

Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning _____, and ending _____

-*5863

SOUTHEAST MISSOURI FOOD BANK, INC.

Net Asset / Fund Balance at Beginning of Year 19,279,695

Revenue

Contributions	<u>25,356,155</u>		
Program service revenue	<u>518,148</u>		
Investment income	<u>362,848</u>		
Capital gain / loss	<u>184,014</u>		
Fundraising / Gaming:			
Gross revenue	<u>43,919</u>		
Direct expenses	<u>11,440</u>		
Net income	<u>32,479</u>		
Other income	<u>55,241</u>		
Total revenue		<u>26,508,885</u>	

Expenses

Program services	<u>24,004,351</u>		
Management and general	<u>1,013,759</u>		
Fundraising	<u>434,468</u>		
Total expenses		<u>25,452,578</u>	
Excess / (deficit)			<u>1,056,307</u>

Changes 327,563

Net Asset / Fund Balance at End of Year 20,663,565

Reconciliation of Revenue

Total revenue per financial statements	<u>26,836,448</u>		
Less:			
Unrealized gains	<u>327,563</u>		
Donated services	<u> </u>		
Recoveries	<u> </u>		
Other	<u> </u>		
Plus:			
Investment expenses	<u> </u>		
Other	<u> </u>		
Total revenue per return		<u><u>26,508,885</u></u>	

Reconciliation of Expenses

Total expenses per financial statements	<u>25,452,578</u>		
Less:			
Donated services	<u> </u>		
Prior year adjustments	<u> </u>		
Losses	<u> </u>		
Other	<u> </u>		
Plus:			
Investment expenses	<u> </u>		
Other	<u> </u>		
Total expenses per return		<u><u>25,452,578</u></u>	

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>19,431,231</u>	<u>20,775,983</u>	
Liabilities	<u>151,536</u>	<u>112,418</u>	
Net assets	<u><u>19,279,695</u></u>	<u><u>20,663,565</u></u>	<u>1,383,870</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/17/25
 Failure to file penalty _____

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning ... 2024, and ending ... 20

2024

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

SOUTHEAST MISSOURI FOOD BANK, INC.

EIN or SSN

-*5863

Name and title of officer or person subject to tax Joseph Keys President & CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 3 columns: Line number (1a-10a), Description (Form type and check box), and Amount (1b-10b). Line 1a is checked with amount 26,508,885.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) ... and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize Essner, Miles & Modde LLC to enter my PIN 92800 as my signature. Enter five numbers, but do not enter all zeros.

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax Date 10/29/25

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

***** Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date 10/29/25

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

Return of Organization Exempt From Income Tax

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

2024

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

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

A For the 2024 calendar year, or tax year beginning, and ending

B Check if applicable: C Name of organization: D Employer identification number: E Telephone number: G Gross receipts: H(a) Is this a group return for subordinates? H(b) Are all subordinates included?

I Tax-exempt status: J Website: K Form of organization: L Year of formation: M State of legal domicile:

K Form of organization: L Year of formation: M State of legal domicile:

Part I Summary

Table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, revenue breakdown, expenses breakdown, and net assets.

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.

Sign Here: Signature of officer: Joseph Keys, President & CEO

Paid Preparer Use Only: Preparer's name: Evan Reischman, Firm's name: Essner, Miles & Modde LLC

May the IRS discuss this return with the preparer shown above? See instructions

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: See Schedule O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 24,004,351 including grants of \$ 22,001,715) (Revenue \$ 518,148) To distribute food to tax-exempt nonprofit organizations that give food to needy families. Approximately 80,000 people per month are serviced by this organization.

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

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

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

4e Total program service expenses 24,004,351

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	9
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	33		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
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			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, 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.	17			

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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1a	11		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed None
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, 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.

Joseph Keys 285 Greystone Ridge Dr. MO 63755 573-471-1818
 Jackson

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 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 dotted 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) Joseph Keys President & CEO	40.00 0.00			X			155,836	0	0	
(2) Mark Avery Chair	0.00 0.00	X					0	0	0	
(3) James (Buddy) Barger Member	0.00 0.00	X					0	0	0	
(4) Christopher Conroy Member	0.00 0.00	X					0	0	0	
(5) Juliana Ford Member	0.00 0.00	X					0	0	0	
(6) Roger M Guilliams Member	0.00 0.00	X					0	0	0	
(7) Frank Jones Emeritus Member	0.00 0.00	X					0	0	0	
(8) John Leible Member	0.00 0.00	X					0	0	0	
(9) Laura Parker Secretary/Treasurer	0.00 0.00	X					0	0	0	
(10) Marty Platz Member	0.00 0.00	X					0	0	0	
(11) Danielle Poyner Vice Chair	0.00 0.00	X					0	0	0	

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 dotted 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			
(12) Kathryn Swan Member	0.00 0.00	X						0	0	0
(13) Christopher A. White Member	0.00 0.00	X						0	0	0
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal								155,836		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								155,836		

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 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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	
5 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

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 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	7,665,658				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	17,690,497				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 20,884,607				
	h Total. Add lines 1a-1f				25,356,155			
	Program Service Revenue				Business Code			
2a		SHARED MAINTENANCE FEE		515,223	515,223			
b		AGENCY REGISTRATION FEES		2,925	2,925			
c								
d								
e								
f		All other program service revenue						
g Total. Add lines 2a-2f				518,148				
Other Revenue	3			Investment income (including dividends, interest, and other similar amounts)	362,848	362,848		
	4			Income from investment of tax-exempt bond proceeds				
	5			Royalties				
	6a	6a	(i) Real	(ii) Personal				
			Gross rents					
			Less: rental expenses					
	b		Less: rental expenses		6b			
	c		Rental inc. or (loss)		6c			
	d			Net rental income or (loss)				
	7a	7a	(i) Securities	(ii) Other				
			Gross amount from sales of assets other than inventory		184,014			
			b Less: cost or other basis and sales exps.		7b			
			c Gain or (loss)		7c	184,014		
	d			Net gain or (loss)	184,014	184,014		
8a	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		43,919				
		b Less: direct expenses		8b	11,440			
c			Net income or (loss) from fundraising events	32,479				
9a	9a	Gross income from gaming activities. See Part IV, line 19						
		b Less: direct expenses		9b				
c			Net income or (loss) from gaming activities					
10a	10a	Gross sales of inventory, less returns and allowances						
		b Less: cost of goods sold		10b				
c			Net income or (loss) from sales of inventory					
Miscellaneous Revenue				Business Code				
	11a	Miscellaneous		55,241	55,241			
	b							
	c							
	d All other revenue							
e Total. Add lines 11a-11d				55,241				
12 Total revenue. See instructions				26,508,885	1,120,251	0	0	

