Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

and ending JUN 30, 2017

Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>. Tax year beginning JUL 1, 2016 and ending JUN 30,

Open to Public

OMB No. 1545-0047

Inspection

<b>B</b> c	heck if pplicable:	C Name of organization	D Employer identif	ication number				
	Address change							
	Name change	Doing business as	63-0	931846				
	Initial return	· ·	/suite <b>E</b> Telephone numbe					
	Final return/	521 TRADE CENTER STREET		.)263-3784				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	37,856,291.				
	Amende		H(a) Is this a group r	return				
	Applica-	IF Name and address of principal officer Nicital G. A. Deem	for subordinate					
	pending	same as C above		H(b) Are all subordinates included? Yes No				
ΙT	ax-exer	mpt status: $X = 501(c)(3)$ $= 501(c)()$ (insert no.) $= 4947(a)(1)$ or		a list. (see instructions)				
J۷	Vebsite	www.montgomeryareafoodbank.org	H(c) Group exemption					
<b>K</b> F	orm of c	organization: X Corporation Trust Association Other L	Year of formation: 1987	<b>M</b> State of legal domicile: $\mathbf{AL}$				
Pa		Summary						
е	1 B	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$ FOO	D BANK OPERATE	S AS A				
Activities & Governance	<u> </u>	CLEARING HOUSE FOR THE COLLECTION, SORTING,	STORING AND I	ISTRIBUTION				
ern?	2 (	Check this box $lacktriangle$ if the organization discontinued its operations or disposed of	more than 25% of its net a					
) O	3 N	lumber of voting members of the governing body (Part VI, line 1a)	3	29				
& G		lumber of independent voting members of the governing body (Part VI, line 1b)		29				
ies		otal number of individuals employed in calendar year 2016 (Part V, line 2a)		36				
ivit		otal number of volunteers (estimate if necessary)		100				
Act		otal unrelated business revenue from Part VIII, column (C), line 12		0.				
	bΛ	Net unrelated business taxable income from Form 990-T, line 34		0.				
			Prior Year	Current Year				
ne		Contributions and grants (Part VIII, line 1h)	30,744,721.					
Revenue		Program service revenue (Part VIII, line 2g)						
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	456 550					
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24 224 442					
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	00 064 040					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0					
	l	Renefits paid to or for members (Part IX, column (A), line 4)	1 - 2 2 - 2 2					
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	181,171.					
Expenses	lloa r	otal fundraising expenses (Part IX, column (D), line 25) 364, 286.	101,171	111,155.				
EX		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,386,770.	1,553,179.				
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24 252 222	37,449,188.				
	1	Revenue less expenses. Subtract line 18 from line 12	400 00=					
or	10 1	loveride loce experience. Cabaract line 10 from line 12	Beginning of Current Year					
t Assets or Id Balances	20 T	otal assets (Part X, line 16)	6,724,725.	7,399,467.				
Ass J Ba	21 T	otal liabilities (Part X, line 26)	90,583.	358,222.				
Net Fun		Net assets or fund balances. Subtract line 21 from line 20	6,634,142.					
Pa	rt II	Signature Block						
Unde	er penalt	ties of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements, and to the best of n	ny knowledge and belief, it is				
true,	correct,	, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer has any knowledge.					
		<b>\</b>						
Sigr	n	Signature of officer	Date					
Her	е	Richard A. Deem, CEO						
		Type or print name and title		- II STILL				
_		Print/Type preparer's name Preparer's signature	Date Check [	PTIN				
Paid		Julia L. Stevenson Julia L. Stevenson	self-emplo	yed P00361616				
	_	Firm's name PARKER, GILL, EISEN & STEVENSON, P	• C • Firm's EIN ▶	63-1003744				
Use	Only	Firm's address 4228 Lomac Street		4 070 0061				
		Montgomery, AL 36106	Phone no. 3 3	4-270-8061				
May	the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No				

_	rt III   Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE FOOD BANK OPERATES AS A CLEARING HOUSE FOR THE COLLECTING,
	SORTING, STORING AND DISTRIBUTING OF EDIBLE FOOD TO QUALIFIED
	AGENCIES; WHO IN TURN PASS THE FOOD ALONG TO ALABAMA'S "FOOD INSECURE"
	CITIZENS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	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	26 604 277 22 005 110 1 210 070
	THE STRUCTURE OF OUR ORGANIZATION PROVIDES INCREASED OPPORTUNITY FOR
	SUCCESS TO THE LOCAL COMMUNITY AGENCIES WE SUPPORT BY COLLECTING,
	SORTING, (BOTH DRY/STAPLE AND COLD/FROZEN) AND DISTRIBUTING FOOD. ALONG
	WITH FOUR OTHER SMALLER PARTNER DISTRIBUTION ORGANIZATIONS (PDO'S)UNDER
	OUR SUPERVISION, WE HAVE A SERVICE AREA REACHING TO 35 OF ALABAMA'S 67
	COUNTIES (WITH A POPULATION OF APPROXIMATELY 330,000) AND MORE THAN 800
	COMMUNITY AGENCIES. OUR MISSION IS TO PROVIDE FOOD TO THE CHILDREN, ELDERLY, NEWLY UNEMPLOYED, WORKING POOR, HOMELESS, MENTALLY CHALLENGED,
	AND VICTIMS OF DOMESTIC VIOLENCE AND DISASTERS. DURING OUR LAST FISCAL
	YEAR, WE DISTRIBUTED MORE THAN 23 MILLION POUNDS OF VITAL NUTRITION TO
	THOSE IN NEED.
4b	(Code:) (Expenses \$192,171 • _ including grants of \$192,171 • ) (Revenue \$)
	WITHIN OUR SERVICE AREA, 21% OF THE POPULATION ARE FOOD INSECURE. OF
	THAT TOTAL, 24% OF ADULTS AND 35% OF CHILDREN ARE LIVING IN POVERTY.
	ONE OF OUR MOST EFFECTIVE STRATEGIES IN COMBATING THIS PERVASIVE
	PROBLEM IS OUR MOBILE PANTRY PROGRAM. THIS PROGRAM IS DESIGNED TO GO TO WHERE THE NEEDIEST ARE, AND DISTRIBUTE FOOD DIRECTLY THROUGH OUR
	PARTNER AGENCIES. THIS PROGRAM ALLOWS US TO TARGET REMOTE COMMUNITIES
	IN ALABAMA'S "BLACK BELT" AREA (CHRONICALLY AMONG THE MOST
	POVERTY-STRICKEN REGIONS IN THE NATION) AS WELL AS METROPOLITAN AREAS.
	IN FY17 WE DISTRIBUTED 4,463,722 POUNDS OF FOOD DURING THE 322 MP'S AT
	51 SITES, AVERAGING 13,862 POUNDS EACH.
	77 012
4c	(Code:) (Expenses \$ 77,842.   including grants of \$ 77,842.   OLDER) IN OUR SERVICE AREA ARE
	LIVING IN POVERTY. IN OUR MOST IMPOVERISHED COUNTY, THAT PERCENTAGE
	JUMPS TO OVER 36%. IN ORDER TO HELP OFFSET THE NEEDS OF OUR SENIORS,
	WE ESTABLISEHD A SENIOR SUPPLEMENT PROGRAM THAT, IN FY15, PROVIDED
	BETWEEN 25-35 POUNDS OF NUTRITIOUS FOOD ON A MONTHLY BASIS TO 457
	SENIORS. WE ALSO PROVIDE TWO EXTRA BOXES IN NOVEMBER AND DECEMBER
	SPECIFICALLY TARGETING THE PREPARATION OF HOLIDAY MEALS.
	Our Fooding Our Demontable Wide (FORW) Cabeal Destruction 1
	Our Feeding Our Remarkable Kids (FORK) School Pantry Programs works
	with local public schools to create onsite food panties where chronically hungry children and their families can receive ongoing
	support. In FY-17, this program provided 180,591 lbs of food through
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 36,874,390.
	Form <b>990</b> (2016)

# 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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3		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	4		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		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	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
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	11b		Х
С	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	11c		Х
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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			ا ۔۔
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			ا ۔۔
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			17
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		7.7	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X

# Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23		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	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			7.7
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

# Form 990 (2016) MONTGOMERY AREA FOOD BANK, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this part v				Ш			
				Yes	No			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 16						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b C	4					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r			v				
	(gambling) winnings to prize winners?	I	1c	Х				
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 36							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)	_		v			
			3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	•			, v			
	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:	. (50.4.5)						
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				v			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.		5b					
	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				<sub>V</sub>			
			6a		X			
р	If "Yes," did the organization include with every solicitation an express statement that such contribu	-	۱ ا					
_	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).	ruisas providad to the poverQ			Х			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se				Α.			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	•	7.		х			
٨	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		22			
		L	7e					
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7 <del>6</del>					
f	If the organization received a contribution of qualified intellectual property, did the organization file F		7g					
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		/"					
Ü		r by the	8					
9	Sponsoring organizations maintaining donor advised funds.							
а	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:							
а	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:							
а	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		12a					
		12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note. See the instructions for additional information the organization must report on Schedule O.							
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						
С	Enter the amount of reserves on hand	13c						
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b					
			Form	000	(2010)			

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MAFB\_\_\_1

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a 29			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 29			
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?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 in Schedule O	9		Х
Sec	tion 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?	10a		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?	11a	Х	
b	Describe in 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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	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?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in 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?	16a		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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	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:			
	Richard A. Deem - 334-263-3784			
	521 TRADE CENTER STREET, MONTGOMERY, AL 36108			

632006 11-11-16 Form **990** (2016)

