSA, OK 74137	CONSTRUCTION	322,480.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ASHAWNA MILES MEMBER	1.00	X						0.	0.	0.
(28) JASON SMITH, CPA MEMBER	1.00	X						0.	0.	0.
(29) CAROL TANDY MEMBER	1.00	X						0.	0.	0.
(30) ALFRE WOODARD MEMBER	1.00	X						0.	0.	0.
(31) BRANDTLEY ADAMS INTERNS	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	5,000.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	8,518,431.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	41,834,060.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 41,005,742.				
	<b>h Total.</b> Add lines 1a-1f		50,357,491.				
Program Service Revenue	<b>2 a</b> STAPLE FOODS	<b>Business Code</b>					
		624210	1,689,757.	1,689,757.			
	<b>b</b> SHARED MAINTENANCE FEE	624210	134,800.	134,800.			
	<b>c</b> CATERING INCOME	624210	64,776.	64,776.			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		1,889,333.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		804,816.			804,816.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	10,795,573.	40,450.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	11,170,675.	0.			
	<b>c</b> Gain or (loss)	<b>7c</b>	-375,102.	40,450.			
<b>d</b> Net gain or (loss)		-334,652.			-334,652.		
<b>8 a</b> Gross income from fundraising events (not including \$ 5,000. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		724,459.				
<b>b</b> Less: direct expenses	<b>8b</b>		204,016.				
<b>c</b> Net income or (loss) from fundraising events			520,443.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS REVENUE	<b>Business Code</b>					
		624210	557,865.	557,865.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d		557,865.					
<b>12 Total revenue.</b> See instructions		53,795,296.	2,447,198.	0.	990,607.		

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	44,402,208.	44,402,208.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	575,638.		575,638.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	5,085,569.	5,085,569.		
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,819.	66,444.	6,375.	
<b>9</b> Other employee benefits	888,165.	865,266.	14,649.	8,250.
<b>10</b> Payroll taxes	461,333.	449,439.	7,609.	4,285.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	140,306.		140,306.	
<b>d</b> Lobbying	34,633.		34,633.	
<b>e</b> Professional fundraising services. See Part IV, line 17	225,125.			225,125.
<b>f</b> Investment management fees	124,178.		124,178.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	251,408.	192,216.	59,192.	
<b>12</b> Advertising and promotion	312,141.			312,141.
<b>13</b> Office expenses	222,327.	216,595.	3,667.	2,065.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	961,265.	936,482.	15,854.	8,929.
<b>17</b> Travel	115,806.	115,806.		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	87,593.	86,135.	1,458.	
<b>20</b> Interest	59.	59.		
<b>21</b> Payments to affiliates	13,761.	13,761.		
<b>22</b> Depreciation, depletion, and amortization	642,375.	625,813.	10,595.	5,967.
<b>23</b> Insurance	200,685.	197,344.	3,341.	
<b>24</b> 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.)				
<b>a VEHICLE OPERATION</b>	562,488.	562,488.		
<b>b OTHER EXPENSES</b>	536,147.	400,226.	134,717.	1,204.
<b>c REPAIRS AND MAINTENANCE</b>	504,739.	504,739.		
<b>d FOOD4KIDS</b>	399,427.	399,427.		
<b>e All other expenses</b>	852,514.	609,075.		243,439.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	57,672,709.	55,729,092.	1,132,212.	811,405.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,772,184.	<b>1</b>	1,738,375.
	<b>2</b> Savings and temporary cash investments .....	5,212,627.	<b>2</b>	7,597,939.
	<b>3</b> Pledges and grants receivable, net .....	4,001,697.	<b>3</b>	3,752,311.
	<b>4</b> Accounts receivable, net .....	194,455.	<b>4</b>	580,734.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	11,890,095.	<b>7</b>	11,890,095.
	<b>8</b> Inventories for sale or use .....	1,943,273.	<b>8</b>	3,236,836.
	<b>9</b> Prepaid expenses and deferred charges .....	17,903.	<b>9</b>	150,360.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,394,749.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,974,683.		
	<b>11</b> Investments - publicly traded securities .....	26,949,452.	<b>11</b>	17,944,552.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	6,657,942.	<b>13</b>	15,130,149.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	63,350,648.	<b>16</b>	63,441,417.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	672,126.	<b>17</b>	2,346,601.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	<b>25</b>	91,920.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	672,126.	<b>26</b>	2,438,521.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	43,239,813.	<b>27</b>	42,083,855.
	<b>28</b> Net assets with donor restrictions .....	19,438,709.	<b>28</b>	18,919,041.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	62,678,522.	<b>32</b>	61,002,896.
	<b>33</b> Total liabilities and net assets/fund balances .....	63,350,648.	<b>33</b>	63,441,417.

Form 990 (2022)

**COMMUNITY FOOD BANK OF EASTERN  
OKLAHOMA, INC.**

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	53,795,296.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	57,672,709.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-3,877,413.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	62,678,522.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,201,787.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	61,002,896.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization **COMMUNITY FOOD BANK OF EASTERN OKLAHOMA, INC.** Employer identification number **73-1184980**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  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).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for 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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

COMMUNITY FOOD BANK OF EASTERN  
OKLAHOMA, INC.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	56951995.	69328621.	96218995.	55616843.	50357491.	328473945
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	56951995.	69328621.	96218995.	55616843.	50357491.	328473945
<b>5</b> 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) .....						59679711.
<b>6 Public support.</b> Subtract line 5 from line 4.						268794234

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	56951995.	69328621.	96218995.	55616843.	50357491.	328473945
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	113,202.	131,345.	283,256.	551,634.	804,816.	1884253.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	259,346.	96,604.	238,119.	399,831.	1439206.	2433106.
<b>11 Total support.</b> Add lines 7 through 10						332791304
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	6,083,803.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	80.77 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	75.36 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**COMMUNITY FOOD BANK OF EASTERN  
OKLAHOMA, INC.**

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>		(A) Prior Year	(B) Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
<b>2</b>	Enter 0.85 of line 1.		
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)		
<b>4</b>	Enter greater of line 2 or line 3.		
<b>5</b>	Income tax imposed in prior year		
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

COMMUNITY FOOD BANK OF EASTERN  
OKLAHOMA, INC.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			



**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>COMMUNITY FOOD BANK OF EASTERN OKLAHOMA, INC.</b>	Employer identification number <b>73-1184980</b>
--	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		34,633.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			34,633.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PART II-B, LINE 1

WE UNDERTOOK DIRECT AND GRASSROOTS EFFORTS. WE EMAILED AND DISTRIBUTED PRINTED INFORMATION TO INFORM LEGISLATORS AND THEIR CONSTITUENTS ABOUT ISSUES SURROUNDING HUNGER IN EASTERN OKLAHOMA. WE HAVE MEMBERSHIPS IN THE OKLAHOMA POLICY INSTITUTE AND IN FEEDING AMERICA, BOTH OF WHOM UNDERTAKE SIMILAR EFFORTS. WE PARTICIPATE IN MEETINGS AND TOWN HALLS WITH SUCH



**Part IV** Supplemental Information *(continued)*

GROUPS AS THE TULSA FOOD SECURITY COUNCIL, TULSA METRO CHAMBER, AND  
OKLAHOMA POLICY INSTITUTE, AMONG OTHER SUCH EVENTS. WE VISITED STATE  
LEGISLATORS AND AGENCIES TO DISCUSS HUNGER AND FOOD-RELATED ISSUES. WE  
HAVE A FULL-TIME ADVOCACY COMMUNICATIONS DIRECTOR IN JANUARY AT AN ANNUAL  
SALARY OF \$66,000. WE HAD A CONTRACT WITH A&A ADVOCATES FOR \$8,000.

Horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **COMMUNITY FOOD BANK OF EASTERN OKLAHOMA, INC.** Employer identification number **73-1184980**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 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 .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 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  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a 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.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 .....

(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:

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

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

COMMUNITY FOOD BANK OF EASTERN  
OKLAHOMA, INC.

Schedule D (Form 990) 2022

73-1184980 Page 2

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,096,919.	3,547,277.	3,418,082.	972,319.	959,884.
b Contributions				2,531,059.	
c Net investment earnings, gains, and losses		-323,109.	706,186.	50,166.	15,080.
d Grants or scholarships					
e Other expenditures for facilities and programs		127,249.	576,991.	135,462.	
f Administrative expenses					2,645.
g End of year balance	3,096,919.	3,096,919.	3,547,277.	3,418,082.	972,319.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 98.0300 %
  - b Permanent endowment 1.9700 %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   | X   |    |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		339,193.	65,741.	273,452.
c Leasehold improvements		5,895.	5,895.	0.
d Equipment		5,049,661.	3,903,047.	1,146,614.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,420,066.

Schedule D (Form 990) 2022

**COMMUNITY FOOD BANK OF EASTERN  
OKLAHOMA, INC.**

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) <b>INVESTMENT IN SUBSIDIARY</b>	<b>15,130,149.</b>	<b>END-OF-YEAR MARKET VALUE</b>
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<b>15,130,149.</b>	

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>LEASE PAYABLE</b>	<b>91,920.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>91,920.</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 ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d		<b>2e</b>
<b>3</b>	Subtract line 2e from line 1		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b		<b>4c</b>
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d		<b>2e</b>
<b>3</b>	Subtract line 2e from line 1		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b		<b>4c</b>
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information.**

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

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**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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**

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **COMMUNITY FOOD BANK OF EASTERN OKLAHOMA, INC.** Employer identification number **73-1184980**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
TRUE SENSE MARKETING - PO BOX 641114, PITTSBURGH, PA 15264	DIGITAL FUNDRAISING		X	0.	225,125.	-225,125.
<b>Total</b>					225,125.	-225,125.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.  
**OK, TX, FL, CA, IL, WA, NY, NC, AR, KS, NM, DE, IA, ID, IN, MT, NE, SD, VT, WY**

**COMMUNITY FOOD BANK OF EASTERN  
OKLAHOMA, INC.**

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		THE DINNER PARTY		NONE	
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	729,459.		729,459.
	2	Less: Contributions	5,000.		5,000.
	3	Gross income (line 1 minus line 2)	724,459.		724,459.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	19,752.		19,752.
	7	Food and beverages	59,863.		59,863.
	8	Entertainment	6,900.		6,900.
	9	Other direct expenses	117,501.		117,501.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			204,016.
11	Net income summary. Subtract line 10 from line 3, column (d)			520,443.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization **COMMUNITY FOOD BANK OF EASTERN OKLAHOMA, INC.** Employer identification number **73-1184980**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
MARY MARTHA OUTREACH 1845 SW 4TH BARTLESVILLE, OK 74003	73-1588880	501(C)(3)	0.	5,883,856.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CATHOLIC CHARITIES / TULSA 2450 N HARVARD TULSA, OK 74115	73-1171950	501(C)(3)	0.	3,495,457.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
LA COSECHA (THE HARVEST) 10811 E 41ST ST TULSA, OK 74146	46-3090298	501(C)(3)	0.	1,504,753.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
OWASSO COMMUNITY RESOURCES 109 N. BIRCH, SUITE 109 OWASSO, OK 74055	73-1445318	501(C)(3)	0.	1,449,052.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
TEMPLO CRISTIANO 8730 E. SKELLY DR. TULSA, OK 74129	20-4440431	501(C)(3)	0.	1,443,390.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
IRON GATE 501 W. ARCHER TULSA, OK 74103	20-3164551	501(C)(3)	0.	1,437,689.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **252.**
- 3** Enter total number of other organizations listed in the line 1 table .....

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

Schedule I (Form 990) 2022

COMMUNITY FOOD BANK OF EASTERN  
OKLAHOMA, INC.

Schedule I (Form 990)

73-1184980

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABUNDANT RAIN MINISTRIES 12425 S 273RD E AVE COWETA, OK 74429	73-1615887	501(C)(3)	0.	1,176,874.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
COMMON GROUND CHURCH 7810 E 49TH ST TULSA, OK 74145	11-3758806	501(C)(3)	0.	945,720.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
NORTHSTAR STOREHOUSE 1700 N HWY 69 PRYOR, OK 74361	36-4663894	501(C)(3)	0.	934,883.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
BROKEN ARROW NEIGHBORS 315 W COLLEGE ST BROKEN ARROW, OK 74012	73-1195548	501(C)(3)	0.	901,699.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
JOHN 3:16 MISSION INC. 2027 N. MLK JR BLVD TULSA, OK 74106	73-0744834	501(C)(3)	0.	774,390.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
THE MISSION CENTER 11341 N. GARNETT RD. OWASSO, OK 74055	73-1265724	501(C)(3)	0.	696,778.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CARING COMMUNITY FRIENDS 12 W BURNHAM AVE SAPULPA, OK 74066	73-1429214	501(C)(3)	0.	565,718.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
PRYOR MINISTRIES CENTER 15 SW 3RD STREET PRYOR, OK 74361	81-0577112	501(C)(3)	0.	488,087.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CHRISTIAN H.E.L.P. CENTER 1703 OK-10 GROVE, OK 74344	73-1491982	501(C)(3)	0.	433,510.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

Schedule I (Form 990)

COMMUNITY FOOD BANK OF EASTERN  
OKLAHOMA, INC.

Schedule I (Form 990)

73-1184980

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HENRYETTA CHURCH OF CHRIST 413 W BROADWAY HENRYETTA, OK 74437	73-0665492	501(C)(3)	0.	428,621.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
LIFEGATE FREEDOM RECOVERY MINISTRIES - 11680 S. 153RD WEST AVE. - SAPULPA, OK 74066	26-2578843	501(C)(3)	0.	404,387.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CATHOLIC CHARITIES / ST. ANNE 1012 E. FORT WORTH BROKEN ARROW, OK 74012	73-0711169	501(C)(3)	0.	387,385.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
DIVIDING BREAD MINISTRY / COLLINSVILLE - 115 S 11TH ST - COLLINSVILLE, OK 74021	27-2364217	501(C)(3)	0.	360,288.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CLAREMORE FIRST METHODIST CHURCH 1615 N HWY 88 CLAREMORE, OK 74017	73-0632933	501(C)(3)	0.	350,820.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
BRISTOW SOCIAL SERVICES INC. 1705 S. CHESTNUT BRISTOW, OK 74010	73-1345471	501(C)(3)	0.	350,663.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
MANNA HOUSE MINISTRIES 4921 E ADMIRAL PL TULSA, OK 74115	73-7598976	501(C)(3)	0.	345,411.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
MERCY MISSION II 114 E 147TH ST GLENPOOL, OK 74033	46-5615456	501(C)(3)	0.	323,218.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
TRINITY BAPTIST CHURCH 110 W MAIN STIGLER, OK 74462	77-0675103	501(C)(3)	0.	311,778.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

Schedule I (Form 990)

COMMUNITY FOOD BANK OF EASTERN  
OKLAHOMA, INC.