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	20,466,033	20,466,033		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,535,682	1,535,682		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,436,192	943,845	253,415	238,932
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	234,749	149,970	41,978	42,801
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	32,190	8,937	23,253	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	106,342			106,342
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	814,074	568,695	227,112	18,267
12 Advertising and promotion	22,761	1,145		21,616
13 Office expenses	16,458	13,024	2,635	799
14 Information technology	39,313	34,146	5,167	
15 Royalties				
16 Occupancy				
17 Travel	36,780	1,449	31,005	4,326
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,683	350	5,948	1,385
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	307,995	281,075	26,920	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Grants to Agencies	396,326		396,326	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	25,452,578	24,004,351	1,013,759	434,468
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	5,470,674	1	4,297,926
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	63,151	3	29,129
	4 Accounts receivable, net	606,345	4	610,777
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,370,323	8	2,164,238
	9 Prepaid expenses and deferred charges	23,690	9	26,760
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,094,071		
	b Less: accumulated depreciation	10b 2,992,732	3,796,949	10c 4,101,339
	11 Investments—publicly traded securities	7,098,949	11	9,544,664
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,150	15	1,150
16 Total assets. Add lines 1 through 15 (must equal line 33)	19,431,231	16	20,775,983	
Liabilities	17 Accounts payable and accrued expenses	151,536	17	112,418
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	151,536	26	112,418
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	17,799,279	27	19,199,513
	28 Net assets with donor restrictions	1,480,416	28	1,464,052
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	19,279,695	32	20,663,565
33 Total liabilities and net assets/fund balances	19,431,231	33	20,775,983	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,508,885
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,452,578
3	Revenue less expenses. Subtract line 2 from line 1	3	1,056,307
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,279,695
5	Net unrealized gains (losses) on investments	5	327,563
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	20,663,565

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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.		
2a	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		X
2b	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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
3a	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?	X	
3b	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	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

SOUTHEAST MISSOURI FOOD BANK, INC.

Employer identification number

-*5863

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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12 4,462,124
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 99.71%
15 Public support percentage from 2023 Schedule A, Part II, line 14 15 99.53%
16a 33 1/3% support test — 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]
b 33 1/3% support test — 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test — 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 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

Table with 3 columns: Description, Amount, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Amount, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests — 2024. 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 — 2023. 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 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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 A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2024 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Name of the organization SOUTHEAST MISSOURI FOOD BANK, INC.	Employer identification number **_***5863
-----------------------------------------------------------------------	-----------------------------------------------------

Organization type (check one):

- | | |
|--------------------|-----------------------------------------------------------------------------------------------------------|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Name of organization

SOUTHEAST MISSOURI FOOD BANK, INC.

Employer identification number

-*5863

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Feeding America 161 N Clark St. Ste 700 Chicago IL 60601	\$ 683,869	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

SOUTHEAST MISSOURI FOOD BANK, INC.

Employer identification number

-*5863

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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. (Sub-rows 2a-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 2d 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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. 1b 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

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 in 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - 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? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 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	259,750			259,750
b Buildings	4,432,736		1,240,269	3,192,467
c Leasehold improvements				
d Equipment	2,401,585		1,752,463	649,122
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				4,101,339

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (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)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 26,836,448, with adjustments totaling 327,563, resulting in 26,508,885.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 25,452,578, with adjustments totaling 0, resulting in 25,452,578.

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.

Dotted lines for supplemental information input.

**SCHEDULE G
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SOUTHEAST MISSOURI FOOD BANK, INC.

Employer identification number

-*5863

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 nongovernment grants
- f Solicitation of government grants
- g Special fundraising events

2a 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			
Alpha Dog Marketing 1 8001 S 13th St Lincoln NE 68512	a		X	388,595	94,315	294,280
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				388,595	94,315	294,280

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.

Missouri

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 <small>(event type)</small>	(b) Event #2 <small>(event type)</small>	(c) Other events <small>(total number)</small>	(d) Total events <small>(add col. (a) through col. (c))</small>
Revenue	<u>Golf Tournament</u>		<u>None</u>	
	1 Gross receipts	43,919		43,919
	2 Less: Contributions			
Direct Expenses	3 Gross income (line 1 minus line 2)	43,919		43,919
	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs			
	7 Food and beverages			
	8 Entertainment			
	9 Other direct expenses	11,440		11,440
	10 Direct expense summary. Add lines 4 through 9 in column (d)			11,440
	11 Net income summary. Subtract line 10 from line 3, column (d)			32,479

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))
Revenue				
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: _____

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SOUTHEAST MISSOURI FOOD BANK, INC.

Employer identification number

-*5863

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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ADULT & TEEN CHALLENGE CAPE 303 MATC LN CAPE GIRARDEAU MO 63701	**--***4542			113,007		Food	
(2)	ADVANCE UNITED METHODIST CHURCH 33602 CR 303 ADVANCE MO 63730	**--***5626			117,789		Food	
(3)	AGAPE HELP CENTER 2536 N STATE HWY K HAYTI MO 63851	**--***4687			362,544		Food	
(4)	AMEN CENTER 3600 STATE HWY N ADVANCE MO 63730	**--***3988			111,653		Food	
(5)	ASSOC FOR PERSONS W/ DISABILIT 1330 SOUTHERN EXPRESSWAY CAPE GIRARDEAU MO 63703	**--***4140			12,269		Food	
(6)	BLACK RIVER BAPTIST PANTRY 43 CO RD 818 BLACK MO 63625	**--***9277			181,874		Food	
(7)	BLOOMSDALE ST VINCENT DEPAUL 40 ST. AGNES DRIVE BLOOMSDALE MO 63627	**--***3741			150,033		Food	
(8)	BOOTHEEL CULTURAL ARTS 110 N MAIN ST NEW MADRID MO 63869	**--***8985			105,642		FOOD	
(9)	BLUE JAY PANTRY 311 E TOM BROWN ST CHARLESTON MO 63834	**--***6733			7,102		FOOD	

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 165

3 Enter total number of other organizations listed in the line 1 table 0

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

DAA

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SOUTHEAST MISSOURI FOOD BANK, INC.