# 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 and/or Box 7 of Form 1099-MISC) 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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	box,	not c	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer 0	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) CLYNT HART	0.00	,,							•	0
Past President	0.00	Х						0.	0.	0.
(2) WARREN MARSHALL	0.00	, ,							_	_
Past President	0.00	Х						0.	0.	0.
(3) Dr Charles Nath III	0.00	<del>,</del>							0	_
member	0.00	Х						0.	0.	0.
(4) Richard Allen	0.00	<del>,</del>							0	_
member	0.00	Х						0.	0.	0.
(5) MELODIE JONES Member	0.00	х						0.	0.	0.
(6) BILL KELLEY	0.00	Δ						0.	0.	0.
MEMBER	0.00	$ \mathbf{x} $						0.	0.	0.
(7) Tony Baggiano	1.00	<u> </u>						0.	0.	•
President	1.00	x		х				0.	0.	0.
(8) Skip Dotherow	0.00								•	•
member		$ \mathbf{x} $						0.	0.	0.
(9) Caryn Hughes	0.00							•	•	
member		x						0.	0.	0.
(10) Tenesia Jones	0.00							-		
member		x						0.	0.	0.
(11) Gariesa Galbreath	0.00									
Secretary		х		х				0.	0.	0.
(12) Eric Duncan	0.00									
member		Х						0.	0.	0.
(13) Kim Ramsey	0.00									
member		Х						0.	0.	0.
(14) Steve Hansen	0.00									
member		Х						0.	0.	0.
(15) L. Daniel Morris, Jr.	0.00									
member		Х						0.	0.	0.
(16) KATRINA SPOONY-MARTIN	0.00									
MEMBER		Х						0.	0.	0.
(17) OLIVIA MARTIN	0.00	_							_	_
MEMBER		Х						0.	0.	0 • Form <b>990</b> (2016)

632007 11-11-16

Form 990 (2016) <b>MONTG</b>	OMERY AREA	FC	OOI	) E	3AI	NK ,	, .	Inc.	63-0931	846	Pa	ige <b>8</b>
Part VII Section A. Officers, Directors	s, Trustees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(do box		Posi heck ss pe	ition more rson i	than	one h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fr org and	(F) timate nount c other pensat om the anizati d relate anizatic	of tion e on ed
(18) Bill Stevenson	0.00	x						0.	0.			Λ
member (19) Ron Simmons	0.00	Δ						0.	0.			0.
member	0.00	X						0.	0.			0.
(20) Peter Vandervoort	1.00											-
Vice President		х		x				0.	0.			0.
(21) LAWRENCE OAKLEY	0.00											
Member		Х						0.	0.			0.
(22) Jimmy Taylor Member	0.00	х						0.	0.			0.
(23) Craig Stapley member	0.00	X						0.	0.			0.
(24) BOB WILDZUNAS	0.00											
member		Х						0.	0.			0.
(25) BRYAN WILSON member	0.00	x						0.	0.			0.
(26) Denise Berkhalter member	0.00	x						0.	0.			0.
1b Sub-total		_				<u> </u>		0.	0.			0.
c Total from continuation sheets to F								188,153.	0.		3,16	51.
d Total (add lines 1b and 1c)							<b></b>	188,153.	0.	2	3,16	51.
Total number of individuals (including compensation from the organization	g but not limited to th							eceived more than \$100	0,000 of reportable			0
	<u>-</u>										Yes	No
3 Did the organization list any former of	officer, director, or tru	uste	e, ke	y en	nplo	yee.	or l	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule				-		-		-	•	3		Х
4 For any individual listed on line 1a, is	the sum of reportab	le co	omp	ensa	ation	and	d otl	her compensation from		_		x

3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on				
	line 1a? If "Yes," complete Schedule J for such individual	3		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? If "Yes," complete Schedule J for such individual	4		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? If "Yes," complete Schedule J for such person	5		X	
Continu D. Indonesidant Contractors					

#### Section B. Independent Contractors

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
	Professional Fundraising	167,377.

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

See Part VII, Section A Continuation sheets

Car   Name and title	Form 990 MONTGOME	RY AREA	F	OOI	) I	BAI	NK,	, ]	Inc.	63-093	1846
Name and title	Part VII   Section A. Officers, Directors, Tru	ıstees, Key Eı	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
Nours   Park   Mark	(A)	(B)			(0	C)			(D)	(E)	(F)
Park   Moore   O.00   X   X   X   O.	Name and title	Average							Reportable		Estimated
Week   Gistarry   Fig.   Fig		hours	(c	heck				ly)	compensation		
(ist any burns for related organizations   1											
(27) Sarah H, Moore							loyee				
(27) Sarah H, Moore		hours for	direct				d em p			(VV-2/1099-IVIISC)	
(27) Sarah H, Moore		related	9e or 0	stee			ısatec		(***-2/1099-141130)		
(27) Sarah H, Moore		organizations	truste	al trus		yee	mper				
(27) Sarah H, Moore		below	idual	ution	 	oldm	est co	er			3
(27) Sarah H. Moore		line)	Indiv	Instit	Office	Key e	High	Form			
X	(27) Sarah H. Moore	0.00									
(28) Bobby Brown	Treasurer		х		x				0.	0.	0.
Member		0.00									-
(29) George Thompson			x						0.	0.	0.
Member		0.00							0.0		
30   Richard Deem   40.00		- 0.00	x						0.	0.	0.
CEO (31) E. Parke Hinman (40.00) X (81,413. 0. 14,656. (32) David Fata (40.00) Deputy Director (32) David Fata (40.00) Deputy Director (40.00) Deputy		40 00							0.	•	•
31) E. Parke Hinman   40.00		40.00			v				33 961	0	2 220
Executive Director (32) David Fata (40.00 X 72,779. 0. 6,285.		40 00			1				33,301.	•	2,220.
		10.00			v				81 /13	0	14 656
Deputy Director		40 00			<u> </u>				01,413.	•	14,050.
		40.00			\ <sub>V</sub>				72 770	0	6 285
Total to Part VII, Section A, line 1c 188, 153. 23, 161.	Deputy Director				^				14,113.	0.	0,203.
Total to Part VII, Section A, line 1c. 188,153. 23,161.											
Total to Part VII, Section A, line 1c. 188,153. 23,161.		ļ									
Total to Part VII, Section A, line 1c 188, 153. 23, 161.											
Total to Part VII, Section A, line 1c 188,153. 23,161.											
Total to Part VII, Section A, line 1c 188,153. 23,161.											
Total to Part VII, Section A, line 1c 188, 153. 23, 161.											
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c 188, 153. 23, 161.											
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c 188,153. 23,161.											
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c 188, 153. 23, 161.											
Total to Part VII, Section A, line 1c											
Total to Part VII, Section A, line 1c 188,153. 23,161.											
Total to Part VII, Section A, line 1c 188,153. 23,161.											
Total to Part VII, Section A, line 1c 188,153. 23,161.											
Total to Part VII, Section A, line 1c 188, 153. 23, 161.											
Total to Part VII, Section A, line 1c 188,153. 23,161.											
Total to Part VII, Section A, line 1c 188,153. 23,161.											
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Total to Part VII, Section A, line 1c 188,153. 23,161.											
Total to Part VII, Section A, line 1c 188,153. 23,161.											
Total to Part VII, Section A, line 1c 188,153. 23,161.											
Total to Part VII, Section A, line 1c 188,153. 23,161.											
Total to Part VII, Section A, line 1c 188,153. 23,161.			1								
Total to Part VII, Section A, line 1c 188,153. 23,161.											
Total to Part VII, Section A, line 1c 188,153. 23,161.			1								
Total to Part VII, Section A, line 1c											
	Total to Part VII, Section A. line 1c								188,153.		23,161.

		Check if Schedule O cont	ains a response	e or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
इध	1 a	Federated campaigns	1a	56,541.				312 314
an				55,511.				
۾ آھ		Membership dues Fundraising events	······	600,022.				
ifts ar A		Related organizations		***************************************				
اڦيٰ		Government grants (contribut		4,540,006.				
Sir		All other contributions, gifts, gran		1,010,000.				
her j	•	similar amounts not included above		31,348,743.				
호텔	~	Noncash contributions included in lines		34,521,523.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			36,545,312.			
<u> </u>		Total Add lines 1a 11		Business Code	,,			
o l	2 a	Shared maintenance fee	S	624200	1,294,963.	1,294,963.		
<u>  k</u>	2 u b			624200	6,265.	6,265.		
Program Service Revenue	C	<u> </u>		021200	0,200.	5,255.		
E S	d							
Real	u	·						
Pr	f	All other program service reve	nue					
	a .	Total. Add lines 2a-2f			1,301,228.			
$\neg$	3	Investment income (including			, ,			
	_	other similar amounts)			883.	883.		
	4	Income from investment of tax						
	5	Royalties	=	· -				
		<b>,</b>	(i) Real	(ii) Personal				
	6 a	Gross rents	(/					
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	-	assets other than inventory	()	,				
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
<u>e</u>		Gross income from fundraising						
<b>-</b>			,022. of					
Other Reven		contributions reported on line	1c). See					
E		Part IV, line 18		0.				
£	b	Less: direct expenses		0.				
٥	С	Net income or (loss) from fund	draising events		0.			
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	8	ı 📗 📗				
	b	Less: direct expenses						
	С	Net income or (loss) from gam	ing activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	8	ı				
	b	Less: cost of goods sold	l					
	С	Net income or (loss) from sale	s of inventory .					
		Miscellaneous Revenu	e	Business Code				
Ī	11 a	MISCELLANEOUS INCOME		624200	7,628.	7,628.		
	b	REJECTED FOOD		624200	1,240.	1,240.		
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		<b></b>	8,868.			
	12	Total revenue See instructions		▶ [	37 856 291.	1 310 979.	0	0