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COALITION CHURCH 35 S. HOLLY ST. KELLYVILLE, OK 74039	73-1153333	501(C)(3)	0.	309,717.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
JENKS COMMUNITY FOOD BANK 324 W AQUARIUM PL JENKS, OK 74037	73-1456097	501(C)(3)	0.	306,969.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
RESTORE HOPE MINISTRIES, INC. 2960 CHARLES PAGE BLVD TULSA, OK 74127	73-1037026	501(C)(3)	0.	302,265.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
HEAVEN SENT 1500 S OSAGE SKIATOOK, OK 74070	44-0577787	501(C)(3)	0.	285,083.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
BIXBY COMMUNITY OUTREACH CENTER 77 E BRECKENRIDGE AVE. BIXBY, OK 74008	20-5301279	501(C)(3)	0.	276,884.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
FIRST PRESBYTERIAN CHURCH SAPULPA 111 S. OAK ST. SAPULPA, OK 74066	73-0753984	501(C)(3)	0.	275,969.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
ZOE INSTITUTE 309 S MUSKOGEE AVE TAHLEQUAH, OK 74464	11-3717573	501(C)(3)	0.	270,451.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CATHOLIC CHARITIES / SALLISAW 409 N ADAMS ST SALLISAW, OK 74955	73-1171950	501(C)(3)	0.	252,735.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
EMERGENCY INFANT SERVICES 1110 S. DENVER AVE. TULSA, OK 74119	73-1039524	501(C)(3)	0.	250,799.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

Schedule I (Form 990)

COMMUNITY FOOD BANK OF EASTERN  
OKLAHOMA, INC.

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOAVES AND FISHES 11321 E 19TH ST TULSA, OK 74128	73-1144861	501(C)(3)	0.	238,266.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
HAND TO HAND, INC. 107 S MAIN TOM/HAWORTH, OK 74740	73-1342402	501(C)(3)	0.	236,662.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
SOUTH PEORIA NEIGHBORHOOD CONNECTION FOUNDATION - 5780 S PEORIA AVE - TULSA, OK 74105	73-1433838	501(C)(3)	0.	217,063.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
AIM HIGH CENTER 123 S. ASH NOWATA, OK 74048	84-5094559	501(C)(3)	0.	215,109.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CHURCH THAT MATTERS 3 W. 41ST ST. SAND SPRINGS, OK 74063	27-1470648	501(C)(3)	0.	214,047.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
LIFE CHANGE COMMUNITY OUTREACH 1616 N. GILCREASE MUSEUM RD. TULSA, OK 74127	84-3800307	501(C)(3)	0.	209,346.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
GOSPEL RESCUE MISSION PANTRY 323 CALLAHAN MUSKOGEE, OK 74403	73-6104283	501(C)(3)	0.	200,915.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
SAND SPRINGS COMMUNITY SERVICES, INC. - 114 W 4TH ST - SAND SPRINGS, OK 74063	73-0582550	501(C)(3)	0.	195,583.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
MEMORIAL DRIVE CHURCH OF CHRIST 911 S MEMORIAL TULSA, OK 74112	73-1070217	501(C)(3)	0.	193,520.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

Schedule I (Form 990)

COMMUNITY FOOD BANK OF EASTERN  
OKLAHOMA, INC.

Schedule I (Form 990)

73-1184980

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALTER'S WAY FOUNDATION 2409 E. 28TH STREET N. TULSA, OK 74110	83-2456238	501(C)(3)	0.	188,477.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CITY CHURCH - BARTLESVILLE 4222 RICE CREEK ROAD BARTLESVILLE, OK 74006	20-3076212	501(C)(3)	0.	186,877.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
FIRST BAPTIST CHURCH ANTLERS PANTRY - 1701 W. MAIN - ANTLERS, OK 74523	73-1092316	501(C)(3)	0.	180,058.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CAAIR 40152 SOUTH 700 RD JAY, OK 74346	20-8810021	501(C)(3)	0.	173,857.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CATHOLIC CHARITIES / MCALESTER 328 E CHOCTAW AVE MCALESTER, OK 74501	73-1171950	501(C)(3)	0.	172,736.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
HARVEST HOUSE 1439 E 71ST ST TULSA, OK 74136	20-3781764	501(C)(3)	0.	169,977.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
AGAPE MISSION ON-SITE 555 S CASS BARTLESVILLE, OK 74003	73-1608794	501(C)(3)	0.	169,733.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
WAGONER AREA NEIGHBORS 100 NE 8TH ST WAGONER, OK 74467	73-1351405	501(C)(3)	0.	166,338.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
FIRST BAPTIST CHURCH TULSA/ CARING CENTER - 305 S DETROIT - TULSA, OK 74120	73-0621892	501(C)(3)	0.	162,821.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

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TULSA DREAM CENTER 200 WEST 46TH ST N TULSA, OK 74126	73-1610213	501(C)(3)	0.	159,319.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
SALVATION ARMY/MIAMI 1915 N MAIN ST. MIAMI, OK 74354	58-0660607	501(C)(3)	0.	150,114.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
HOLY HIGHWAY EVANGELISTIC CTR 1019 E 54TH ST NORTH TULSA, OK 74126	73-1543886	501(C)(3)	0.	149,055.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
NEIGHBORS IN NEED 708 N MAIN OWASSO, OK 74055	47-3702348	501(C)(3)	0.	144,209.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
TRIUMPH WORSHIP CENTER 2125 W 181ST STR MOUNDS, OK 74047	75-1485285	501(C)(3)	0.	143,381.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
IRON GATE 501 S. CINCINNATI AVE. TULSA, OK 74103	20-3164551	501(C)(3)	0.	140,777.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
NEW CREATURE MINISTRIES 708 N 2ND ST STILWELL, OK 74960	47-1665606	501(C)(3)	0.	136,579.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
KIBOIS CAF PANTRY/ STIGLER 1007 E MAIN ST STIGLER, OK 74962	73-0770231	501(C)(3)	0.	131,676.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
NEIGHBORS ALONG THE LINE 5000 CHARLES PAGE BLVD TULSA, OK 74127	73-1160840	501(C)(3)	0.	127,933.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

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CITY CHURCH - PAWHUSKA 1225 VIRGINIA SHORT ST. PAWHUSKA, OK 74056	20-3076212	501(C)(3)	0.	127,286.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
ARMS AROUND BA 840 S ELM BROKEN ARROW, OK 74012	20-3384145	501(C)(3)	0.	120,196.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
ARK OF FAITH FOUNDATION 429 EAST BROADWAY MUSKOGEE, OK 74401	73-1035111	501(C)(3)	0.	114,683.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
LOCUST GROVE MINISTERIAL ALLIANCE 117 E MAIN ST LOCUST GROVE, OK 74352	73-1485553	501(C)(3)	0.	113,754.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
THE MINISTRY CENTER 312 S 33RD WEST AVE TULSA, OK 74127	73-1143855	501(C)(3)	0.	112,918.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
SALVATION ARMY/BARTLESVILLE 101 N BUCY AVE BARTLESVILLE, OK 74003	58-0660607	501(C)(3)	0.	112,643.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CONCERN EMERGENCY SERVICES 333 S PENN BARTLESVILLE, OK 74003	73-6113224	501(C)(3)	0.	110,501.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
FFATC 5250 S 592 RD MIAMI, OK 74354	73-1599276	501(C)(3)	0.	108,420.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
JENKS CHURCH FOOD PANTRY AT CONTACT CHURCH - 1529 W 49TH ST - TULSA, OK 74107	73-1088678	501(C)(3)	0.	108,269.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