Employer identification number

-*5863

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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BOLLINGER COUNTY HEALTH CENTER 107 HWY 51 MARBLE HILL MO 63764	**--***3940			5,037		Food	
(2)	BOLLINGER COUNTY STRAY PROJECT HC 2 BOX 179 ZALMA MO 63787	**--***9089			5,512		FOOD	
(3)	BREAKING BREAD KITCHEN-BREAD SHED HAZEL STREET POPLAR BLUFF MO 63901	**--***7701			542,384		Food	
(4)	BROSELEY SENIOR CENTER 2470 CO RD 650 BROSELEY MO 63932	**--***1837			225,656		Food	
(5)	BUTLER COUNTY EMERGENCY MANAGEMENT 31 BUTLER CO RD Poplar Bluff MO 63901	**--***1718			53,318		FOOD	
(6)	CAPE COUNTY EMERGENCY MANAGEMENT 1 BARTON SQUARE, SUITE 301 JACKSON MO 63755	**--***0596			18,914		FOOD	
(7)	CAPE FIRST CHURCH OF NAZARENE 2601 INDEPENDENCE CAPE GIRARDEAU MO 63703	**--***6393			28,469		Food	
(8)	CARING COMMUNITIES 205 PEARL ST East Prairie MO 63845	**--***9693			78,160		FOOD	
(9)	CARTER COUNTY EMERGENCY MANAGEMENT 1501 BROADWAY ST VAN BUREN MO 63965	**--***9034			13,896		Food	

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

3 Enter total number of other organizations listed in the line 1 table

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

DAA

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SOUTHEAST MISSOURI FOOD BANK, INC.

Employer identification number

-*5863

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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CARTER COUNTY FOOD PANTRY NO.14 BALL PARK RD VAN BUREN MO 63965	**--***9034			163,228		Food	
(2)	CARTER COUNTY SENIOR CENTER 16 BALL PARK ROAD VAN BUREN MO 63965	**--***9034			385,662		Food	
(3)	CARTHURSVILLE SEMO PANTRY 608 NORTH 6TH ST HAYTI MO 63851	**--***7479			59,348		Food	
(4)	CATHOLIC SOCIAL MINISTRIES 615 WILLIAM ST. CAPE GIRARDEAU MO 63703	**--***3531			993,289		Food	
(5)	CENTRAL MO. FOOD BANK 2101 VANDIVER DRIVE COLUMBIA MO 65202	**--***8434			75,517		Food	
(6)	CHAFFEE TFAP MFP Chaffee VFW Chaffee MO 63740	**--***5863			99,641		Food	
(7)	CHAFFEE VFW 800 S. MAIN CHAFFEE MO 63740	**--***2526			63,204		FOOD	
(8)	CHRIST EPISCOPAL CHURCH 38 N FOUNTAIN STREET CAPE GIRARDEAU MO 63701	**--***4534			5,255		Food	
(9)	CLEARWATER MINISTERIAL ALLI 109 PIEDMONT AVE PIEDMONT MO 63957	**--***2834			149,150		Food	

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

3 Enter total number of other organizations listed in the line 1 table

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

DAA

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SOUTHEAST MISSOURI FOOD BANK, INC.

Employer identification number

-*5863

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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	COMMUNITY HARVEST FOOD BANK OFNE IN 999 E TILLMAN ST FORT WAYNE IN 46855	**--***0607			18,528		FOOD	
(2)	COMMUNITY RESOURCE CENTER 235 MADISON ST CANALOU MO 63828	**--***2916			22,032		FOOD	
(3)	COMMUNITY SHELTERED WORKSHOP 515 NORTH WEST ST SIKESTON MO 63801	**--***5903			38,671		Food	
(4)	COMPASSION CAFE 411 NEWBERRY FREDERICKTOWN MO 63645	**--***0736			43,483		Food	
(5)	DAEOC HOMELESS SHELTER 820 ANDERSON ST SIKESTON MO 63801	**--***4206			6,485		FOOD	
(6)	DUNKLIN COUNTY EMERGENCY MANAGEMENT 1175 FLOYD KENNETT MO 63857	**--***1071			23,551		Food	
(7)	EL PASOANS FIGHTING HUNGER 9541 PLAZA CIRCLE EL PASO TX 79927	**--***3839			44,325		FOOD	
(8)	ELLINGTON APOSTOLIC TABERNACLE PO BOX 703 ELLINGTON MO 63638	**--***9277			26,959		Food	
(9)	FAITH FAMILY WORSHIP 600 SARGENT DRIVE FREDERICKTOWN MO 63645	**--***2709			218,876		Food	

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

3 Enter total number of other organizations listed in the line 1 table

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

DAA

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SOUTHEAST MISSOURI FOOD BANK, INC.

Employer identification number

-*5863

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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	FAITH FOUNDATION CHILDRENS HME 1800 MADISON 257 FREDERICKTOWN MO 63645	**--***2709			160,668		Food	
(2)	FAITH TEMPLE COMPLEX 320 S MALLORY Hayti MO 63851	**--***4094			21,826		FOOD	
(3)	FATHER'S ARMS FELLOWSHIP 1400 MAIN STREET SCOTT CITY MO 63780	**--***3671			50,418		Food	
(4)	FEED AND SEED FOOD PANTRY 703 FRANKLIN STREET POPLAR BLUFF MO 63901	**--***5287			19,222		Food	
(5)	FIRST ASSEMBLY OF GOD OF WILLIAMSVI ROUTE 1 BOX 34 BAKER STREET WILLIAMSVILLE MO 63967	**--***9989			18,157		Food	
(6)	FIRST BAPTIST CHURCH DEXTER 11 W CASTOR DEXTER MO 63841	**--***8876			12,458		FOOD	
(7)	FISH VOLUNTEERS OF CAPE 105 SOUTH SPRIGG ST CAPE GIRARDEAU MO 63703	**--***9584			39,611		FOOD	
(8)	FLAME OF HOPE 604 WEST WASHINGTON EAST PRAIRIE MO 63845	**--***6691			121,056		Food	
(9)	FREEDOM HOUSE MBTC 27791 STATE HWY 25 HOLCOMB MO 63852	**--***1094			78,665		Food	

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

3 Enter total number of other organizations listed in the line 1 table

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

DAA

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SOUTHEAST MISSOURI FOOD BANK, INC.