632009 11-11-16

### 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).

Do	Check if Schedule O contains a respor not include amounts reported on lines 6b,	(A)		(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	34,075,125.	34,075,125.		
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	188,153.	129,576.	30,354.	28,223
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	1,082,772.	934,640.	40,145.	107,987
8	Pension plan accruals and contributions (include				<del></del>
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	271,255.	227,136.	15,048.	29,071
10	Payroll taxes	101,249.	85,051.	5,061.	11,137
1	Fees for services (non-employees):	. , -	, , ,	.,	, -
'' a		31,573.	6,314.	25,259.	
		0=70.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Legal				
	Accounting				
	Lobbying  Professional fundraining convices See Part IV line 17	177,455.			177,455
_	Professional fundraising services. See Part IV, line 17	111,433.			1//, 400
f	Investment management fees				
g	•	25,575.	25,575.		
	column (A) amount, list line 11g expenses on Sch O.)	23,373.	23,313.		
12	Advertising and promotion	55,858.	41,642.	14,216.	
13	Office expenses	33,030.	41,042.	14,210.	
14	Information technology				
15	Royalties	1/0 500	1/1 751	6 920	
16	Occupancy	148,580.	141,751.	6,829.	
17	Travel	81,743.	73,568.	8,175.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0 126	F 606	0.440	
19	Conferences, conventions, and meetings	8,136.	5,696.	2,440.	
20	Interest				
21	Payments to affiliates	000 465	202 201	22 246	
22	Depreciation, depletion, and amortization	222,467.	200,221.	22,246.	
23	Insurance	38,965.	35,748.	3,217.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	294,397.	294,397.		
a	USDA HANDLING FEE FOOD PURCHASES	258,009.	258,009.		
b				1/ 1/0	
С	POSTAGE AND SHIPPING	135,291.	121,142.	14,149.	
d	EQUIPMENT REPAIRS	126,918.	120,572.	6,346.	10 /12
е	All other expenses	125,667.	98,227.	17,027.	10,413
25	<b>Total functional expenses</b> . Add lines 1 through 24e	37,449,188.	36,874,390.	210,512.	364,286
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 if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			695,141.	1	978,999.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			24,795.	3	10,266.
	4	Accounts receivable, net			61,202.	4	56,601.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under					
		section 4958(f)(1)), persons described in section	4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	ion 501	(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L				6	
Assets	7	Notes and loans receivable, net		Г		7	
ğ	8	Inventories for sale or use	2,012,550.	8	2,452,573.		
	9	Prepaid expenses and deferred charges		25,177.	9	2,452,573. 28,711.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,479,337.			
	b	Less: accumulated depreciation		2,607,020.	3,905,860.	10c	3,872,317.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ		6,724,725.	16	7,399,467.	
	17	Accounts payable and accrued expenses	27,074.	17	25,823.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
8	22	Loans and other payables to current and former	officer	s, directors, trustees,			
Ĕ		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	oarties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			63,509.	25	332,399.
	26	Total liabilities. Add lines 17 through 25			90,583.	26	358,222.
		Organizations that follow SFAS 117 (ASC 958	), chec	k here ▶ X and			
es		complete lines 27 through 29, and lines 33 an					
auc	27	Unrestricted net assets			6,634,142.	27	7,041,245.
Fund Balances	28	Temporarily restricted net assets				28	
힏	29					29	
교		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 📖			
9		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			6 604 445	32	<u> </u>
Z	33	Total net assets or fund balances			6,634,142.	33	7,041,245.
	34	Total liabilities and net assets/fund balances	6,724,725.	34	7,399,467.		

Pa	rt 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		7,85		
2	Total expenses (must equal Part IX, column (A), line 25)	2	37	7,44		
3	Revenue less expenses. Subtract line 2 from line 1	3			7,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	(	6,63	4,1	42.
5	Net unrealized gains (losses) on investments	5				
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 in Schedule O)	9		0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	7	7,04	<u>1,2</u>	45.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	.,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	X	

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# 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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 **2016** 

Open to Public Inspection

Name of the organization MONTGOMERY AREA FOOD BANK, Inc. **Employer identification number** 63-0931846

Pa	rt I	Reason for Public (	Charity Status (A	All organizations must co	mplete th	is part.) Se	ee instructions.	
he	organi	zation is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch			•	-		
2		A school described in <b>sect</b> i	•				-NN-1-	
3	Ħ	A hospital or a cooperative					ii)	
4	Ħ	A medical research organiz						the hospital's name
_		-	ation operated in col	njunotion with a nospital	acsonbec	a iii Scotio	ii ii o(b)( i)(A)(iii). Liitoi	the hospital s hame,
_		city, and state:		lla ara i arrivina i ravalito e arriva arr	d			. a. al. i.a
5	ш	An organization operated for		nege or university owner	or opera	ted by a g	overnmental unit descrit	bea in
_		section 170(b)(1)(A)(iv). (C						
6	Н	A federal, state, or local gov						
7		An organization that norma	-	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	Щ	A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Part	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	e or
		university:						
10	X	An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), typically by	giving
		the supported organization	· · · · · · · · · · · · · · · · · · ·	· ·	•			
		organization. You must o			, ,			0
b		Type II. A supporting org			tion with it	s support	ed organization(s), by ha	ivina
		control or management o	=					-
		organization(s). You mus			u p 0.00		on an an analysis and sup	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
c		Type III functionally inte	-		in connec	tion with :	and functionally integrate	ed with
·		its supported organization					• •	od Willi,
d		Type III non-functionally		•				ization(s)
_		that is not functionally int						
		requirement (see instruct	-		•		•	14011000
е		Check this box if the orga	•	-				
Ŭ		functionally integrated, or					z type i, type ii, type iii	
f	Ente	r the number of supported of		nany integrated eappere	ing organi.	Latioii.		
a.		ide the following information	-	d organization(s)				
		) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions)				
ota	I							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

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# Schedule A (Form 990 or 990-EZ) 2016 MONTGOMERY AREA FOOD BANK, Inc. 63-09318 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (					14	%
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2016. If the	-					
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2015. If the	•		•		•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances tes	t - <b>2015.</b> If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, c	heck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publ	icly supported org	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ns ▶∟
					Sch	dula A (Earm 99)	or 990-F7) 2016

## 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.)

50.	qualify under the tests listed b	elow, please comp	olete Part II.)					
	ction A. Public Support						<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not	00 461 551	20 050 616	20 611 016	20 688 505	26 541 025	160 062 505	
_	include any "unusual grants.")	29,461,571.	32,970,616.	30,611,916.	30,677,585.	36,541,837.	160,263,525.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,256,718.	1,309,688.	1,244,999.	1,253,513.	1,301,228.	6,366,146.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization'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	30,718,289.	34,280,304.	31,856,915.	31,931,098.	37,843,065.	166,629,671.	
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons						0.	
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						0.	
c	Add lines 7a and 7b						0.	
	Public support. (Subtract line 7c from line 6.)						166,629,671.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
9	Amounts from line 6	30,718,289.	34,280,304.	31,856,915.	31,931,098.	37,843,065.	166,629,671.	
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	40,804.	5,766.	1,908.	1,203.	883.	50,564.	
r	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b	40,804.	5,766.	1,908.	1,203.	883.	50,564.	
	Net income from unrelated business activities not included in 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.)	11,046.	4,636.	2,133.		6,128.	23,943.	
13	Total support. (Add lines 9, 10c, 11, and 12.)	30,770,139.	34,290,706.	31,860,956.	31,932,301.	37,850,076.	166,704,178.	
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3) organiz	zation,	
_	check this box and stop here		-				<u></u>	
	ction C. Computation of Publ							
15	Public support percentage for 2016 (	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	99.96 %	
	Public support percentage from 2015					16	99.93 %	
Sec	ction D. Computation of Inves	stment Incom	e Percentage					
17								
18	8 Investment income percentage from 2015 Schedule A, Part III, line 17							
	a 33 1/3% support tests - 2016. If the more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	<b>X</b>	
b	33 1/3% support tests - 2015. If the	•			•			
20	line 18 is not more than 33 1/3%, che							

## Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### **Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
		169	140
	1		
	2		
	3a		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	F1-		
	5b 5c		
	JU		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
_	10b	00 E7	2016

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Par	t IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u></u>
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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.	2		
Seci	tion C. Type II Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Management of the control of the disease of the dis		Yes	No
	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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
	tion D. All Type III Supporting Organizations			
	uon 217tii 13po iii capporting organizatione		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?	1		
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).	2		
3	By reason of the relationship described in (2), 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.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	s).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		.1	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in Activities Test. Answer (a) and (b) below.	istructions	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	За		
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.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (explain in	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	t v   7	ype III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - D	istributions		<u> </u>	Current Year
1	Amount	s paid to supported organizations to accomplish exe	mpt purposes		
2	Amount	s paid to perform activity that directly furthers exemp	ot purposes of supported		
	organiza	tions, in excess of income from activity			
3	Adminis	trative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amount	s paid to acquire exempt-use assets			
5	Qualified	set-aside amounts (prior IRS approval required)			
6	Other di	stributions (describe in <b>Part VI</b> ). See instructions			
7	Total ar	nual distributions. Add lines 1 through 6			
8	Distribut	ions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide	details in Part VI). See instructions			
9	Distribut	able amount for 2016 from Section C, line 6			
10	Line 8 a	mount divided by Line 9 amount			
			(i)	(ii)	(iii)
			<b>Excess Distributions</b>	Underdistributions	Distributable
Secti	ion E - D	istribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distribut	able amount for 2016 from Section C, line 6			
2	Underdi	stributions, if any, for years prior to 2016 (reason-			
	able cau	se required- explain in Part VI). See instructions			
3		distributions carryover, if any, to 2016:			
а					
b					
С	From 20	13			
d	From 20	14			
е	From 20	15			
f	Total of	lines 3a through e			
		to underdistributions of prior years			
h	Applied	to 2016 distributable amount			
i	Carryov	er from 2011 not applied (see instructions)			
j	Remain	der. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distribut	ions for 2016 from Section D,			
	line 7:	\$			
а	Applied	to underdistributions of prior years			
b	Applied	to 2016 distributable amount			
С	Remain	der. Subtract lines 4a and 4b from 4			
5	Remaini	ng underdistributions for years prior to 2016, if			
	any. Sub	otract lines 3g and 4a from line 2. For result greater			
	than zer	o, explain in Part VI. See instructions			
6	Remaini	ng underdistributions for 2016. Subtract lines 3h			
	and 4b f	rom line 1. For result greater than zero, explain in			
	Part VI.	See instructions			
7	Excess	distributions carryover to 2017. Add lines 3j			
	and 4c				
8	Breakdo	wn of line 7:			
а					
b	Excess	rom 2013			
С	Excess	rom 2014			
d	Excess	rom 2015			
_	Excess t	rom 2016			