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MARBLE CITY COMMUNITY PANTRY AND YOUTH SERVICES - 711 N. MAIN - MARBLE CITY, OK 74945	26-0830215	501(C)(3)	0.	107,306.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
LIVING WORD FAMILY CHURCH 225 S ASH NOWATA, OK 74048	73-1163073	501(C)(3)	0.	106,168.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
FIRST ASSEMBLY OF GOD 1400 SHAWNTEL SMITH BLVD MULDROW, OK 74948	73-1191157	501(C)(3)	0.	105,342.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
TRUE VINE OUTREACH 1115 E. APACHE TULSA, OK 74106	83-2226927	501(C)(3)	0.	101,719.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
DOC SERVICES/GROVE 145 E O'DANIEL PARKWAY GROVE, OK 74344	73-1615506	501(C)(3)	0.	100,661.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CLAREMORE MEALS ON WHEELS 715 E MCCLELLAN CLAREMORE, OK 74018	73-1284865	501(C)(3)	0.	100,282.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
NUEVA ESPERANZA UMC 1027 N HARVARD AVE TULSA, OK 74115	73-1214929	501(C)(3)	0.	99,568.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CORNERSTONE CHURCH 7770 N WHIRLPOOL DR SPERRY, OK 74073	73-1467235	501(C)(3)	0.	97,489.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
GATESWAY FOUNDATION 1217 E COLLEGE ST BROKEN ARROW, OK 74012	73-0746440	501(C)(3)	0.	97,168.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

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CHRISTVIEW CHRISTIAN CHURCH 2525 S GARNETT RD TULSA, OK 74129	73-1069351	501(C)(3)	0.	97,107.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CHECOTAH METHODIST MISSION 419 W GENTRY CHECOTAH, OK 74426	73-1189192	501(C)(3)	0.	95,769.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
KIBOIS CAF PANTRY/ POTEAU 219 KERR AVE POTEAU, OK 74953	73-0770231	501(C)(3)	0.	93,816.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
FAITH ASSEMBLIES OF GOD / WYANDOTTE COMMUNITY FOOD PANTRY - 14650 S 645 RD - WYANDOTTE, OK 74370	73-1167997	501(C)(3)	0.	93,690.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
ADAIR COUNTY RESOURCE CENTER, INC. 110 S 2ND STREET SUITE 2 STILWELL, OK 74960	73-1587275	501(C)(3)	0.	92,786.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
BETHEL BAPTIST CHURCH 303 WANN ST WISTER, OK 74966	73-1200675	501(C)(3)	0.	90,884.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
LIVING WATERS FOOD PANTRY 8TH & CHOCTAW CLAYTON, OK 74536	45-4296402	501(C)(3)	0.	88,872.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
HOPE CENTER INC 1385 W ELM WESTVILLE, OK 74965	73-1572728	501(C)(3)	0.	83,168.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
GOOD SAMARITAN MINISTRY 715 S HWY 88 CLAREMORE, OK 74017	20-1621058	501(C)(3)	0.	83,160.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

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MCM COMMUNITY FOOD PANTRY 600 E. BROADWAY MUSKOGEE, OK 74403	47-2301421	501(C)(3)	0.	82,606.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
THE CARING KITCHEN PANTRY 1108 WASHBORN AVE JAY, OK 74346	52-0643036	501(C)(3)	0.	82,458.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
NEW LIFE FOOD PANTRY 4700 TUXEDO BLVD. BARTLESVILLE, OK 74006	58-0904463	501(C)(3)	0.	81,145.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
SHIRLEY COOK MEMORIAL FOOD BANK 200 W CHESTNUT BARNSDALL, OK 74002	45-4493988	501(C)(3)	0.	80,726.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CARE FOOD PANTRY, INC. 315 N. OAK ST. TAHLEQUAH, OK 74464	73-1423261	501(C)(3)	0.	80,054.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
HELPING HANDS FOOD PANTRY 10679 UNIT B BATTIEST PICKENS RD PICKENS, OK 74752	82-1748365	501(C)(3)	0.	77,563.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CATHOLIC CHARITIES / MUSKOGEE 1220 W BROADWAY MUSKOGEE, OK 74401	73-1171950	501(C)(3)	0.	75,206.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
SHARING HOPE IN HUGO 400 BISSELL STREET HUGO, OK 74743	90-0428299	501(C)(3)	0.	74,356.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CROSSPOINT 4600 S 129TH WEST AVE SAND SPRINGS, OK 74063	73-1231033	501(C)(3)	0.	73,462.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

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CALVARY FOOD PANTRY 204 E. ASH STREET WILBURTON, OK 74578	73-0621888	501(C)(3)	0.	72,792.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CATHOLIC CHARITIES RURAL OUTREACH / PUSHMATAHA CO - RR 30 AND CLOUDY RD. - RATTAN, OK 74562	73-1171950	501(C)(3)	0.	72,374.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
VICTORY WORSHIP CENTER/COLCORD 6899 HWY 412 COLCORD, OK 74338	36-4524348	501(C)(3)	0.	71,876.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
HELP WORKS, INC. PANTRY 219 LINCOLN PAWHUSKA, OK 74056	73-1078009	501(C)(3)	0.	71,604.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CATHOLIC CHARITIES PANTRY/ POTEAU 410 BAGWELL POTEAU, OK 74953	73-1171950	501(C)(3)	0.	70,011.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CATHOLIC CHARITIES RURAL OUTREACH / OSAGE CO - 333 S. 8TH ST. - FAIRFAX, OK 74637	73-1171950	501(C)(3)	0.	69,595.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
ALL SOULS UNITARIAN CHURCH 2952 S PEORIA AVE TULSA, OK 74114	79-0593301	501(C)(3)	0.	68,306.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CATHOLIC CHARITIES RURAL OUTREACH / DELAWARE CO - 1653 113TH ST. NW - GROVE, OK 74344	73-1171950	501(C)(3)	0.	66,114.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
RAY'S HOUSE 3991 E. PEAK BLVD MUSKOGEE, OK 74403	26-2139183	501(C)(3)	0.	65,520.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

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FIRST BAPTIST CHURCH POTEAU 300 N WITTE ST POTEAU, OK 74953	73-0582547	501(C)(3)	0.	63,922.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
SALVATION ARMY/CENTER OF HOPE 102 N DENVER AVE TULSA, OK 74103	58-0660607	501(C)(3)	0.	63,630.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
S.T.E.P.S. RESOURCE CENTER 4301 S UNION TULSA, OK 74107	73-1552724	501(C)(3)	0.	63,023.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
WAGONER COMMUNITY OUTREACH 700 SW 13TH ST WAGONER, OK 74467	51-0437951	501(C)(3)	0.	62,145.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
SHARED BLESSINGS PANTRY 1558 S MAIN ST MCALESTER, OK 74501	73-1527791	501(C)(3)	0.	61,669.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
PINEY CREEK FELLOWSHIP CHURCH 105 HIDDEN RIDGE RD STIGLER, OK 74462	20-1147439	501(C)(3)	0.	60,288.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CALVARY BAPTIST CHURCH/ CITY OF REFUGE - 417360 E. 11 35 ROAD - CHECOTAH, OK 74426	73-1052693	501(C)(3)	0.	57,865.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
SALVATION ARMY/MUSKOGEE 700 INDEPENDENCE ST MUSKOGEE, OK 74401	58-0660607	501(C)(3)	0.	57,660.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
FEEDING THE NEEDY 57570 SOUTH 690 RD. COLCORD, OK 74338	45-2933708	501(C)(3)	0.	56,605.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