Employer identification number

-*5863

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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FREDERICKTOWN APT 107 SPRUCE STREET FREDERICKTOWN MO 63645	**--***5389			12,900		Food	
(2)	FRESH START SELF IMPROVEMENT CENTER 700 SY WILLIAMS ST CHARLESTON MO 63834	**--***5858			23,054		FOOD	
(3)	FRIENDS MINISTRY 2866 W LAKEVIEW DR. POPLAR BLUFF MO 63901	**--***1492			117,535		Food	
(4)	FRIENDSHIP CHURCH OF GOD IN CH 7491 U.S HIGHWAY 61 HOWARDSVILLE MO 63869	**--***6586			83,234		Food	
(5)	FRUITLAND COM CHURCH PANTRY 6040 HWY 61 NORTH FRUITLAND MO 63755	**--***7473			23,562		FOOD	
(6)	GIBSON RECOVERY CENTER 1112 LINDEN CAPE GIRARDEAU MO 63702	**--***7400			7,766		Food	
(7)	GLEANERS FOOD BANK OF INDIANA 3737 WALDEMER AVE INDIANAPOLIS IN 46241	**--***3868			43,425		FOOD	
(8)	GOOD NEIGHBOR PANTRY (GNP) 813 DAVIS BLVD SIKESTON MO 63801	**--***3363			1,828,230		Food	
(9)	GREAT CIRCLE 204 E. SUMMIT ST. DONIPHAN MO 63935	**--***0802			15,860		Food	

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

3 Enter total number of other organizations listed in the line 1 table

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

DAA

**SCHEDULE I
(Form 990)**
(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SOUTHEAST MISSOURI FOOD BANK, INC.

Employer identification number

-*5863

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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HARVEST FOUNDATION, INC 705 VANDUSER ST VANDUSER MO 63784	**--***3363			41,246		Food	
(2)	HARVEST OF HOPE 12 CAP AMERICA FREDERICKTOWN MO 63645	**--***1751			40,225		Food	
(3)	HARVESTERS FOOD NETWORK 3801 TOPPING AVE. KANSAS CITY MO 64129	**--***8665			117,600		Food	
(4)	HAVEN HOUSE 921 W HARPER ST POPLAR BLUFF MO 63902	**--***8221			62,065		Food	
(5)	HELPING HAND PANTRY MINSTRLL ALLI 511 FRISCO ST KENNETT MO 63857	**--***9034			309,659		Food	
(6)	HOLCOMB ASSEMBLY OF GOD PANTRY 208 WASHINGTON HOLCOMB MO 63852	**--***1358			387,847		Food	
(7)	HOLCOMB ASSEMBLY OF GOD SOUP KITCH. 208 WASHINGTON HOLCOMB MO 63852	**--***1358			17,448		FOOD	
(8)	HOLY CROSS EPISCOPAL CHURCH 420 N MAIN ST Poplar Bluff MO 63901	**--***3158			54,241		FOOD	
(9)	HOLY GHOST OUTREACH MINISTRIES PO BOX 250 ELLINGTON MO 63638	**--***9993			1,983,615		Food	

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

3 Enter total number of other organizations listed in the line 1 table

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

DAA

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SOUTHEAST MISSOURI FOOD BANK, INC.

Employer identification number

-*5863

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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HOPE CENTER MINISTRIES 2738 STATE HWY E CATRON MO 63833	**--***8403			77,464		FOOD	
(2)	HOPE CHURCH 30 TRIANGLE DR. SAINT GENEVIEVE MO 63670	**--***5591			151,808		Food	
(3)	HOUSE OF REFUGE 4025 S WARD AVE CARUTHERSVILLE MO 63830	**--***7563			122,503		FOOD	
(4)	JACKSON PANTRY 4400 E JACKSON BLVD CAPE GIRARDEAU MO 63755	**--***5863			80,354		Food	
(5)	JACKSON TEFAP MFP 480 W JACKSON TRL JACKSON MO 63755	**--***5863			18,435		Food	
(6)	JACKSON SENIOR CENTER 2690 TRAVELERS WAY JACKSON MO 63755	**--***5287			14,420		Food	
(7)	JESUS IN DISGUISE FOOD PANTRY 115 N WINCHESTER BENTON MO 63736	**--***1184			22,093		Food	
(8)	JONAH'S JAVA FOOD PANTRY 137 MAIN STREET GREENVILLE MO 63944	**--***7182			81,675		Food	
(9)	KENNETT MO EMERGENCY MANAGEMENT 200 CEDAR ST KENNETT MO 63857	**--***5547			21,894		FOOD	

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

3 Enter total number of other organizations listed in the line 1 table

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

DAA

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SOUTHEAST MISSOURI FOOD BANK, INC.

Employer identification number

-*5863

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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	KENNETT OAKS CENTER 900 KENNETT ST KENNETT MO 63857	**--***0886			25,553		Food	
(2)	LADIES OF CHARITY 1001 ROSATI CT PERRYVILLE MO 63775	**--***3251			251,361		Food	
(3)	LAKE GIRARDEAU ASSEMBLY OF GOD 4581 STATE HIGHWAY U WHITEWATER MO 63785	**--***0192			96,082		Food	
(4)	LAKE WAPPAPELLO METHODIST PANTRY HWY D 2-3 miles north of dam WAPPAPELLO MO 63966-0236	**--***9989			151,148		Food	
(5)	LEAN ON ME PANTRY 202 W. HWY St DONIPHAN MO 63935	**--***5783			386,540		Food	
(6)	LIFE CHANGERS 320 COLEMAN AVE. LILLBOURN MO 63669	**--***6016			25,060		Food	
(7)	LIFE CHURCH 951 S KINGSHIGHWAY SIKESTON MO 63801	**--***4120			65,295		Food	
(8)	LIFELINE CHURCH PANTRY 5272 HWY 51 FISK MO 63940	**--***1946			10,909		Food	
(9)	LINCOLN ST. APARTMENTS 404 N. LINCOLN ST SCOTT CITY MO 63780	**--***5863			17,335		Food	

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

3 Enter total number of other organizations listed in the line 1 table

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

DAA

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SOUTHEAST MISSOURI FOOD BANK, INC.