Schedule A (Form 990 or 990-EZ) 2016

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MONTGOMERY AREA FOOD BANK Inc. **Employer identification number** 63-0931846

Schedule D (Form 990) 2016

Pai	t I Organizations Maintaining Donor Advise	•	or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin		2 200				
	, ,	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds				
	are the organization's property, subject to the organization's	_					
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of						
	impermissible private benefit?		Yes No				
Pai							
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).					
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically important land area				
	Protection of natural habitat	Preservation of a certif	ied historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form o	f a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c				
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	re				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re						
	year ▶						
4	Number of states where property subject to conservation ea	sement is located					
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements i						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons-	ervation easements during the year				
	<b></b>						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year				
	<b>&gt;</b> \$						
8	Does each conservation easement reported on line 2(d) above	*					
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservati	-					
	include, if applicable, the text of the footnote to the organizar	tion's financial statements that describes t	ne organization's accounting for				
Pai	conservation easements. t III   Organizations Maintaining Collections o	f Art Historical Treasures or Ot	hor Similar Assats				
Га	Complete if the organization answered "Yes" on Form		nei Siiniai Assets.				
	-		ant and balance about works of art				
ıa	If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exl						
	the text of the footnote to its financial statements that descri	,	ce of public service, provide, in Fart XIII,				
h			and balance about works of art biotorical				
D	If the organization elected, as permitted under SFAS 116 (AS						
	treasures, or other similar assets held for public exhibition, en	ducation, or research in furtherance of pub	lic service, provide the following amounts				
	relating to these items:		<b>▶</b> ¢				
	(i) Revenue included on Form 990, Part VIII, line 1		<b>L</b> 4				
2	If the organization received or held works of art, historical tre	asures or other similar assets for financial					
_	the following amounts required to be reported under SFAS 1		gan, provide				
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$				
	Assets included in Form 990, Part X						

632051 08-29-16

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

	t III Organizations Maintaining C	olloctions of A				or Othor		-U9310		
	•									
3	Using the organization's acquisition, accession	on, and other record	is, criec	k arry or trie	lollowing tha	i are a sigi	illicant use	oi its collec	ו ווטוו	ems
_	(check all that apply):  Public exhibition	ـ								
a		c -			hange progra	ams				
b	Scholarly research	е	• 📖	Other						
C	Preservation for future generations					,		D 1 VIII		
4	Provide a description of the organization's co							n Part XIII.		
5	During the year, did the organization solicit or									<b></b>
Doi	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Pai	reported an amount on Form 990, Par	-	ete if the	e organizatio	n answered "	Yes" on F	orm 990, Pa	rt IV, line S	, or	
	· · · · · · · · · · · · · · · · · · ·		-U <b>f</b>				-111			
та	Is the organization an agent, trustee, custodia								1	<b></b>
	on Form 990, Part X?							L Ye	<b>5</b> l	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the to	ollowing	table:						
								Amo	ount	
С	Beginning balance						1c			
a	Additions during the year						1d			
e	Distributions during the year						1e			
Ť	Ending balance									
	Did the organization include an amount on Fo					-		L Ye	г	No
Pai	If "Yes," explain the arrangement in Part XIII.								l	
Pai	t V Endowment Funds. Complete if							haald ( ) l	Fa	ava baali
	<u></u>	(a) Current year	(b) ⊦	Prior year	(c) Two year	s back (a	) Three years	Dack (e)	-our ye	ars back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance				<u> </u>					
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation th	at are held a	ınd administe	red for the	organizatio	n	[	1
	by:							-	Ye	es No
	(i) unrelated organizations							3a		
b	If "Yes" on line 3a(ii), are the related organization							3	b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered							1		
	Description of property	(a) Cost or o			or other		umulated	(d) E	Book v	alue
		basis (investr	nent)		(other)	aepre	eciation	<del>                                     </del>	<u>, , , , , , , , , , , , , , , , , , , </u>	004
-	Land				8,234.	1 1 -	70 010			984.
b	Buildings			4,49	4,132.	т, т,	79,810	• 3,-	LTD,	572.
С	Leasehold improvements							1		
d	Equipment			1 05	6 071	1 //	7 210	1	120	761

Schedule D (Form 990) 2016

3,872,317.

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

MONITICOMERY AREA FOO	D BANK, Inc. 63-0931846 Page 9
Schedule D (Form 990) 2016 MONTGOMERY AREA FOO Part VIII Investments - Other Securities.	D BANK, 111C. 03-0931040 Page.
Complete if the organization answered "Yes" on Form 990, Pa	art IV line 11h See Form 900 Part V line 12
(a) Description of security or category (including name of security) (b) Book vi	
	(c) West load of Validation. Good of one of year market value
(1) Financial derivatives	
(2) Closely-held equity interests	
(3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H) Tetal (Col. (h) must squal Form 000, Port V. col. (P) line 12 \	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.	
	and IV. line 11 a. Con Forms 000. Dord V. line 10
Complete if the organization answered "Yes" on Form 990, Pa  (a) Description of investment (b) Book vi	
	(c) West load of Validation. Good of one of year market value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9) Tetal (Col. (b) must equal Form 000, Port V. col. (P) line 12 \	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.	
	art IV line 11d. See Form 000. Part V. line 15
Complete if the organization answered "Yes" on Form 990, Pa	(b) Book value
	(b) Book value
(1)	-
(2)	-
(3)	-
<u>(4)</u>	
(5) (6)	
(6)	+
<u>(7)</u>	
(8)	
(9) Table (Only 1977 (1) 1977	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.	
	nut IV line 11e ex 11f Coe Form 000 Port V line 05
Complete if the organization answered "Yes" on Form 990, Pa	(b) Book value
The state of the s	(W) BOOK VALIAGE
(1) Federal income taxes (2) PAYROLL TAXES AND WITHHOLDINGS	4,224.
(2) PAYROLL TAXES AND WITHHOLDINGS	328 175

(4) (5) (6) (7) (8) 332,399.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

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

Sche	dule D (Form 990) 2016 MONTGOMERY AREA FOOD BANK,	, Inc.		63-	0931846	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per R	eturr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	37,861	,291.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities		5,000.			
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	5	,000.
3	Subtract line 2e from line 1			3	37,856	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)					
С	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	37,856	,291.
	rt XII Reconciliation of Expenses per Audited Financial Staten			Retu		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	37,454	,188.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a	Donated services and use of facilities	2a	5,000.			
b	Prior year adjustments		·			
c	Other losses					
d	Other (Describe in Part XIII.)					
e	Add lines 2a through 2d	-		2e	5	,000.
3	Subtract line <b>2e</b> from line <b>1</b>			3	37,449	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)					
	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part I, line 18.</i> )			5	37,449	188.
	rt XIII Supplemental Information.				· · · · · · · · · · · · · · · · · · ·	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			.,,		

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MONTGOMERY AREA FOOD BANK, Inc.

Employer identification number 63-0931846

Part I Fundraising Activities required to complete this pa	Complete if the organization answrt.	vered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not
<ul> <li>1 Indicate whether the organization rata</li> <li>a X Mail solicitations</li> <li>b Internet and email solicitation</li> <li>c Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written key employees listed in Form 990, Feb If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the</li> </ul>	e X Solicit f X Solicit g Special or oral agreement with any individu Part VII) or entity in connection with ividuals or entities (fundraisers) pure	ation of ation of al fundra al (includ profess	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, or X Yes	
(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
Russ Reid - 2 North Lake Ave,		Yes	No			
Pasadena, CA 91101	Professional Fundraiser		Х	600,022.	177,455.	422,567.
RKD Alpha Dog Co, Inc - 800 S 13th St, Lincoln, NE 68512	Professional Fundraiser		х	0.	14,749.	-14,749.
3 List all states in which the organizati or licensing.	on is registered or licensed to solici		putions	600,022. s or has been notified	192,204.	egistration

632081 09-12-16

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

Schedule G (Form 990 or 990-EZ) 2016

Га	ILI	of fundraising event contributions and gr	•	•		•
_		or furidialsing event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	Tis greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
nue			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
es	5	Noncash prizes				
xbens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
О	٥	Entortoinmont				
	8	Entertainment Other direct expenses				
	10	Direct expense summary. Add lines 4 through			<b>•</b>	
	11					
Pa	rt I	Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Re	_	Curan values				
_	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	3	The garming income summary. Subtract line 7	nomine i, column (u)			I
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a				Yes No
		No," explain:				
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·		year?	Yes No
b	IT "	Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2016