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BROKEN ARROW CHURCH OF CHRIST FOOD PANTRY - 505 E KENOSHA - BROKEN ARROW, OK 74012	73-0992051	501(C)(3)	0.	55,222.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CHRIST'S CUPBOARD/PAWHUSKA 113 E 6TH ST PAWHUSKA, OK 74056	47-3767240	501(C)(3)	0.	53,505.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CATHOLIC CHARITIES RURAL OUTREACH / WAGONER CO - 708 SW 15TH ST. - WAGONER, OK 74477	73-1171950	501(C)(3)	0.	53,096.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
FIRST UNITED METHODIST CHURCH VINITA - 314 W CANADIAN - VINITA, OK 74301	73-0957189	501(C)(3)	0.	51,603.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
NE OK COUNCIL ON ALCOHOLISM 130 W STEVE OWENS BLVD MIAMI, OK 74354	73-0980866	501(C)(3)	0.	51,350.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
GRAND LAKE COMMUNITY MINISTRY 268 W BROADWAY LANGLEY, OK 74350	73-1316143	501(C)(3)	0.	51,295.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CATHOLIC CHARITIES RURAL OUTREACH / MAYES CO - 6789 HWY 69 - PRYOR, OK 74361	73-1171950	501(C)(3)	0.	50,994.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
PRAISE CHRISTIAN FAITH CENTER 4748 S. 31ST WEST AVE TULSA, OK 74107	76-0410235	501(C)(3)	0.	49,341.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
HEAVENER FIRST BAPTIST CHURCH 202 W AVE "B" HEAVENER, OK 74937	73-0605695	501(C)(3)	0.	48,647.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

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CRAIG COUNTY NEIGHBORS HELPING NEIGHBORS - 204 W. SEQUOYAH - VINITA, OK 74301	83-1473821	501(C)(3)	0.	47,576.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
TULSA COMMUNITY SERVICE CENTER 2015 S. LAKEWOOD AVE. #A-B TULSA, OK 74112	81-1446607	501(C)(3)	0.	45,732.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CHRIST FOR HUMANITY 6314 E 13TH ST TULSA, OK 74112	73-1421083	501(C)(3)	0.	41,283.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CATHOLIC CHARITIES / WILBURTON 110 W. MAIN ST. WILBURTON, OK 74578	73-1171950	501(C)(3)	0.	40,136.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
VIAN PEACE CENTER 208 W. SCHLEY VIAN, OK 74948	86-1193088	501(C)(3)	0.	39,468.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
S & B FOOD PANTRY HWY 70 EAST SOPER, OK 74759	45-0566044	501(C)(3)	0.	38,954.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
TRINITY UNITED METHODIST CHURCH/MULDROW - 1601 E SHAWNTEL SMITH BLVD - MULDROW, OK 74948	73-1085756	501(C)(3)	0.	38,918.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
WESLEY CHAPEL PANTRY 2750 N MLK BLVD TULSA, OK 74106	83-2299306	501(C)(3)	0.	38,155.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
ST CLEMENTS COMMUNITY OUTREACH 15501 S MEMORIAL DR BIXBY, OK 74008	73-1328272	501(C)(3)	0.	38,025.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

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TWIN CITIES CHRISTIAN OUTREACH 925 PENNSYLVANIA AVE HARTSHORNE, OK 74547	47-3848044	501(C)(3)	0.	37,989.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
KIAMICHI VALLEY MINISTERIAL ALLIANCE, INC. - 900 2ND ST. STE 18 - TALIHINA, OK 74571	74-3242626	501(C)(3)	0.	35,110.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
DIVIDING BREAD MINISTRY / HOMINY 102 E MAIN ST HOMINY, OK 74035	27-2364217	501(C)(3)	0.	35,101.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CATHOLIC CHARITIES RURAL OUTREACH / MCINTOSH CO - 502 S. 6TH ST. - EUFAULA, OK 74432	73-1171950	501(C)(3)	0.	34,832.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
GRAND NATION CARE CENTER 330 W. DWAIN WILLIS AVE VINITA, OK 74301	46-1334745	501(C)(3)	0.	34,784.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
THERE IS HOPE 9332 NORTH PEORIA SPERRY, OK 74073	47-1776820	501(C)(3)	0.	34,575.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
DIVIDING BREAD MINISTRY / SPERRY 217 S FIRST ST SPERRY, OK 74073	27-2364217	501(C)(3)	0.	33,871.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
BRUSHY COMMUNITY CENTER 465406 E 1010 RD SALLISAW, OK 74955	32-0262934	501(C)(3)	0.	33,368.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
DIVIDING BREAD MINISTRY / SKIATOOK 5480 W ROGERS BLVD SKIATOOK, OK 74070	27-2364217	501(C)(3)	0.	33,233.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

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MOBILE MISSIONS NETWORK 2821 W. 40TH ST. TULSA, OK 74107	47-3116970	501(C)(3)	0.	33,175.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
JOHN 6:13/ALL SAINTS EPISCOPAL CHURCH PANTRY - 325 E WASHINGTON - MCALESTER, OK 74501	73-0715060	501(C)(3)	0.	33,030.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
FIRST BAPTIST CHURCH QUAPAW 419 KENTUCKY ST QUAPAW, OK 74363	73-1192572	501(C)(3)	0.	32,715.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
FAITH UNITED METHODIST CHURCH 7431 E. 91ST ST. TULSA, OK 74133	73-1048411	501(C)(3)	0.	32,196.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
LIFE STRATEGIES INTERNATIONAL 4122 W. 55TH PLACE TULSA, OK 74107	82-4686781	501(C)(3)	0.	32,116.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
BEAVER STREET BAPTIST CHURCH 102 W. BEAVER ST. JENKS, OK 74037	73-0936730	501(C)(3)	0.	31,361.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
HOUSING PARTNERS OF TULSA 1615 W. 59TH ST. TULSA, OK 74107	73-1397452	501(C)(3)	0.	30,953.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
HOUSE OF HOPE 32300 S 625 RD GROVE, OK 74344	73-1022204	501(C)(3)	0.	29,869.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
FIRST BAPTIST CHURCH HASKELL PANTRY - 1401 N. HASKELL BLVD - HASKELL, OK 74436	73-1217413	501(C)(3)	0.	29,633.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

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THE REFUGE CHURCH OKMULGEE 1206 W 5TH ST OKMULGEE, OK 74447	73-1201480	501(C)(3)	0.	29,150.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
SALVATION ARMY/BARTLESVILLE 101 N. BUCY AVE. BARTLESVILLE, OK 74003	58-0660607	501(C)(3)	0.	28,980.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
WESLEY CHAPEL OS 2750 N MLK BLVD TULSA, OK 74106	83-2299306	501(C)(3)	0.	28,325.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
RURAL COMMUNITIES INITIATIVE FOUNDATION - 474894 SH101 - MULDROW, OK 74948	83-2685210	501(C)(3)	0.	27,914.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
SANDUSKY AVE. CHRISTIAN CHURCH 4424 E. 11TH TULSA, OK 74112	73-6004526	501(C)(3)	0.	27,484.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
GREEN COUNTRY BHCS 6365 W OKMULGEE MUSKOGEE, OK 74401	73-1084521	501(C)(3)	0.	25,348.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
HELP WORKS, INC. 219 LINCOLN PAWHUSKA, OK 74056	73-1078009	501(C)(3)	0.	24,001.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
MOON CHURCH OF GOD PANTRY 30 EMERALD HILL LANE HAWORTH, OK 74740	73-1420433	501(C)(3)	0.	23,717.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
SFA WAYMAKER FOOD PANTRY 303 SE B ST. STIGLER, OK 74462	73-1278185	501(C)(3)	0.	23,235.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