Employer identification number

-*5863

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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	LITTLE WHITEWATER FOOD PANTRY RR5 BOX 2150 PATTON MO 63662	**--**7229			86,308		Food	
(2)	LUCE CHARLESTON OUTREACH CENTR 1200 EAST MARSHALL ST CHARLESTON MO 63834	**--**1968			6,403		FOOD	
(3)	MADISON COUNTY EMERGENCY MANAGEMENT 1054 MADION 333 FREDERICKTOWN MO 63645	**--**2137			41,123		Food	
(4)	MADISON COUNTY FOOD PANTRY 715 STAR LANE FREDERICKTOWN MO 63645	**--**1015			248,717		Food	
(5)	MAIN STREET MINISTRIES 415 S. MAIN STREET PIEDMONT MO 63957	**--**5749			23,719		Food	
(6)	MARBLE HILL PANTRY HC 66 BOX 1282 MARBLE HILL MO 63764	**--**5821			203,651		Food	
(7)	MARQUAND FIRST BAPTIST CHURCH 100 MORLEY ST MARQUAND MO 63655	**--**6246			27,484		FOOD	
(8)	MINER BAPTIST CHURCH PO BOX 254 SIKESTON MO 63801	**--**9931			51,823		Food	
(9)	MISSOURI DELTA MEDICAL CENTER PATIE 1008 N MAIN SIKESTON MO 63801	**--**3449			10,247		FOOD	

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

3 Enter total number of other organizations listed in the line 1 table

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

DAA

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SOUTHEAST MISSOURI FOOD BANK, INC.

Employer identification number

-*5863

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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MOTHER TO MOTHER 215 W GRANT DEXTER MO 63870	**--***4187			24,732		Food	
(2)	MT ZION CHURCH OF GOD OF PROPHECY PO BOX 822 VAN BUREN MO 63965	**--***4319			7,580		FOOD	
(3)	NAYLOR SENIOR CITIZEN PO BOX 218 NAYLOR MO 63954-0218	**--***9226			77,067		Food	
(4)	NEELYVILLE FOOD PANTRY 154 HAYNESS STREET NEELYVILLE MO 63954-9701	**--***1375			31,750		Food	
(5)	NEW BETHAL MISSIONARY BAPTIST CHURCH 1029 S BENTON ST CAPE GIRARDEAU MO 63702	**--***0370			53,877		FOOD	
(6)	NEW COVENANT FELLOWSHIP PANTRY 3396 KANELL BLVD POPLAR BLUFF MO 63901	**--***6682			11,900		Food	
(7)	NEW MADRID CO FAMILY RESOURCE 420 VIRGINIA AVENUE NEW MADRID MO 63869	**--***0075			116,026		Food	
(8)	NEW MADRID EMERGENCY MGMT PO BOX 68 NEW MADRID MO 63869	**--***1864			90,943		FOOD	
(9)	NEW MADRID FOOD PANTRY 201 PINNELL NEW MADRID MO 63869	**--***1375			159,872		Food	

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

3 Enter total number of other organizations listed in the line 1 table

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

DAA

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SOUTHEAST MISSOURI FOOD BANK, INC.

Employer identification number

-*5863

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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	NORTHERN ILLINOIS FOOD BANK 273 DEARBORN GENEVA IL 60134	**--***3648			12,397		FOOD	
(2)	NORTHSIDE NUTRITION CENTER 506 HAZEL E POPLAR BLUFF MO 63901	**--***5820			135,071		Food	
(3)	OPEN DOOR FOOD PANTRY 203 ELM STREET HOLCOMB MO 63852	**--***5599			581,136		Food	
(4)	OPTION FOR WOMEN 354 SILVER SPRINGS ROAD CAPE GIRARDEAU MO 63702	**--***8740			49,196		Food	
(5)	OZARK HARVEST FOOD BANK 2810 N CEDARBROOK AVE SPRINGFIELD MO 65803	**--***6384			30,335		FOOD	
(6)	PEMISCOT CO INITIATIVE NETWORK 711 WEST 3RD ST CARUTHERSVILLE MO 63830	**--***6826			15,157		Food	
(7)	PEMISCOT COUNTY EMERGENCY MGMT. PO BOX 1031 CARUTHERSVILLE MO 63830	**--***4544			29,772		FOOD	
(8)	PEMISCOT PROGRESSIVE INDUSTRY 201 S PEMISCOT ST HAYTI MO 63851	**--***8305			22,021		Food	
(9)	PERRY COUNTY EMERGENCY MANAGEMENT 4803 NORTH HWY 51 PERRY MO 63755	**--***2739			17,730		FOOD	

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

3 Enter total number of other organizations listed in the line 1 table

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

DAA

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SOUTHEAST MISSOURI FOOD BANK, INC.

Employer identification number

-*5863

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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	PERRY CO SENIOR CITIZEN CTR 4 N SPRING PERRYVILLE MO 63775	**--***3078			17,271		Food	
(2)	PERRYVILLE FOOD PANTRY 416 N MAIN PERRYVILLE MO 63775	**--***0226			290,957		FOOD	
(3)	PILGRAM REST MB CHURCH HIGHWAY E CANALOU MO 63828	**--***2698			24,031		Food	
(4)	QULIN FOOD PANTRY 475 SECOND STREET QULIN MO 63961	**--***6581			51,659		Food	
(5)	QULIN NUTRITION CENTER 485 D STREET QULIN MO 63961	**--***3352			198,113		Food	
(6)	RED STAR PANTRY 1301 N MAIN ST CAPE GIRARDEAU MO 63701	**--***3526			1,041,379		Food	
(7)	REVIVAL CENTER SOUP KITCHEN 914 OLD CAPE ROAD JACKSON MO 63755	**--***4620			35,475		FOOD	
(8)	REYNOLDS CO FOOD PANTRY 380 S MAIN ELLINGTON MO 63638	**--***4578			108,242		Food	
(9)	REYNOLDS CO SHELTERED WKSHP PO BOX127 BUNKER MO 63629	**--***4578			10,479		FOOD	

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

3 Enter total number of other organizations listed in the line 1 table

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

DAA

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Employer identification number

SOUTHEAST MISSOURI FOOD BANK, INC.