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016 MONTGOMERY AREA FOOD BANK, Inc.	63-0931846 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
	13a   %
a The organization's facility	
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
L IC IIV - II and a star and a formation and a star and the star and a star a	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue received by the organization by the organization by the organization of gaming revenue received by t	bunt
of gaming revenue retained by the third party   \$\bigs\sum_{\text{\text{prince}}}\$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
<b>16</b> Gaming manager information:	
Name	
Gaming manager compensation ▶ \$	
Description of services provided	
Description of services provided P	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	
Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundra	aisers:
<u></u>	
(i) Name of Fundraiser: Russ Reid	
(i) Name of Fundraiser: Russ Reid	
/i/ Address of Eurodenison. 2 Nouth John Arra Dosedona CA (	11101
(i) Address of Fundraiser: 2 North Lake Ave, Pasadena, CA	71101
(i) Name of Fundraiser: RKD Alpha Dog Co, Inc	
(i) Address of Fundraiser: 800 S 13th St, Lincoln, NE 68512	2
Part I, Line 2b, Column (v):	

#### SCHEDULE I (Form 990)

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

| 2016

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

MONTGOMER	63-0931846						
Part I General Information on Grants a							
Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	e grantees' eligibilit	ty for the grants or as	sistance, and the selec	tion
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	ic Governments.	Complete if the org	anization answered "	Yes" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II car	be duplicated if addi	tional space is nee	ded.			
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 noncash assistance	(h) Purpose of grant or assistance
<ul> <li>Enter total number of section 501(c)(3) a</li> <li>Enter total number of other organization</li> </ul>					<u> </u>		<b>&gt;</b>

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

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
				Weighted average for	
				USDA commodities all	
				other were at the	
ommodities to state of Alabama needy individuals	70000	0.	34,075,125.	Feeding America	Food commodities.
Part IV					

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

#### Part I, Line 2:

The Montgomery Area Food Bank maintains the required process of monitoring
their agencies to make sure that they are meeting the income criteria as
well as not charging the individuals for food. The Organization monitors
these agencies every two years to make sure that the agencies maintain
proper documentation, cooler temperatures, storage facilities, records of
who they provided the commodities to during the monitoring time period. The
eligibility requirements are set by USDA as is the required monitoring of
the agencies. During the monitoring process eligibility requirements of

### **SCHEDULE J** (Form 990)

# **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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

MONTGOMERY AREA FOOD BANK, Inc. Employer identification number 63-0931846

Pa	art I Questions Regarding Compensation				
			Yes	No	
<b>1</b> a	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 Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees				
	Discretionary spending account  Personal services (such as, maid, chauffeur, chef)				
b	, 3				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b			
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?	2			
_					
3	Indicate which, if any, of the following the filing 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.				
	<ul> <li>X Compensation committee</li> <li>☐ Independent compensation consultant</li> <li>☐ Written employment contract</li> <li>☐ Compensation survey or study</li> </ul>				
	Independent compensation consultant  X Compensation survey or study  Form 990 of other organizations  X Approval by the board or compensation committee				
	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				
7	organization or a related organization:				
а		4a		х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х	
	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:				
а	The organization?	5a		X	
b	Any related organization?	5b		Х	
	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:				
а	The organization?	6a		X	
b	Any related organization?	6b		Х	
	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			v	
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v	
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?	9			

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

Schedule J (Form 990) 2016

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.

	(B) Breakdown of	W-2 and/or 1099-MI	ISC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990	
(i)								
(ii								
(i)								
(ii								
(i)								
(ii								
(i)								
(ii								
(1)								
(ii								
(i)								
(ii								
(i)								
(ii							-	
(i)								
(i)								
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(i)								
(ii								
(i)								
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(i)								
(ii								
(i)								
(ii								
(i)								
(ii								
(i)								
(ii								

#### **SCHEDULE L**

### **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► 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.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016

> Open To Public Inspection

Name of the organization Employer identification number

MONTG	MER	Y AREA F	'OOD	BA	NK, Inc.			63	-09	318	46		
Part I Excess Benefit Trar	sacti	ons (section 50	01(c)(3	3), sect	ion 501(c)(4), and 50	)1(c)	(29) organizatior	ns only	/).				
Complete if the organization	on ansv	vered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25b	o, or	Form 990-EZ, P	art V,	line 40	Db.			
1	(b) F	Relationship bety			lified	V D	acription of trap	coctic			(d)	Corre	cted?
(a) Name of disqualified person		person and organization			(0	;) DE	escription of tran	ISactio	n		Y	es	No
2 Enter the amount of tax incurred by	y the o	rganization man	nagers	or disc	qualified persons du	ring	the year under						
									\$				
3 Enter the amount of tax, if any, on	line 2,	above, reimburs	sed by	the or	ganization				<b>&gt;</b> \$				
Part II Loans to and/or Fro	m Int	orantad Dar	0000										
						_							
Complete if the organizati					, Part V, line 38a or i	-orn	n 990, Part IV, lin	ie 26;	or if th	ne orga	ınızatı	on	
reported an amount on Fo (a) Name of (b) Relat		, Part X, line 5, 6		2. oan to or	(a) Original	1,5	N Dalamas dus	(~)	. In	<b>(h)</b> Api	oroved	/:> \//	ritten
interested person with orga		of loan	fron	n the ization?	(e) Original principal amount	(f) Balance due		(g) In default?		by bo	Approved board or mmittee?		ment?
			_	From				<u> </u>		Yes	No	Yes	
			10	FIOIII				162	No	162	NO	162	INO
「otal					\$								
Part III Grants or Assistance	e Ber	nefiting Inter	reste	d Pe	rsons.								
Complete if the organizati	on ansv	vered "Yes" on	Form 9	990, Pa	art IV, line 27.								
(a) Name of interested person		(b) Relationship					<b>(d)</b> Type					ose of	f
		interested pers the organiza		ıd	assistance		assistan	ce		á	assista	ance	
	_	tric organiza	20011										
	_								_				
									_				
	-								$\dashv$				
									-+				
	+								-+				
									$\dashv$				
									-+				
	-								$\dashv$				
	+								-+				

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

Schedule L (Form 990 or 990-EZ) 2016

(a) Name of interested person	, , ,	onship between		(c) Amount of transaction	(d) Description of transaction	òrganiz	aring of zation's nues?
		·· · · ·				Yes	No
Thompson Insurance	owner	of com	pany is	50,146.	Liability i		X
Wells Fargo			is ban		Food bank h		Х
WSFA	News o	company	which	32,000.	Purchased A		Х
							<u> </u>
Part V Supplemental Information							
Provide additional information for res	sponses to qu	estions on Sc	hedule L (see	instructions).			
Sch L, Part IV, Business	Transac	ctions	Involvi	ng Interest	ed Persons:		
(a) Name of Person: Thomp	oson Ins	surance					
(b) Relationship Between			rgon an	d Organizat	ion.		
			rson an	d Organizat	21011.		
owner of company is board	d member	r					
(d) Description of Transa	action:	Liabil	ity ins	urance was	purchased		
through his company.							
(a) Name of Person: Wells	s Fargo						
(b) Relationship Between	Interes	sted Pe	rson an	d Organizat	cion:		
board member is banker							
(d) Description of Transa	action:	Food b	ank has	their cash	n deposits w	ith	
this bank							
(a) Name of Person: WSFA							
(b) Relationship Between	Interes	sted Pe	rson an	d Organizat	cion:		
News company which advert	cising :	is purc	hachase	d is operat	ed by board	mem	eber
(d) Description of Transa		_					
, , , , , , , , , , , , , , , , , , ,				<del></del>			

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

16

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

MONTGOMERY AREA FOOD BANK, Inc. **Employer identification number** 63-0931846

Pai	rt I	Types of Property							
			(a)	(b)	(c)	(d)			
			Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu			c
			арріюавіс		Form 990, Part VIII, line 1g	Tioricasii contriba	tion an	iount	
1	Art -	Works of art							
2	Art -	Historical treasures							
3	Art -	Fractional interests							
4	Воо	ks and publications							
5	Clot	hing and household goods							
6	Cars	and other vehicles							
7	Boa	ts and planes							
8	Intel	lectual property							
9	Sec	urities - Publicly traded							
10	Sec	urities - Closely held stock							
11	Sec	urities - Partnership, LLC, or							
	trust	t interests							
12	Sec	urities - Miscellaneous							
13	Qua	lified conservation contribution -							
	Hist	oric structures							
14		lified conservation contribution - Other							
15		estate - Residential							
16		estate - Commercial							
17		estate - Other							
18		ectibles		00 000	24 515 140			-	
19		d inventory	X	99,999	34,515,148.	FMV and wei	ghte	ea a	<u>ave</u>
20		gs and medical supplies							
21		dermy							
22		orical artifacts							
23		ntific specimens							
24		neological artifacts							
25		er ()							
26		er ()							
27		er ()							
28	Othe	,							
29		ber of Forms 8283 received by the organization of Forms 8283		-					
	IOI V	which the organization completed Form 828	oo, Part IV, I	Donee Acknowled	gement <b>29</b>			Yes	No
30-2	Duri	ng the year, did the organization receive by	, contributio	on any proporty ror	ported in Part L lines 1 throu	ah 28 that it		res	NO
Sua		t hold for at least three years from the date							
		npt purposes for the entire holding period?			· · · · · · · · · · · · · · · · · · ·		30a		Х
h		es," describe the arrangement in Part II.					30a		
31		s the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribu	ıtions?	31	х	
		s the organization hire or use third parties of					<u> </u>		
		ributions?		_	· ·		32a	х	
b		es," describe in Part II.							
33		e organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
		cribe in Part II.	( )	2. 1 1	, (,	,			

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

Schedule M (Form 990) (2016)

### **SCHEDULE 0** (Form 990 or 990-EZ)

# 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.

Open to Public ➤ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MONTGOMERY AREA FOOD BANK, Inc.

**Employer identification number** 63-0931846

OMB No. 1545-0047

Form 990, Part I, Line 1, Description of Organization Mission: OF EDIBLE FOOD TO QUALIFIED AGENCIES.

Form 990, Part III, Line 4c, Program Service Accomplishments:

weekly distributions to 368 food-insecure children and their families.

