

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2021 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
**LAMAR COUNTY FOOD PANTRY INC**  
 Doing business as **DOWNTOWN FOOD PANTRY**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**124 W CHERRY ST**  
 City or town, state or province, country, and ZIP or foreign postal code  
**PARIS, TX 75460**

**D** Employer identification number  
**47-4531021**

**E** Telephone number  
**(903) 737-8870**

**G** Gross receipts \$ **372,379.**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **DOWNTOWNFOODPANTRY.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **2015** **M** State of legal domicile: **TX**

**H(c)** Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>FEED HUNGRY OF LAMAR COUNTY</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	196
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	565,303.	372,176.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	291.	203.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	565,621.	372,379.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	103,270.	120,130.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	215,308.	209,577.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	318,578.	329,707.	
19 Revenue less expenses. Subtract line 18 from line 12	247,043.	42,672.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 672,080.	End of Year 724,752.
	21 Total liabilities (Part X, line 26)	313.	313.
	22 Net assets or fund balances. Subtract line 21 from line 20	671,767.	724,439.

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: **ALLAN HUBBARD, EXECUTIVE DIRECTOR**  
 Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: **JOHNNA MCNEAL**  
 Preparer's signature: *Johnna McNeal, CPA*  
 Date: \_\_\_\_\_  
 Check if self-employed:  PTIN: **P00073451**  
 Firm's name: **MALNORY, MCNEAL AND COMPANY, PC**  
 Firm's EIN: **75-2510320**  
 Firm's address: **1711 CLARKSVILLE STREET**  
**PARIS, TX 75460**  
 Phone no.: **903-784-6700**

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