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DEEP FORK COMMUNITY ACTION FOUNDATION - 223 W 6TH STREET - OKMULGEE, OK 74447	73-0776899	501(C)(3)	0.	22,645.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
TULSA INDIAN UMC 1901 N COLLEGE AVE TULSA, OK 74110	73-1343038	501(C)(3)	0.	22,499.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CATHOLIC CHARITIES RURAL OUTREACH / LEFLORE CO TALIHIINA - 501 2ND ST. - TALIHIINA, OK 74571	73-1171950	501(C)(3)	0.	21,973.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
ISLAMIC SOCIETY OF TULSA 4630 S IRVINGTON AVE TULSA, OK 74135	73-1531678	501(C)(3)	0.	21,482.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CLAREMORE 7TH DAY ADVENTIST CHURCH 20555 S 4170 RD CLAREMORE, OK 74017	73-0683149	501(C)(3)	0.	20,712.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CANDY HOUSE KIDZ LLC 1019 E 54TH ST. N. TULSA, OK 74126	83-1327415	501(C)(3)	0.	20,113.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
D.V.I.S. 3124 E APACHE ST TULSA, OK 74110	73-1028332	501(C)(3)	0.	20,086.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
UNDER GOD'S CARE PANTRY 15949 US HWY 271 SPIRO, OK 74959	87-2037930	501(C)(3)	0.	20,038.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
ABOUNDING FAITH MINISTRIES INC 410 "M" ST NW MIAMI, OK 74354	73-1225245	501(C)(3)	0.	19,714.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

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FIRST UNITED METHODIST CHURCH OKMULGEE - 302 S SEMINOLE - OKMULGEE, OK 74447	73-0674203	501(C)(3)	0.	19,613.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
NORMAN J. BOLIN JR. EVANGELISTIC ASSOCIATION - 1138 S. YALE - TULSA, OK 74135	73-1203558	501(C)(3)	0.	19,581.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
LOAVES AND FISHES 11321 E 19TH TULSA, OK 74128	73-1144861	501(C)(3)	0.	19,180.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
HIGHLAND PARK CHRISTIAN CHURCH 5717 E 32ND ST TULSA, OK 74135	73-1166965	501(C)(3)	0.	19,071.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
HELPING HAND MINISTRY 712 S BOSTON SUITE 712 TULSA, OK 74119	73-1501065	501(C)(3)	0.	18,619.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CATHOLIC CHARITIES RURAL OUTREACH / ADAIR CO - 1801 W. LOCUST ST. - STILWELL, OK 74960	73-1171950	501(C)(3)	0.	18,426.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
HELP IN CRISIS SHELTER 405 NORTH COLLEGE AVE. TAHLEQUAH, OK 74464	73-1125382	501(C)(3)	0.	18,318.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
ROCMND WELCH SKILL CENTER 534 E EARL AVE WELCH, OK 74369	73-1013488	501(C)(3)	0.	18,141.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
KIBOIS CAF PANTRY/ WILBURTON 309 W MAIN WILBURTON, OK 74578	73-0770231	501(C)(3)	0.	17,622.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

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THE LANDING 502 W CONNER FAIRLAND, OK 74343	80-0727431	501(C)(3)	0.	17,550.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
ALLEN FREE WILL BAPTIST CHURCH 7001 S. HIGHWAY 97 SAPULPA, OK 74066	73-0975423	501(C)(3)	0.	17,198.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
TULSA DREAM CENTER 200 WEST 46TH ST N TULSA, OK 74126	73-1610213	501(C)(3)	0.	17,122.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
DENVER HOUSE MHA 252 W. 17TH PL. TULSA, OK 74119	73-1187671	501(C)(3)	0.	17,006.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
LIVING WORD INTERNATIONAL CHURCH 2545 S YALE AVE TULSA, OK 74114	27-4151414	501(C)(3)	0.	16,942.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
OKMULGEE CO. HOMELESS SHELTER 214 NORTH MORTON AVE. OKMULGEE, OK 74447	73-1485176	501(C)(3)	0.	16,456.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
MEMORIAL DRIVE UMC FOOD PANTRY 7903 E 15TH ST TULSA, OK 74112	73-0729384	501(C)(3)	0.	16,400.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
F&CS MIDTOWN 2325 S HARVARD AVE TULSA, OK 74114	73-0580270	501(C)(3)	0.	15,615.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
KENDALL WHITTIER FOOD PANTRY 2915 E 5TH ST TULSA, OK 74104	73-1016797	501(C)(3)	0.	15,450.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

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ST PAUL UNITED METHODIST CHURCH/BP 2130 W OKMULGEE MUSKOGEE, OK 74401	73-0632936	501(C)(3)	0.	14,107.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
KIAMICHI YOUTH SERVICES, INC. 1167 LEGATES ROAD IDABEL, OK 74745	73-0954088	501(C)(3)	0.	13,878.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CATHOLIC CHARITIES RURAL OUTREACH / ROGERS CO - HWY 66 & ANDY PAYNE BLVD. - FOYIL, OK 74017	73-1171950	501(C)(3)	0.	13,663.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
VINITA DAY CENTER 131 SOUTH WILSON VINITA, OK 74301	73-1312406	501(C)(3)	0.	13,406.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
MARY LOU TROLINGER SENIOR CENTER AVE A & 6TH ST. CROWDER, OK 74430	73-1193977	501(C)(3)	0.	13,387.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CHURCH OF THE RESURRECTION HOPE FOOD PANTRY - 4804 S FULTON AVE - TULSA, OK 74135	73-0632924	501(C)(3)	0.	13,353.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
BOULEVARD CHRISTIAN CHURCH/ BP 1700 W SHAWNEE ST MUSKOGEE, OK 74401	73-0657681	501(C)(3)	0.	13,146.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
AGAPE MISSION/BP 555 S CASS BARTLESVILLE, OK 74006	73-1608794	501(C)(3)	0.	12,977.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
NEW LIFEHOUSE 36665 S 510 RD EUCHA, OK 73137	73-1324022	501(C)(3)	0.	12,769.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

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F&CS HEADSTART PROGRAM 5310 E. 31ST ST. 400 TULSA, OK 74135	73-0580270	501(C)(3)	0.	12,303.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
JUBILEE CHRISTIAN CENTER 12430 N 230 RD OKMULGEE, OK 74447	73-1552394	501(C)(3)	0.	11,644.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CHRIST'S FOOD CENTER, INC. 60591 CLIFF LANE (BIG CEDAR) HODGEN, OK 74939	30-0284075	501(C)(3)	0.	11,096.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
BREAD OF LIFE/TAHLEQUAH 325 E WARD ST TAHLEQUAH, OK 74464	87-2038384	501(C)(3)	0.	10,814.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
THE ALTAR 101 DIVISION ST. HEAVENER, OK 74937	83-2678842	501(C)(3)	0.	10,505.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CHURCH IN POWER 732 E 31ST ST NORTH TULSA, OK 74106	04-3667569	501(C)(3)	0.	10,328.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
SHARED BLESSINGS BACKPACK 1558 S MAIN ST MCALESTER, OK 74501	73-1527791	501(C)(3)	0.	10,193.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CROSSROADS, INC. 925 SOUTH YALE AVE TULSA, OK 74112	73-1447897	501(C)(3)	0.	9,964.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
VICTORY WORSHIP CENTER/KEOTA 302 W MAIN ST KEOTA, OK 74941	30-0356349	501(C)(3)	0.	9,740.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