Form 990, Part VI, Section A, line 2:

There are several of the board members that have had business transactions with the Montgomery Area Food Bank, Inc. during the year ended June 30, None of the board members are related to each other. 2017.

Form 990, Part VI, Section B, line 11b:

The management of MAFB were given a draft copy of the 990 for their review. Time was allowed for them to review and ask questions as well as notice given to them to contact the preparer of the return no later than September 30, 2017 with any further questions or corrections.

Form 990, Part VI, Section B, Line 12c:

At board meetings, the board is reminded of policies regarding conflicts of Staff are also reminded at staff meetings of the conflict of interest. interest policy.

Form 990, Part VI, Section B, Line 15:

The board approves the executive directors compensation as well as all key employees salaries. This information of comparable salaries is on most

websites for other like organizations and Feeding America provides access LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization  MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
to this information so that the board has comparable data	to use in
determining compensation.	
Form 990, Part VI, Section C, Line 19:	
The financial statements, governing documents, and confli	cts of interest
policy are available upon request.	
Part XII Line 2c	
The board of directors and top management review the audi	t and accept
responsibility over the audited financial statements. Th	is same group
also selects the independent auditors to conduct the audi	t. This has
been the policy for prior years.	

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Other													
1	6' TRUCK BODY	09/16/93	SL	5.00	ну17	2,695.				2,695.	2,695.		0.	2,695.
2	600 MPC DK BRN CARRIER	09/24/93	SL	5.00	нү17	414.				414.	414.		0.	414.
3	WINSTON C-VAP OVEN	10/05/93	SL	5.00	НҮ17	4,500.				4,500.	4,500.		0.	4,500.
4	INSTALLATION OF OVEN (1/2)	10/28/93	SL	5.00	нү17	317.				317.	317.		0.	317.
5	INSTALLATION OF RANGE HOOD	06/09/94	SL	5.00	HY17	456.				456.	456.		0.	456.
6	(D)FRIGIDAIRE REFRIGERATOR	10/24/95	SL	5.00	HY17	725.				725.	725.		0.	725.
7	36 X 72 CABINET	10/19/95	SL	5.00	HY17	168.				168.	168.		0.	168.
8	MANUAL PALLET JACK	02/22/89	SL	5.00	MQ17	425.				425.	425.		0.	425.
9	FILE CABINET	02/22/89	SL	5.00	MQ17	675.				675.	675.		0.	675.
10	WAREHOUSE RACKING	04/21/89	SL	5.00	MQ17	8,964.				8,964.	8,964.		0.	8,964.
11	(D)NISSAN FORKLIFT	08/01/89	SL	5.00	MQ17	15,997.				15,997.	15,997.		0.	
12	PALLET INSULATOR	08/10/89	SL	5.00	MQ17	419.				419.	419.		0.	419.
13	RACKING LUMBER	08/21/89	SL	5.00	MQ17	340.				340.	340.		0.	340.
14	DISPLAY TENT	10/10/89	SL	5.00	HY17	387.				387.	387.		0.	387.
15	WAREHOUSE RACKING	05/17/90		5.00	HY17	3,956.				3,956.	3,956.		0.	3,956.
	RACKING LUMBER	05/15/90		5.00	HY17	351.				351.	351.		0.	351.
	WAREHOUSE RACKING	05/31/90		5.00		2,109.				2,109.	2,109.		0.	2,109.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
18	CHAIR	11/02/90	SL	7.00	ну17	237.				237.	237.		0.	237.
19	(2) FREEZER TRANSPORT CONTAINERS	05/15/91	SL	5.00	НҮ17	1,283.				1,283.	1,283.		0.	1,283.
20	INDUSTRIAL BATTERY CHARGER	07/30/91	SL	5.00	ну17	750.				750.	750.		0.	750.
21	(D)PAIR OF FORKS FOR FORKLIFT	07/30/91	SL	5.00	НҮ17	200.				200.	200.		0.	200.
22	FORK LIFT BATTERY	08/11/93	SL	5.00	нұ17	820.				820.	820.		0.	820.
23	LABOR FOR BAILER	03/31/94	SL	5.00	ну17	1,415.				1,415.	1,415.		0.	1,415.
24	2 HAND TRUCKS	06/13/94	SL	5.00	нұ17	196.				196.	196.		0.	196.
25	WEIGHT PART OF SCALES	07/29/94	SL	5.00	нұ17	499.				499.	499.		0.	499.
26	FORK LIFT BATTERY	09/28/94	SL	5.00	нұ17	998.				998.	998.		0.	998.
27	(D)NEW COMPRESSOR MOTOR	01/25/95	SL	5.00	нұ17	676.				676.	676.		0.	676.
28	SINK SET UP (KITCHEN)	03/07/95	SL	5.00	ну17	855.				855.	855.		0.	855.
29	OFFICE CART WITH CABINET	03/31/95	SL	5.00	ну17	184.				184.	184.		0.	184.
30	SECOND SINK SET UP	03/17/95	SL	5.00	ну17	1,129.				1,129.	1,129.		0.	1,129.
31	COMPUTER DESK	06/05/95	SL	7.00	ну17	170.				170.	170.		0.	170.
32	BEIGE PORTABLE BUILDING	08/21/95	SL	7.00	нұ17	685.				685.	685.		0.	685.
33	CARDINAL FH-544-IIE FLOOR SCALE	01/24/92	SL	5.00	ну17	1,588.				1,588.	1,588.		0.	1,588.
34	PALLET RACKING-FRAMES, BEAMS & SUPPORTS	03/17/92	SL	5.00	ну17	12,729.				12,729.	12,729.		0.	12,729.
35	ADDT'L PRO STAR TELEPHONE EQUIPMENT	03/31/92	SL	5.00	HY17	590.				590.	590.		0.	590.

<sup>(</sup>D) - Asset disposed \* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 990 Page 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
36	FIRE EXTINGUISHERS	03/31/92	SL	5.00	HY17	211.				211.	211.		0.	211.
37	LUMBER FOR PALLET RACKING	03/31/92	SL	5.00	нұ17	1,749.				1,749.	1,749.		0.	1,749.
38	ADDT'L PALLET RACKING-FRAMES BEAMS & SUPPORT	, 03/31/92	SL	5.00	HY17	5,226.				5,226.	5,226.		0.	5,226.
39	DECK BUMPERS	02/13/97	SL	10.00	MQ17	1,051.				1,051.	1,051.		0.	1,051.
40	WALL MOUNT EYEWASH	07/01/92	SL	5.00	HY17	147.				147.	147.		0.	147.
41	FLOOR SCALE INSTALLATION-CARDINAL SCALE	03/30/92	SL	5.00	HY17	303.				303.	303.		0.	303.
42	DESIGN SERVICES FOR FACILITY EXPANSION	05/11/98	SL	39.00	MM17	2,000.				2,000.	919.		52.	971.
43	SECURITY SYSTEM INSTALLATION	03/30/92	SL	5.00	ну17	1,375.				1,375.	1,375.		0.	1,375.
44	INDOOR BEAMS FOR SECURITY SYSTEM	02/07/92	SL	5.00	HY17	730.				730.	730.		0.	730.
45	ADDT'L PALLET RACKING-MISC INVOICES	04/01/92	SL	5.00	HY17	836.				836.	836.		0.	836.
46	STAINLESS STEEL CARTS (2)	04/12/99	SL	7.00	ну17	429.				429.	429.		0.	429.
47	INSTALLATION OF STEEL DOORS FOR SECURITY	02/15/94	SL	5.00	нұ17	287.				287.	287.		0.	287.
48	3 HAND DRYERS FOR RESTROOMS	08/15/94	SL	5.00	нұ17	717.				717.	717.		0.	717.
49	INSTALLATION & MATERIALS FOR HAND DRYERS	09/15/94	SL	5.00	HY17	282.				282.	282.		0.	282.
	MOBILE FILE PEDESTAL	10/12/95	SL	5.00	HY17	180.				180.	180.		0.	180.
51	ROLLING SAFETY LADDER	10/31/95	SL	5.00	НҮ17	392.				392.	392.		0.	392.
52	MAIN PCB FOR SCALE	02/07/96	SL	5.00	HY17	446.				446.	446.		0.	446.
53	(5) INSULATED PALLET COVERS	02/29/96	SL	5.00	HY17	1,153.				1,153.	1,153.		0.	1,153.

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone (D) - Asset disposed

Form 990 Page 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
54	HANDTRUCK & PALLETJACK	04/09/96	SL	5.00	ну17	627.				627.	627.		0.	627.
55	66 GALLON ELECTRIC WATER HEATER	05/10/96	SL	5.00	НҮ17	845.				845.	845.		0.	845.
56	(4) INSULATED CONTAINERS	05/10/96	SL	5.00	нұ17	2,099.				2,099.	2,099.		0.	2,099.
57	TENNANT TREND SCOOT SWEEPER	05/30/96	SL	5.00	ну17	350.				350.	350.		0.	350.
58	BALLYMORE PERSONNEL PLATFORM	06/13/96	SL	5.00	нұ17	1,226.				1,226.	1,226.		0.	1,226.
59	FH544IJE FLOOR SCALE	06/13/96	SL	5.00	ну17	1,959.				1,959.	1,959.		0.	1,959.
60	TEAR DROP PALLET RACKS	08/07/96	SL	5.00	ну17	1,378.				1,378.	1,378.		0.	1,378.
61	FREEZER BULKHEAD	07/31/96	SL	5.00	ну17	600.				600.	600.		0.	600.
62	BARREL FAN	07/31/96	SL	5.00	ну17	208.				208.	208.		0.	208.
63	FILE CABINET	08/20/96	SL	5.00	HY17	285.				285.	285.		0.	285.
64	(3) DOCK LEVELERS	08/20/96	SL	5.00	ну17	3,085.				3,085.	3,085.		0.	3,085.
65	GNB BATTERY	09/05/96	SL	5.00	HY17	845.				845.	845.		0.	845.
66	(2) BACK UPS 400	10/12/95	SL	5.00	ну17	300.				300.	300.		0.	300.
67	SPRUILL UPRIGHTS & BEAMS FOR FREEZER	10/29/96	SL	5.00	MQ17	1,397.				1,397.	1,397.		0.	1,397.
	(D)REBUILT TRANSMISSION FOR 1992 DODGE VAN	11/14/96	SL	5.00	MQ17	1,415.				1,415.	1,415.		0.	1,415.
	(2) RADIANT HEATERS	12/30/96	SL	5.00	MQ17	1,950.				1,950.	1,950.		0.	1,950.
70	INSULATED CONTAINER	01/14/97	SL	5.00	MQ17	628.				628.	628.		0.	628.
71	GNB CHARGER FBR 50	02/13/97	SL	5.00	MQ17	680.				680.	680.		0.	680.