-*5863

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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	RIPLEY CO SR CITIZENS CLUB 715 E WASHINGTON ST DONIPHAN MO 63935	**--***3007			53,081		FOOD	
(2)	RIPLEY COUNTY EMERGENCY MANAGEMENT 715 E WASHINGTON ST DONIPHAN MO 63935	**--***3008			38,304		Food	
(3)	ROCK OF CAPE 124 WEST JEFFERSON CAPE GIRARDEAU MO 63701	**--***7097			63,352		Food	
(4)	SAFE HOUSE FOR WOMEN 4250 STATE HWY K CAPE GIRARDEAU MO 63702	**--***7403			7,551		FOOD	
(5)	SALVATION ARMY PANTRY 701 GOOD HOPE CAPE GIRARDEAU MO 63702	**--***7910			54,276		Food	
(6)	SALVATION ARMY SOUP KITCHEN 701 GOOD HOPE CAPE GIRARDEAU MO 63702	**--***7910			51,544		FOOD	
(7)	SCOTT CITY FOOD PANTRY 804 MAIN ST REAR SCOTT CITY MO 63780	**--***9931			39,312		Food	
(8)	SCOTT COUNTY EMERGENCY MANAGEMENT 131 S WINCHESTR SIKESTON MO 63801	**--***7933			83,164		FOOD	
(9)	SECOND HARVEST FOOD BANK OF SOUTHER 2802 DAIRY DRIVE MADISON WI 53718	**--***0691			21,491		Food	

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

3 Enter total number of other organizations listed in the line 1 table

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

DAA

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SOUTHEAST MISSOURI FOOD BANK, INC.

Employer identification number

-*5863

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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SECOND HARVEST OF THE BIG BEND 4446 ENTREPOT BLVD TALLAHASSEE FL 32310	**--***0345			53,075		FOOD	
(2)	SHEPHERD'S FOLD CHURCH 1949 CR 272 NEELYVILLE MO 63954	**--***5863			13,018		Food	
(3)	SHINING LIGHT FOOD PANTRY 721 W MARSHALL CHARLESTON MO 63834	**--***6691			1,147,274		Food	
(4)	SHINING LIGHT SOUP KITCHEN 721 W MARSHALL CHARLESTON MO 63834	**--***6691			230,729		Food	
(5)	SPREAD HOPE NOW 1041 E MALONE SIKESTON MO 63801	**--***8527			18,629		FOOD	
(6)	ST LOUIS AREA FOOD BANK 70 CORPORATE WOODS DR BRIDGETON MO 63044	**--***3102			43,224		FOOD	
(7)	ST VINCENT DEPAUL SOCIETY 305 S. MERCHANT STREET Rear STE GENEVIEVE MO 63670	**--***2684			113,467		Food	
(8)	ST VINCENT DEPAUL-PB 215 A BROADWAY Rear POPLAR BLUFF MO 63901	**--***9085			813,800		Food	
(9)	ST VINCENT DEPAUL MANOR 733 PARKWOOD DR STE GENEVIEVE MO 63669	**--***2684			31,294		Food	

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

3 Enter total number of other organizations listed in the line 1 table

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

DAA

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SOUTHEAST MISSOURI FOOD BANK, INC.

Employer identification number

-*5863

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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	STE GEN FIRST BAPTIST CHURCH 101 BASLER STE. GENEVIEVE MO 63670	**--***9931			53,752		Food	
(2)	STE GENEVIEVE EMERGENCY MANAGEMENT 295 BROOKS DR SAINT GENEVIEVE MO 63670	**--***3165			11,820		FOOD	
(3)	STODDARD CO ARC-DAY ACTIVITIES CTR 1318 W GRANT DEXTER MO 63841	**--***3659			6,198		Food	
(4)	STODDARD CO CHILDREN'S HOME 505 S. VIOLA BLOOMFIELD MO 63825	**--***8673			11,714		Food	
(5)	STODDARD CO GOSPEL MISSION 207 N ONE MILE ROAD DEXTER MO 63841	**--***4574			629,379		Food	
(6)	STODDARD COUNTY EMERGENCY MANAGEMENT 316 SOUTH PRAIRIE STREE BLOOMFIELD MO 63825	**--***3627			32,892		FOOD	
(7)	STODDARD CO LUNCH BOX 23 WEST STODDARD STREET DEXTER MO 63841	**--***7330			9,496		Food	
(8)	THE COTTAGE- DOMESTIC VIOLENCE SHEL 307 INDEPENDENCE PPERRYVILLE MO 63775	**--***8922			15,564		FOOD	
(9)	THE FOOD BANK OF DELAWARE 222 LAKE DRIVE NEWARK DE 19702	**--***8984			14,894		FOOD	

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

3 Enter total number of other organizations listed in the line 1 table

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

DAA

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SOUTHEAST MISSOURI FOOD BANK, INC.

Employer identification number

-*5863

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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	TIMOTHY FOUNDATION, THE 419 PROCTOR DR Poplar Bluff MO 63901	**--**1954			28,725		FOOD	
(2)	TRINITY BAPTIST CHURCH PANTRY 500 MULBERRY ST ST MARY MO 63673	**--**5626			11,896		FOOD	
(3)	UNITED GOSPEL MISSION SOUP KITCHEN 400 S. BROADWAY POPLAR BLUFF MO 63901	**--**1946			84,762		Food	
(4)	UNITED GOSPEL RESCUE MISSION PANTRY 400 SOUTH BROADWAY Soup Kitchen POPLAR BLUFF MO 63901	**--**1946			309,368		Food	
(5)	UNITED VOICE OF ZION 1483 ST. HWY 25 BERNIE MO 63822	**--**2620			179,405		Food	
(6)	WE CARE MINISTRIES 101 POWER STREET STEELE MO 63877	**--**7731			120,040		Food	
(7)	WILLIAMSVILLE SENIOR CENTER HWY A and 49 WILLIAMSVILLE MO 63967-0158	**--**3387			83,033		Food	
(8)	WORD OUTREACH MINISTRIES 418 E. BROADWAY ST HAYTI MO 63851	**--**7387			88,858		Food	
(9)	ZALMA GENERAL BAPTIST FOOD PANTRY 9369 MAPLE ST ZALMA MO 63787	**--**0054			39,406		Food	

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

3 Enter total number of other organizations listed in the line 1 table

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

DAA

SCHEDULE J

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

SOUTHEAST MISSOURI FOOD BANK, INC.