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BRISTOW PRESBYTERIAN CHURCH/BP 200 WEST 6TH AVE BRISTOW, OK 74010	73-6172223	501(C)(3)	0.	9,483.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CRAIG COUNTY DETENTION CENTER 1540 N. INDUSTRIAL RD. VINITA, OK 74301	73-1013488	501(C)(3)	0.	9,328.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
FAITH LOVE COMMUNITY OUTREACH 1208 TAMAROA MUSKOGEE, OK 74403	81-1969064	501(C)(3)	0.	9,227.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
EASTLAND ASSEMBLY OF GOD 12310 E 21ST ST TULSA, OK 74129	73-0775116	501(C)(3)	0.	9,118.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
OKLAHOMA FAMILY EMPOWERMENT CENTER 1020 S GARNETT RD TULSA, OK 74128	36-4591910	501(C)(3)	0.	8,935.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
INDIANOLA COMMUNITY & SENIOR CITIZENS CENTER - 305 SOUTH STREET - INDIANOLA, OK 74442	73-1129661	501(C)(3)	0.	8,824.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
FIRST UNITED METHODIST DEPEW 8TH & MALLEY DEPEW, OK 74028	73-1484721	501(C)(3)	0.	8,587.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
OKLAHOMA FAMILY EMPOWERMENT CENTER 1020 S GARNETT RD TULSA, OK 74128	36-4591910	501(C)(3)	0.	8,484.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
SALVATION ARMY/ARC 601 N MAIN ST TULSA, OK 74106	58-0660607	501(C)(3)	0.	8,335.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

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THE SPRING SHELTER, INC. 7802 WEST 7TH ST TULSA, OK 74127	73-1474319	501(C)(3)	0.	8,083.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
PARKSIDE PANTRY 1239 S. TRENTON AVE. TULSA, OK 74120	73-1280067	501(C)(3)	0.	7,950.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
FIRST BAPTIST CHURCH SAPULPA 200 SOUTH ELM ST. SAPULPA, OK 74066	73-6060776	501(C)(3)	0.	7,942.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
SYCAMORES COMMUNITY CHURCH 420103 E. 1147 RD. CHECOTAH, OK 74426	46-1803246	501(C)(3)	0.	7,864.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
FIRST BAPTIST CHURCH HASKELL ONSITE - 1401 N. HASKELL BLVD - HASKELL, OK 74436	73-1217413	501(C)(3)	0.	7,859.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
IRON SHARP FOUNDATION 27871 N. 3950 RD. OCHELATA, OK 74051	82-4280375	501(C)(3)	0.	7,654.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
UNDER GOD'S CARE ONSITE 15949 US HWY 271 SPIRO, OK 74959	87-2037930	501(C)(3)	0.	7,502.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
LIGHTHOUSE FAMILY WORSHIP CTR. 13749 STATE HWY 11 BARNSDALL, OK 74002	73-1530470	501(C)(3)	0.	7,461.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
UNITED FAITH CHURCH 1611 S KERR BLVD. SALLISAW, OK 74955	73-1597100	501(C)(3)	0.	7,439.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

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FEED THE NEED/ HARTSHORNE 1316 KALI INLA HARTSHORNE, OK 74547	47-1926101	501(C)(3)	0.	7,197.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
FEED THE NEED/ POTEAU 500 TWYMAN PARK DRIVE POTEAU, OK 74953	47-1926101	501(C)(3)	0.	7,168.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
SENIOR CITIZENS OF CHELSEA 618 PINE STREET CHELSEA, OK 74016	52-1041975	501(C)(3)	0.	7,158.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
POTEAU CHURCH OF CHRIST 20690 292ND ST POTEAU, OK 74953	73-1199681	501(C)(3)	0.	6,949.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
FIRST UNITED METHODIST MUSKOGEE BACKPACK - 600 E OKMULGEE - MUSKOGEE, OK 74403	73-0597075	501(C)(3)	0.	6,856.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
HAWORTH SENIOR CITIZENS 105 S MAIN HAWORTH, OK 74740	73-1456381	501(C)(3)	0.	6,805.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
WRIGHT CITY SENIOR CITIZENS 1000 NORTH NORWOOD WRIGHT CITY, OK 74766	73-1456381	501(C)(3)	0.	6,759.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
SHOW, INC 425 WEST WELLS BLVD. SAPULPA, OK 74066	73-1028650	501(C)(3)	0.	6,721.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
SPECIAL KIDS 6311 E. TECUMSEH STREET TULSA, OK 74115	02-0645322	501(C)(3)	0.	6,616.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

Schedule I (Form 990)

COMMUNITY FOOD BANK OF EASTERN  
OKLAHOMA, INC.

Schedule I (Form 990)

73-1184980

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMBERS IN CHRIST ASSEMBLY/ VIAN HC 68 BOX 210 VIAN, OK 74962	71-0914053	501(C)(3)	0.	6,451.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
YANUSH COMMUNITY KITCHEN 13001 SE 1005 AVE. TUSKAHOMA, OK 74574	71-0912397	501(C)(3)	0.	6,268.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CARING COMMUNITY FRIENDS BP 12 W. BURNHAM SAPULPA, OK 74066	73-1429214	501(C)(3)	0.	6,262.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
SPRING CREEK/CREOKS 27 E. ROSS AVE SAPULPA, OK 74066	73-1108774	501(C)(3)	0.	6,189.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
PAWHUSKA BACKPACK 113 E 6TH ST. PAWHUSKA, OK 74056	47-3767240	501(C)(3)	0.	6,149.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
KANSAS SENIOR CENTER 160 S CHEROKEE KANSAS, OK 74347	48-0986126	501(C)(3)	0.	6,023.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CARING HEARTS FOUNDATION 542 E. 46TH ST. N. TULSA, OK 74126	83-2736347	501(C)(3)	0.	6,010.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
RED OAK COMMUNITY CENTER 203 NW MAIN RED OAK, OK 74563	73-1456381	501(C)(3)	0.	6,001.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
BROKEN ARROW CHURCH OF CHRIST 505 EAST KENOSHA BROKEN ARROW, OK 74012	73-0992051	501(C)(3)	0.	5,902.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

Schedule I (Form 990)

COMMUNITY FOOD BANK OF EASTERN  
OKLAHOMA, INC.

Schedule I (Form 990)

73-1184980

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CSFP HAND TO HAND, INC. 107 S. MAIN TOM/HAWORTH, OK 74740	73-1342402	501(C)(3)	0.	5,713.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
BAPTIST CHILDREN'S HOME OWASSO 12700 E. 76TH ST. NORTH OWASSO, OK 74055	73-1435473	501(C)(3)	0.	5,598.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
BOYS & GIRLS CLUB OF MCALESTER 305 EAST CHADICK MCALESTER, OK 74501	73-0708243	501(C)(3)	0.	5,590.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
EOYS DETENTION CENTER 1208 N WEST ST MCALESTER, OK 74501	73-1325874	501(C)(3)	0.	5,519.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
WARNER COMMUNITY FOOD PANTRY 206 3RD STREET WARNER, OK 74469	73-1167503	501(C)(3)	0.	5,493.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CROSSTOWN CHURCH OF CHRIST 3400 E ADMIRAL PL TULSA, OK 74115	73-1108777	501(C)(3)	0.	5,452.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
FIRST UMC PORTER BACKPACK 434 S MAIN ST PORTER, OK 74454	73-1116596	501(C)(3)	0.	5,394.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
KINGDOM LIFE COMMUNITY CHURCH 130 N MAIN ST PORTER, OK 74454	74-1114158	501(C)(3)	0.	5,358.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
BOYS & GIRLS CLUB OF NOWATA BP 300 S. PINE NOWATA, OK 74048	73-1569974	501(C)(3)	0.	5,165.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

Schedule I (Form 990)

**COMMUNITY FOOD BANK OF EASTERN  
OKLAHOMA, INC.**

Schedule I (Form 990)

73-1184980

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHER ESTEEM 205 E. PINE ST SUITE 501 TULSA, OK 74106	73-1479217	501(C)(3)	0.	5,131.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
TULSA COUNTY SOCIAL SERVICES 2401 CHARLES PAGE BLVD TULSA, OK 74127	73-6006419	501(C)(3)	0.	5,099.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY
CRSOK/SAND SPRINGS 401 E BROADWAY COURT, SUITE E SAND SPRINGS, OK 74063	73-1064338	501(C)(3)	0.	5,009.	VALUATION STUDY	FOOD PRODUCTS	ASSISTANCE TO THE NEEDY

COMMUNITY FOOD BANK OF EASTERN  
OKLAHOMA, INC.