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
72	SIGN ON REFR. TRUCK	02/19/97	SL	5.00	MQ17	500.				500.	500.		0.	500.
73	(2) WOOD DECK TRUCKS	02/27/97	SL	5.00	MQ17	510.				510.	510.		0.	510.
74	GBB CHARGER	03/07/97	SL	5.00	MQ17	1,676.				1,676.	1,676.		0.	1,676.
75	BATTERY	04/04/97	SL	5.00	MQ17	1,236.				1,236.	1,236.		0.	1,236.
76	(2) EVAPORATIVE COOLERS	04/04/97	SL	5.00	MQ17	9,500.				9,500.	9,500.		0.	9,500.
77	(2) DISTRIBUTION CARTS	04/14/97	SL	5.00	MQ17	827.				827.	827.		0.	827.
78	(3) PLATFORM DOLLIES	04/14/97	SL	5.00	MQ17	654.				654.	654.		0.	654.
79	(3) PLATFORM DOLLIES	05/09/97	SL	5.00	MQ17	613.				613.	613.		0.	613.
80	APC BACK UP PRO 650	05/09/97	SL	5.00	MQ17	290.				290.	290.		0.	290.
81	(3) PLATFORM DOLLIES	05/22/97	SL	5.00	MQ17	610.				610.	610.		0.	610.
82	5 STEP ROLL/FOLD LADDER	05/22/97	SL	5.00	MQ17	280.				280.	280.		0.	280.
83	ALUM DOCK BOARD	06/30/97	SL	5.00	MQ17	560.				560.	560.		0.	560.
84	PLATFORM SCALE MOD708	07/31/97	SL	5.00	MQ17	2,192.				2,192.	2,192.		0.	2,192.
85	(2) TWO-SHELF DISTRIBUTION CARTS	07/31/97	SL	5.00	MQ17	827.				827.	827.		0.	827.
86	GNB BATTERY 18-85-17G	10/30/97	SL	5.00	MQ17	2,975.				2,975.	2,975.		0.	2,975.
87	(6) PLATFORM DOLLIES	11/12/97	SL	5.00	MQ17	1,383.				1,383.	1,383.		0.	1,383.
88	MULTIMEDIA PC	12/31/97	SL	5.00	MQ17	1,000.				1,000.	1,000.		0.	1,000.
89	TELEPHONES AND INSTALLATION	06/16/98	SL	5.00	MQ17	2,475.				2,475.	2,475.		0.	2,475.

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90	BELT CONVEYOR FOR WAREHOUSE EXPANSION	04/29/98	SL	7.00	MQ17	3,304.				3,304.	3,304.		0.	3,304.
91	RACKING SYSTEM FOR WAREHOUSE EXPANSION	06/25/98	SL	10.00	MQ17	21,373.				21,373.	21,373.		0.	21,373.
92	EXECUTIVE DESK (LON)	06/16/98	SL	7.00	MQ17	299.				299.	299.		0.	299.
93	NAME PLATE FOR NEW COOLER	06/30/98	SL	7.00	MQ17	270.				270.	270.		0.	270.
94	CHAIRS, TABLES, CABINETS, ETC FOR EXPANSION	05/06/98	SL	7.00	MQ17	1,910.				1,910.	1,910.		0.	1,910.
95	SCSI CARD/YAMAHA OPTICAL DRIVE	09/25/98	SL	5.00	НҮ17	650.				650.	650.		0.	650.
96	LIFT GATE FOR TRUCK	11/12/98	SL	5.00	нұ17	5,641.				5,641.	5,641.		0.	5,641.
97	(D)GNB BATTERY - NISSAN	02/09/99	SL	5.00	HY17	3,570.				3,570.	3,570.		0.	3,570.
98	27X48 PALLET TRUCK	04/26/99	SL	5.00	HY17	431.				431.	431.		0.	431.
99	LAND (1.07acres)	10/04/91	NC	.000	нч	78,932.				78,932.			0.	
100	BUILDING	04/30/92	SL	31.50	HY17	449,828.				449,828.	320,493.		17,737.	338,230.
101	STORMTITE DOORS & JAMBS	02/15/94	SL	10.00	ну17	2,610.				2,610.	2,610.		0.	2,610.
102	WALK IN FREEZER BOX	12/22/95	SL	31.50	нұ17	93,060.				93,060.	55,853.		3,395.	59,248.
103	CHAIN LINK FENCE	12/21/95	SL	10.00	HY17	710.				710.	710.		0.	710.
104	FREEZER BOX SHELVING	12/28/95	SL	10.00	нү17	1,823.				1,823.	1,823.		0.	1,823.
105	(2) DOCK CANOPIES	04/14/97	SL	15.00	MQ17	10,698.				10,698.	10,698.		0.	10,698.
106	NEW 1200 AMP/3PHASE SERVICE/MAIN PANEL TO BLD	06/30/97	SL	39.00	MM17	7,885.				7,885.	3,805.		204.	4,009.
107	WAREHOUSE EXPANSION FACILITY	05/11/98	SL	39.00	MM17	467,638.				467,638.	214,834.		12,110.	226,944.

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108	LIGHTING FIXTURES FOR FREEZER	07/15/97	SL	10.00	MQ17	1,612.				1,612.	1,612.		0.	1,612.
109	DOWN RAMP FOR LOADING DOCK (DONATED)	10/01/97	SL	39.00	MM17	12,000.				12,000.	5,689.		311.	6,000.
110	FENCE AROUND AIR COMPRESSOR	09/26/98	SL	7.00	ну17	634.				634.	634.		0.	634.
111	PARKING LOT	11/18/98	SL	39.00	MM17	15,135.				15,135.	6,762.		392.	7,154.
112	PROBATE & CITY OF MONT FEES FOR PLAT	07/31/98	SL	39.00	MM17	492.				492.	224.		13.	237.
113	FOLDING UTILITY TABLE	04/22/92	SL	7.00	НУ17	92.				92.	92.		0.	92.
114	30 x 40 BULLETIN BOARD	03/30/92	SL	7.00	НУ17	190.				190.	190.		0.	190.
115	PLASTIC TOP FOLD TABLE	03/30/92	SL	7.00	НУ17	82.				82.	82.		0.	82.
116	(3) MANAGERS STENO CHAIRS	03/30/92	SL	7.00	ну17	630.				630.	630.		0.	630.
117	(2) PLASTIC FOLD TABLES 30 X 60	03/30/92	SL	7.00	НУ17	123.				123.	123.		0.	123.
118	(2) PLASTIC TOP FOLD TABLES 36 X 96	03/30/92	SL	7.00	НҮ17	200.				200.	200.		0.	200.
119	DONOR PLAQUES	09/10/92	SL	7.00	НҮ17	6,975.				6,975.	6,975.		0.	6,975.
120	(3) COMPUTER WORKSTATIONS	05/05/93	SL	5.00	ну17	360.				360.	360.		0.	360.
121	(3) PEDESTALS	05/05/93	SL	5.00	НҮ17	300.				300.	300.		0.	300.
122	GRAY DESK CHAIR	11/27/96	SL	7.00	MQ17	150.				150.	150.		0.	150.
123	NEW CANOPIE TOP FOR FRAME	10/13/98	SL	7.00	НҮ17	196.				196.	196.		0.	196.
124	CAST BRONZE SIGN	12/18/98	SL	7.00	НҮ17	440.				440.	440.		0.	440.
125	CHOCOLATE 6" PAN CARRIERS	09/16/93	SL	5.00	НҮ17	423.				423.	423.		0.	423.

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126	18X30 UTILITY CART	09/16/93	SL	5.00	ну17	103.				103.	103.		0.	103.
127	(2) STORAGE CABINETS	09/30/96	SL	5.00	HY17	400.				400.	400.		0.	400.
128	GRAY UTILITY CART	10/10/96	SL	5.00	MQ17	182.				182.	182.		0.	182.
129	WARMER HOT PLATE	02/04/97	SL	5.00	MQ17	114.				114.	114.		0.	114.
130	36" BARREL FAN	08/05/99	SL	5.00	HY17	219.				219.	219.		0.	219.
131	REBUILT TRANSMISSION-INT'L TRUCK	10/25/99	SL	5.00	ну17	3,903.				3,903.	3,903.		0.	3,903.
132	REFRIGERATOR-TRUE T49	10/28/99	SL	5.00	HY17	2,413.				2,413.	2,413.		0.	2,413.
133	REPLACED SIDING	11/05/99	SL	7.00	ну17	2,825.				2,825.	2,825.		0.	2,825.
134	BATTERY	12/16/99	SL	5.00	HY17	567.				567.	567.		0.	567.
135	(D)NEW STARTER FOR FORD	12/28/99	SL	5.00	HY17	683.				683.	683.		0.	683.
136	SECURITY KEYPAD & DOOR SWITCH	01/31/00	SL	5.00	HY17	1,200.				1,200.	1,200.		0.	1,200.
137	PALLET JACK	02/08/00	SL	5.00	ну17	768.				768.	768.		0.	768.
138	GDM72F FREEZER	04/12/00	SL	5.00	нү17	5,876.				5,876.	5,876.		0.	5,876.
139	NEW CARPET IN OFFICES	04/24/00	SL	7.00	ну17	1,432.				1,432.	1,432.		0.	1,432.
140	CASTER ASSY, ELECTRIC PALLET JACKS	04/24/00	SL	5.00	ну17	349.				349.	349.		0.	349.
141	FORKLIFT MODEL SM11-15	05/08/00	SL	5.00	ну17	25,908.				25,908.	25,908.		0.	25,908.
142	WALNUT DESK-PARKE'S OFFICE	05/10/00	SL	7.00	ну17	300.				300.	300.		0.	300.
143	ROUND CONFERENCE TABLE	06/12/00	SL	7.00	НҮ17	383.				383.	383.		0.	383.