Employer identification number

-*5863

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.

- First-class or charter travel
Travel for companions
Tax indemnification and gross-up payments
Discretionary spending account
Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
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.

- Compensation committee
Independent compensation consultant
Form 990 of other organizations
Written employment contract
Compensation survey or study
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)?

Table with 3 columns: Question ID, Yes, No. Rows 1a-9.

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				
Joseph Keys 1 President & CEO	(i) 127,086 (ii) 0	28,750 0	0 0	0 0	0 0	155,836 0	0 0
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

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.

Area with horizontal dotted lines for supplemental information.

SCHEDULE L

(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27,
28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

SOUTHEAST MISSOURI FOOD BANK, INC.

Employer identification number

-*5863

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Rows 1-6.

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the org.? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No). Rows 1-10.

Total \$

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance. Rows 1-10.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

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

Attach to Form 990.

**Open To Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTHEAST MISSOURI FOOD BANK, INC.

Employer identification number

-*5863

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	3	14,940,524	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (Food)	X	3	5,944,083	
26 Other (Mis)				
27 Other ()				
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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

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.

Area with horizontal dotted lines for supplemental information.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SOUTHEAST MISSOURI FOOD BANK, INC.

Employer identification number

-*5863

Form 990 - Organization's Mission

The mission of the Southeast Missouri Food Bank is to promote food recovery; acquire and distribute food and household products; and provide community leadership and education on issues of hunger and poverty in an effort to alleviate hunger in the region.

Form 990, Part III, Line 4d - All Other Accomplishments

To Distribute tax-exempt nonprofit organizations that give food to needy families. Approximately 90,000 people per month are serviced by this organization.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The board does not review the 990 before filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The conflict of interest policy is one that is reviewed and updated annually. The policy limits related transactions and the interactions between both parties. This is brought up at every annual board meeting and the related party transactions are reviewed.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The industry supplies a nationwide listing of salaries for Food Banks. The Board of Directors vote and agree on the amount of the president's salary.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The industry supplies the Food Bank with a listing of jobs and their average salary. These numbers and the average wage in the area are taken into consideration when deciding on a wage. The President determines the salaries for all other employees except his own.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public.

Form **990****Two Year Comparison Report****2023 & 2024**

For calendar year 2024, or tax year beginning , ending

Name

Taxpayer Identification Number

SOUTHEAST MISSOURI FOOD BANK, INC.

-*5863

		2023	2024	Differences
Revenue	1. Contributions, gifts, grants	1. 16,312,614	17,690,497	1,377,883
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 7,228,164	7,665,658	437,494
	4. Program service revenue	4. 640,287	518,148	-122,139
	5. Investment income	5. 276,267	362,848	86,581
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 76,215	184,014	107,799
	8. Net income or (loss) from fundraising events	8. 27,945	32,479	4,534
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 16,760	55,241	38,481
	12. Total revenue. Add lines 1 through 11	12. 24,578,252	26,508,885	1,930,633
Expenses	13. Grants and similar amounts paid	13. 20,028,442	22,001,715	1,973,273
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 1,524,639	1,670,941	146,302
	17. Professional fundraising fees	17. 100,555	106,342	5,787
	18. Other professional fees	18. 581,809	846,264	264,455
	19. Occupancy, rent, utilities, and maintenance	19.		
	20. Depreciation and Depletion	20. 261,082	307,995	46,913
	21. Other expenses	21. 587,434	519,321	-68,113
	22. Total expenses. Add lines 13 through 21	22. 23,083,961	25,452,578	2,368,617
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 1,494,291	1,056,307	-437,984
Other Information	24. Total exempt revenue	24. 24,578,252	26,508,885	1,930,633
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 1,009,529	1,120,251	110,722
	27. Total assets	27. 19,431,231	20,775,983	1,344,752
	28. Total liabilities	28. 151,536	112,418	-39,118
	29. Retained earnings	29. 19,279,695	20,663,565	1,383,870
	30. Number of voting members of governing body	30. 12	11	
31. Number of independent voting members of governing body	31. 12	11		
32. Number of employees	32. 33	33		
33. Number of volunteers	33. 3754	2515		

Name

SOUTHEAST MISSOURI FOOD BANK, INC.

Employer Identification Number
-*5863

	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants	27,856,326	22,010,911	23,244,935	23,540,778	25,356,155	
Membership dues						
Program service revenue	748,463	547,487	584,795	640,287	518,148	
Capital gain or loss	90,024	219,639	69,928	76,215	184,014	
Investment income	66,087	65,838	110,980	276,267	362,848	
Fundraising revenue (income/loss)	21,194	22,136	26,452	27,945	32,479	
Gaming revenue (income/loss)						
Other revenue	94,914	67,559	112,220	16,760	55,241	
Total revenue	28,877,008	22,933,570	24,149,310	24,578,252	26,508,885	
Grants and similar amounts paid	22,017,364	19,514,266	19,098,863	20,028,442	22,001,715	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	1,015,259	1,098,366	1,271,872	1,524,639	1,670,941	
Professional fees	879,984	582,691	684,232	682,364	952,606	
Occupancy costs						
Depreciation and depletion	305,846	261,197	263,576	261,082	307,995	
Other expenses	540,054	288,327	300,627	587,434	519,321	
Total expenses	24,758,507	21,744,847	21,619,170	23,083,961	25,452,578	
Excess or (Deficit)	4,118,501	1,188,723	2,530,140	1,494,291	1,056,307	
Total exempt revenue	28,877,008	22,933,570	24,149,310	24,578,252	26,508,885	
Total unrelated revenue						
Total excludable revenue	999,488	900,523	877,923	1,009,529	1,120,251	
Total Assets	14,563,038	15,964,674	17,416,742	19,431,231	20,775,983	
Total Liabilities	88,991	120,353	110,850	151,536	112,418	
Net Fund Balances	14,474,047	15,844,321	17,305,892	19,279,695	20,663,565	