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

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

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

PART I, LINE 2:

WE MAINTAIN RECORDS TO SUBSTANTIATE THE AMOUNT OF FOOD WE DISTRIBUTE. EACH ORGANIZATION SIGNS A CONTRACT THAT INCLUDES A DESCRIPTION OF HOW THE FOOD CAN BE USED. THE ORGANIZATION FILLS OUT A SELF-MONITORING FORM ONCE A YEAR AND WE CONDUCT ON-SITE MONITORING VISITS AT LEAST EVERY 24 MONTHS. FOOD IS VALUED AT \$1.93 PER POUND BASED ON ANNUAL PRODUCT VALUATION STUDY CONDUCTED BY FEEDING AMERICA.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **COMMUNITY FOOD BANK OF EASTERN OKLAHOMA, INC.** Employer identification number **73-1184980**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022



COMMUNITY FOOD BANK OF EASTERN  
OKLAHOMA, INC.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CALVIN MOORE CEO	(i)	222,324.	0.	0.	3,465.	9,578.	235,367.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

Multiple horizontal lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **COMMUNITY FOOD BANK OF EASTERN OKLAHOMA, INC.** Employer identification number **73-1184980**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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 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		40,894,592.	VALUATION STUDY/DETE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <u>FOOD ITEMS</u> )	X	0	104,000.	DETERMINED BY DONOR
26 Other ( <u>MATERIALS AND S</u> )	X	0	5,000.	DETERMINED BY DONOR
27 Other ( <u>GIFT CARDS</u> )	X	0	2,150.	FACE VLAUE
28 Other ( )				

29 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 ..... **29**

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 exempt purposes for the entire holding period? .....

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2022

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

SCHEDULE M, PART I, COLUMN (B):

FOOD WAS VALUED AT \$1.93/LB BASED ON ANNUAL PRODUCT VALUATION STUDY  
CONDUCTED BY FEEDING AMERICA.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization	COMMUNITY FOOD BANK OF EASTERN OKLAHOMA, INC.	Employer identification number	73-1184980
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HUNGER AND FOOD INSECURITY. OUR OBJECTIVE IS TO DRIVE THE PERSISTENTLY HIGH RATE OF FOOD INSECURITY, ESPECIALLY EXPERIENCED BY SENIORS AND CHILDREN, DOWN FROM ABOUT 19% TO UNDER 10% IN 5-6 YEARS. WE WILL ACCOMPLISH THIS BY LEADING A VAST NETWORK OF MORE THAN 642 DIRECT SERVICE PARTNERS AND PARTNER AGENCIES IN EASTERN OKLAHOMA, TO FIND INNOVATIVE WAYS TO SOURCE, AND DISTRIBUTE FOOD AND ENGAGE THE COMMUNITIES WE SERVE TO ACCESS PARTNERSHIPS, RESOURCES, PROGRAMS THAT HELP THEM AND THEIR FAMILIES STAY CONSISTENTLY NOURISHED SO THAT WE ALL MAY LIVE PRODUCTIVE AND HEALTHY LIVES.

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

ONCE THE DRAFT FORM 990 IS COMPLETE, THE CHIEF EXECUTIVE OFFICER AND CFO WILL REVIEW. EITHER A PAPER OR ELECTRONIC COPY WILL BE PRESENTED TO THE FINANCE AND AUDIT COMMITTEE FOR REVIEW AND TO THE FULL BOARD PRIOR TO FILING.

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

THERE IS A CONFLICT OF INTEREST FORM THAT ALL BOARD MEMBERS SIGN ANNUALLY THAT SPEAKS TO DISCLOSURE WHEN A CONFLICT OF INTEREST COULD ARISE. IT IS TYPICALLY SIGNED AT THE BEGINNING OF A NEW FISCAL YEAR AND THE FIRST BOARD MEETING AFTER.

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

THE BOARD WILL REVIEW AND APPROVE COMPENSATION AND CHANGE IN COMPENSATION FOR THE CEO AND THE CEO WILL DETERMINE COMPENSATION FOR KEY EMPLOYEES BASED

Name of the organization COMMUNITY FOOD BANK OF EASTERN OKLAHOMA, INC.	Employer identification number 73-1184980
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ON REVIEWS AND COMPARABILITY DATA IN THE MARKETPLACE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

OK, TX, FL, CA, IL, WA, NY, NC, AR, KS, NM, DE, IA, ID, IN, MT, NE, SD, VT, WY

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

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA THE WEBSITE AS WELL AS UPON REQUEST.

FORM 990, PART XII, LINE 2C:

OKLAHOMA FARM TO TABLE PROGRAM - THE PROGRAM BUILDS RELATIONSHIPS WITH LOCAL AND NEAR LOCAL FARMERS TO BECOME USDA ELIGIBLE PARTNERS. THE GOAL IS TO MATCH PRIVATE DOLLARS AND LFPA (LOCAL FOOD PURCHASE AGREEMENT) MONIES ADMINISTERED THROUGH DHS TO PURCHASE MORE PRODUCE FROM LOCAL FARMS TO BE CONSUMED BY LOCAL FAMILIES. OKLAHOMA IS RANKED 49TH IN THE NATION FOR CONSUMPTION OF FRUITS AND VEGETABLES AND OUR GOAL IS TO INCREASE CONSUMPTION OF SUCH BY MAKING MORE AVAILABLE FOR DISTRIBUTION BY OUR PARTNERS. EXPANSION OF THE FOOD FOR KIDS PROGRAM AND BACKPACK PROGRAM, MEANS MORE HEALTHY SNACK OPTIONS, FRUITS, WHOLE GRAINS, ETC. BE MADE AVAILABLE TO KIDS WHO PARTICIPATE IN OUR PROGRAMS. WE STARTED PLANNING EXPANSION OF SOUTH OKLAHOMA DISTRIBUTION SITE OPERATIONS AND PROGRAMS TO DRIVE BETTER SUCCESS WITH OUR RURAL INITIATIVES.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization **COMMUNITY FOOD BANK OF EASTERN OKLAHOMA, INC.** Employer identification number **73-1184980**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CFBEO REAL ESTATE, INC. - 87-3712069 1304 N KENOSHA AVENUE TULSA, OK 74106	OPERATIONS	OKLAHOMA	501(C)(3)	LINE 7	COMMUNITY FOOD BANK OF EASTERN OKLAHOMA, INC.	<input checked="" type="checkbox"/>	

COMMUNITY FOOD BANK OF EASTERN  
OKLAHOMA, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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



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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....	X	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CFBEO REAL ESTATE, INC.	I	8,727,723.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

COMMUNITY FOOD BANK OF EASTERN  
OKLAHOMA, INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII Supplemental Information**

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

Multiple horizontal lines for supplemental information.