

Return of Organization Exempt From Income Tax

2021

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

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

, 2021, and ending

, 20

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

UNITED MINISTRIES FOOD BANK OF ROBERTSON CO, INC

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

PO BOX 1094

City or town, state or province, country, and ZIP or foreign postal code

SPRINGFIELD, TN 37172

D Employer identification number

62-1581339

E Telephone number

(615) 384-8306

F Group Exemption

Number

G Accounting Method:

☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶

H Check ☐ if the organization is not required to attach Schedule B (Form 990).

J Tax-exempt status (check only one) -

☒ 501(c)(3)☐ 501(c)()

(insert no.)

☐ 4947(a)(1) or☐ 527

K Form of organization:

☒ Corporation☐ Trust☐ Association☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

▶ \$

66,386

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	66,299
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	87
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	6c	Less: direct expenses from gaming and fundraising events	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	66,386
	Not Assets	10	Grants and similar amounts paid (list in Schedule O)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	
13		Professional fees and other payments to independent contractors	13	383
14		Occupancy, rent, utilities, and maintenance	14	11,873
15		Printing, publications, postage, and shipping	15	190
16		Other expenses (describe in Schedule O)	16	35,469
17		Total expenses. Add lines 10 through 16	17	47,915
18		Excess or (deficit) for the year (subtract line 17 from line 9)	18	18,471
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	120,979
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	139,450

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2021)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	104,233	22 121,275
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	16,746	24 18,175
25 Total assets	120,979	25 139,450
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	120,979	27 139,450

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? **FOOD BANK**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	SERVED LOCAL PEOPLE MONTHLY WITH SUPPLEMENTAL AND EMERGENCY FOOD		
	(Grants \$) If this amount includes foreign grants, check here ☐	28a	31,321
29			
	(Grants \$) If this amount includes foreign grants, check here ☐	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here ☐	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ☐	31a	
32	Total program service expenses (add lines 28a through 31a)	32	31,321

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SHERRY MARTELL DIRECTOR	10.00	0	0	0
CRYSTALE LEAVY TREASURER	2.00	0	0	0
GINNY SCHWARZ SECRETARY	3.00	0	0	0
SUSAN ORMAN BOARD MEMBER	1.00	0	0	0
SHERI SAVELY BOARD MEMBER	1.00	0	0	0
BILL MCKINNEY BOARD MEMBER	1.00	0	0	0
AL LAVALLEY VICE PRESIDENT	2.00	0	0	0
PAULETTE COWAN BOARD MEMBER	1.00	0	0	0

Part V**Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		X
35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
36 Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		X
b Did the organization file Form 1120-POL for this year?		X
37b Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
38a If "Yes," complete Schedule L, Part II, and enter the total amount involved.		X
38b Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9.		
b Gross receipts, included on line 9, for public use of club facilities		
39a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
39b b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
40b c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
40e List the states with which a copy of this return is filed ▶		
41 a The organization's books are in care of ▶ <u>CRYSTALE LEAVY</u> Telephone no. ▶ <u>615-310-2242</u>		
Located at ▶ <u>1435 LAWRENCE LANE, SPRINGFIELD, TN</u> ZIP + 4 ▶ <u>37172</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States?		X
If "Yes," enter the name of the foreign country ▶		
42c Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		
and enter the amount of tax-exempt interest received or accrued during the tax year. 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44d Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45a b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		X
45b		

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 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

	Yes	No
47		X

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
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- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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- b If "Yes," was the related organization a section 527 organization?

49b		
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- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

- f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

- d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

☒ Yes ☐ No

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

Sign Here **CRYSTALE LEAVY**
Signature of officer **CRYSTALE LEAVY, TREASURER**
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name **STEPHEN PIERSON** Preparer's signature **[Signature]** Date **05-03-2022** Check ☒ if self-employed PTIN **P00023182**
Firm's name **STEPHEN PIERSON CPA** Firm's EIN **[Blank]**
Firm's address **1019 BRADLEY DR STE 4**
SPRINGFIELD TN 37172 Phone no. **615-382-4554**

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

☐ Yes ☒ No

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	42,841	69,755	48,064	91,682	66,299	318,641
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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 and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	42,841	69,755	48,064	91,682	66,299	318,641
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						318,641

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	42,841	69,755	48,064	91,682	66,299	318,641
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	102	232	226	230	87	877
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	102	232	226	230	87	877
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			5,838			5,838
13 Total support. (Add lines 9, 10c, 11, and 12.)	42,943	69,987	54,128	91,912	66,386	325,356
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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	97.94 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	97.72 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	0.00 %
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	0.00 %
19a 33 1/3% support tests - 2021. 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 - 2020. 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 ▶ ☐		

Summary of Financial Activities of a Charitable Organization - 990 or 990EZ

Division of Charitable Solicitations and Gaming



Tre Hargett
Secretary of State

Department of State

State of Tennessee

312 Rosa L. Parks Avenue, 6th Floor

Nashville, Tennessee 37243

Phone: 615-741-2555

Fax: 615-253-5173

sos.tn.gov/charitable

For Office Use Only

COPY

WARNING: False or misleading statements subject to maximum \$5,000 civil penalty. T.C.A. § 48-101-514

Instructions: Complete this **two page** form with financial information from the most recently completed accounting year. The form must be signed by two authorized officers, one of whom shall be the Chief Fiscal Officer. A 990 or 990EZ form must be **attached**. If the organization receives grants from the government or 501(c)(3) private foundations, **attach** an itemized list.

Name of the organization: UNITED MINISTRIES FOOD BANK OF ROBERTSON COUNTY COID: CO2798

FEIN: 62-1581339 Accounting period end date: 12/31/2021 (mm/dd/yy)

Has the accounting period changed since your last registration? ☐ Yes ☒ No

1. Gross Revenue

A. Public Contributions	\$ 66,299.00
B. Government Grants	\$
C. Program Service Revenue	\$
D. Special Events and Activities	\$
E. Gross Sales of Inventory	\$
F. Other Revenue	\$ 87.00
G. Total Revenue [Add Line 1A Through Line 1F]	\$ 66,386.00

2. Expenses

A. Total Program Expenses	\$ 31,321.00
B. Direct Expenses from Special Events	\$
C. Cost of Goods Sold	\$
D. Management and General Expenses	\$ 16,594.00
E. Fund Raising Expenses	\$
F. Other Expenses	\$
G. Total Expenses [Add Line 2A Through Line 2F]	\$ 47,915.00
H. Excess / Deficit for the year [Line 1G Minus Line 2G]	\$ 18,471.00

3. Changes in Net Assets or Fund balances

A. Net assets / fund balances at beginning of year	\$ 120,979.00
B. Other changes in net assets or fund balances	\$
C. Net assets / fund balances [Add Line 2H Through Line 3B]	\$ 139,450.00
D. Total Assets at end of year	\$ 139,450.00
E. Total Liabilities at end of year	\$ 0.00
F. Net assets / fund balances at end of year [Line 3D Minus Line 3E]	\$ 139,450.00

4. Accounting method used: ☒ Cash ☐ Accrual ☐ Other _____