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest Income	\$ <u>221,145</u>					
Total	\$ <u><u>221,145</u></u>					

Federal Statements

Form 990. Part IX. Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Utilities	\$ 68,287	\$ 48,339	\$ 19,948	\$
Trash Removal	10,397	9,746	651	
Pest Control	18,502	16,459	2,043	
Warehouse	149,067	149,067		
Rent	276	276		
Insurance	99,904	81,740	18,164	
Telephone and Internet	8,075	6,973	1,102	
Repairs and Maintenance	135,776	105,447	30,329	
Miscellaneous	36,121	17,382	17,339	1,400
Fleet Operation and Maintenan	132,230	132,214		16
Bank Service Charge	5,474	206	617	4,651
Food Distribution	136,487		136,487	
Fundraising Event	11,705			11,705
Employee Training	1,773	846	432	495
Total	\$ 814,074	\$ 568,695	\$ 227,112	\$ 18,267

_*5863

Federal Statements

Schedule A. Part II. Line 1(e)

Description	Amount
Multiple	\$ 7,665,658
Total	\$ 17,690,497
	<u>\$ 25,356,155</u>

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Pemiscot County Initiative Network	\$ 12,700	\$
Walmart Foundation	33,406	
Emergency Food & Shelter Program	232,858	
Linza & Julie Killion	30,050	
Red Nose Day Fund		
Ste Genevieve R-2 Schools	15,400	
J.R. Albert Foundation, Inc	85,000	
Drury Southwest		
Debbie Toney		
Dexter Public Schools Foundation		
Mary Kay McAllister	242,705	
Missouri Foundation for Health	192,810	
Enterprise Holdings Foundation	10,000	
Cargill Incorporated		
Greeley Community Church		
Missouri Farmers Care		
Bayer (Monsanto) Fund	26,000	
David & Gail Crader	5,000	
Montgomery Bank	11,282	
Feeding Missouri - Missouri Food	26,667	
Adam and Tamara Morgan	10,000	
Prevention is Key Foundation	10,000	
Joe & Tommie Tidwell	12,000	
Wells Fargo		
Feeding America	1,660,509	
Peter and Toni Martin	5,000	
TJX the TJX Companies, Inc.	18,844	
Midwest Sterilization Corporation	125,561	
Greenway Equipment	119,602	
Tyson Foods	25,000	
BNSF Railway Foundation	5,000	
Alyssa Burleson		
Centene Management		
Corteva		
Kroger		
Lutesville Ford	17,750	
Midwest Dairy Association		
MLW Holdings, LLC	10,000	
Realty Executives Edge		
Fred Schuerenberg	5,000	
Tweedy Law Office, LLC		
Holcomb Reorganized School Dist. R-3		
Bonnie R. Poythress		
Maryann Darden	12,000	
Lori Moyers		
Arvil Adams		
Big Stuff Preschool & Child Care		
Naomi Wahl	14,000	
Donny & Kaki Beasley		
Joyce Luttrull		
Spire, Inc.		
MFA Inc. Charitable Foundation	32,500	
Nestle Purina Petcare Company		
Barbara C. Glackin		
Liberty Utilities		
Facebook		
Creve & Company		

Schedule A, Part II, Line 5 - Excess Gifts (continued)

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
Farmers Insurance	\$	\$
James & Teresa Maurer	288,974	
Nutrien	25,000	
Thomas Luttrull		
Harps Food Stores, Inc		
Matthew & Marissa Mills	25,000	
Community Foundation of The Ozarks		
Tetra Pak, Inc.		
Randol & Charlotte York	125,000	
Buzzi Unicem USA	35,000	
Care to Learn	97,000	
The Harold Siebens	205,000	
David Tepper Charitable		
State of Missouri	323,182	
Jeff Bezos Covid-19 Relief		
Perry County School District No 32	11,200	
Casey's General Store	5,092	
Paul & Barbara Horn		
Margaret A Gargill		
UnionPacific Foundation		
Enbridge		
Mary Dyer	15,670	
Subaru		
Martha Jahnke		
Beasley Family Giving Fund		
Robert & Anna Drury Family Foundatio	65,000	
Ray C McKinley Family Foundation Ag	17,500	
Sisters of Charity of the BVM		
Anthem, Inc	200,000	
Gus Schumacher Nurition Incen	100,000	
Disabled American Veterans	110,200	
Save the Children	40,000	
Community Foundation of the Ozarks	38,500	
Renaissance Charitable Foundation	25,000	
Organic Remedies	11,838	
Tom & Laveta Williams	20,000	
Sikeston Jaycee Bootheel Rodeo	7,300	
Robinson Construction Charitable	7,200	
Willard Reese	5,000	
Andrew & Amy Trueblood	5,000	
The David Lichtenstein Foundation	5,000	
Inspire Foundation	5,000	
Kelly M Westbrook Trust	5,000	
Angela and Joseph McLane	35,000	
Robert and Penny Baker	34,000	
Ameren Missouri	10,000	
Nancy H Kopp	6,200	
Jim and Stephanie Gleason	6,000	
Sikeston Elks No. 2319	12,000	
UpperEdge LLC	6,000	
Andy and Tina Piepenbrok	11,130	
Dewey R Boyd Living Trust	24,700	
Dollar General	5,000	
Luke Small	10,000	
Shari Elfrink	5,000	
First United Methodist Church	15,289	

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts (continued)

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
State Farm	\$ 10,000	\$
1st Class Travel	10,000	
Mr. Seven M KING	9,185	
Vizient, Inc.	5,410	
Andrew Bullinger	5,267	
Cindy Underwood	5,250	
Roth Restaurant Supply	5,000	
Total	<u>\$ 5,060,731</u>	<u>\$ 0</u>

Federal Statements

Schedule A, Part II, Line 12 - Current year

Description	Amount
SHARED MAINTENANCE FEE	\$ 515,223
AGENCY REGISTRATION FEES	2,925
Interest Income	221,145
Taxable Dividends and Interest from Securities	141,703
Miscellaneous	55,241
Golf Tournament	43,919
Total	<u>\$ 980,156</u>