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144	REBUILT COMPACTOR CYLINDER	06/28/00	SL	5.00	HY17	707.				707.	707.		0.	707.
145	GNB BATTERY CHARGER	06/28/00	SL	5.00	HY17	1,030.				1,030.	1,030.		0.	1,030.
146	REBUILT HYD PUMP MOTOR-NISSAN	06/30/00	SL	5.00	HY17	865.				865.	865.		0.	865.
147	HP LASERJET PRINTER	05/05/00	SL	5.00	HY17	432.				432.	432.		0.	432.
148	2-HD TV/VCR	04/10/01	SL	5.00	MQ17	249.				249.	249.		0.	249.
149	(2) Eye wash portals	04/16/01	SL	7.00	MQ17	715.				715.	715.		0.	715.
150	Pallet Jack CAT Model 27-48	05/07/01	SL	7.00	MQ17	399.				399.	399.		0.	399.
151	Expand Freezer Capacity	05/31/01	SL	39.00	MM17	37,062.				37,062.	14,224.		957.	15,181.
152	2001 Freightliner Truck Model FL 80 white	05/22/01	SL	5.00	MQ17	85,602.				85,602.	85,602.		0.	85,602.
153	Motor for Barr	06/07/01	SL	5.00	MQ17	731.				731.	731.		0.	731.
154	Racking for freezer	06/07/01	SL	7.00	MQ17	10,220.				10,220.	10,220.		0.	10,220.
155	Logos for new truck	06/27/01	SL	5.00	MQ17	355.				355.	355.		0.	355.
156	Caster wheel for Barr	06/27/01	SL	5.00	MQ17	436.				436.	436.		0.	436.
157	Lift gate for truck 38x72+4	08/09/00	SL	5.00	MQ17	3,137.				3,137.	3,137.		0.	3,137.
158	Fan	08/08/00	SL	7.00	MQ17	214.				214.	214.		0.	214.
159	(D)Refrigerator	08/08/00	SL	7.00	MQ17	640.				640.	640.		0.	640.
160	Blue Giant ROI 55 Jack	08/23/00	SL	7.00	MQ17	459.				459.	459.		0.	459.
161	Platform Gate	09/11/00	SL	5.00	MQ17	903.				903.	903.		0.	903.

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162	PHN-KX-TG255 Phone	09/11/00	SL	5.00	MQ17	170.				170.	170.		0.	170.
163	(2) Hi Volume Blower 36 in Fans	09/11/00	SL	7.00	MQ17	747.				747.	747.		0.	747.
164	Pallet Jack	09/20/00	SL	7.00	MQ17	399.				399.	399.		0.	399.
165	(D)Housing Gear on Ford	09/29/00	SL	5.00	MQ17	1,445.				1,445.	1,445.		0.	1,445.
166	Crow Battery 6-85-13	10/13/00	SL	5.00	MQ17	790.				790.	790.		0.	790.
167	Jamco Mobile Cart 24"X48" 2 sh	10/13/00	SL	5.00	MQ17	407.				407.	407.		0.	407.
168	(D)Laserjet printer	11/16/00	SL	5.00	MQ17	430.				430.	430.		0.	430.
169	Chain link fence w/barbed wire 131'	02/15/01	SL	15.00	MQ17	1,737.				1,737.	1,737.		0.	1,737.
170	Glass windows	02/15/01	SL	15.00	MQ17	160.				160.	160.		0.	160.
171	Glass windows	02/15/01	SL	15.00	MQ17	160.				160.	160.		0.	160.
172	Glass windows	02/15/01	SL	15.00	MQ17	160.				160.	160.		0.	160.
173	Glass windows	02/15/01	SL	15.00	MQ17	160.				160.	160.		0.	160.
174	Crushed gravel for parking lot	02/20/00	SL	15.00	ну17	1,250.				1,250.	1,250.		0.	1,250.
175	42" forks for Niss model BO2	03/22/01	SL	5.00	MQ17	679.				679.	679.		0.	679.
176	Concrete up-ramp for freezer	06/06/01	SL	15.00	MQ17	4,947.				4,947.	4,947.		0.	4,947.
177	(D)Motor for Freezer	07/16/01	SL	5.00	HY17	689.				689.	689.		0.	689.
178	30 lb Receiver Tank for Freezer	07/16/01	SL	5.00	НҮ17	937.				937.	937.		0.	937.
179	Motor Control for Freezer	07/16/01	SL	5.00	HY17	2,801.				2,801.	2,801.		0.	2,801.

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180	CAT Pallet Jack	07/30/01	SL	5.00	нұ17	411.				411.	411.		0.	411.
181	Magline Handtruck	08/09/01	SL	5.00	ну17	473.				473.	473.		0.	473.
182	TV/VCR Combo	09/12/01	SL	5.00	ну17	199.			60.	139.	139.		0.	139.
183	Steam Ultra LS Vacuum	09/12/01	SL	5.00	ну17	229.			69.	160.	160.		0.	160.
184	Fencing	09/28/01	SL	7.00	ну17	750.			225.	525.	525.		0.	525.
185	Freezer Unit for Truck	10/09/01	SL	5.00	ну17	5,850.			1,755.	4,095.	4,095.		0.	4,095.
186	SD 5120 Floor Buffer	10/11/01	SL	5.00	ну17	990.			297.	693.	693.		0.	693.
187	Electric Sink Sanitizer	10/22/01	SL	5.00	ну17	459.			138.	321.	321.		0.	321.
188	6 HP 20 Gallon Air Compressor	11/19/01	SL	5.00	ну17	317.			95.	222.	222.		0.	222.
189	Pallet Jack	12/12/01	SL	5.00	ну17	400.			120.	280.	280.		0.	280.
190	Backrest for Forklift	01/29/02	SL	5.00	ну17	439.			132.	307.	307.		0.	307.
191	Bohn 3/4 HP Motor	02/11/02	SL	5.00	ну17	736.			221.	515.	515.		0.	515.
192	Pallet Truck	02/28/02	SL	5.00	ну17	550.			165.	385.	385.		0.	385.
193	Crown Pallet Jack	03/08/02	SL	5.00	ну17	479.			144.	335.	335.		0.	335.
194	Water Cooler	03/08/02	SL	5.00	нұ17	1,304.			391.	913.	913.		0.	913.
195	LC51 Cannister Vacuum	03/19/02	SL	5.00	HY17	197.			59.	138.	138.		0.	138.
196	Condenser Fan Motor-Office AC	03/29/02	SL	5.00	НҮ17	368.			110.	258.	258.		0.	258.
197	3/4 HP Motor for Freezer	03/29/02	SL	5.00	ну17	690.			207.	483.	483.		0.	483.

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198	Electronic Platform Scale	03/29/02	SL	5.00	нү17	2,372.			712.	1,660.	1,660.		0.	1,660.
199	Electric Pallet Jack	04/09/02	SL	5.00	нү17	8,499.			2,550.	5,949.	5,949.		0.	5,949.
200	Unigauge for Electric Pallet Jack	04/30/02	SL	5.00	нү17	495.			149.	346.	346.		0.	346.
201	LD-270 Hopper	04/30/02	SL	5.00	НҮ17	400.			120.	280.	280.		0.	280.
202	Rebuild Steer Motor- Nissan CUB01L20V	06/10/02	SL	5.00	НҮ17	1,942.			583.	1,359.	1,359.		0.	1,359.
203	Caterpillar Model 2EC25	06/25/02	SL	5.00	НҮ17	11,999.			3,600.	8,399.	8,399.		0.	8,399.
204	Shelf Units for Freezer	06/25/02	SL	5.00	НҮ17	616.			185.	431.	431.		0.	431.
205	Dyna-Lift Racking	08/08/02	SL	7.00	нұ17	6,244.			1,873.	4,371.	4,371.		0.	4,371.
206	Pallet Truck	08/27/02	SL	5.00	нү17	550.			165.	385.	385.		0.	385.
207	Pedastal Fan and Wall Mount Fan	09/10/02	SL	7.00	НҮ17	1,120.			336.	784.	784.		0.	784.
208	(D)McGough Oldsmobile 2003 GMC Truck	10/18/02	SL	5.00	HY21	31,500.			9,450.	22,050.	22,050.		0.	22,050.
209	Dyna-Lift Racking	10/29/02	SL	7.00	нұ17	5,333.			1,600.	3,733.	3,733.		0.	3,733.
210	Total Handling Equipment	10/29/02	SL	5.00	нү17	917.			275.	642.	642.		0.	642.
211	Roura Iron Works Hopper Model	10/29/02	SL	5.00	нұ17	462.			139.	323.	323.		0.	323.
212	Toyota Materials	11/12/02	SL	5.00	нү17	1,120.			336.	784.	784.		0.	784.
213	Computer Desk	01/09/03	SL	7.00	нұ17	400.			120.	280.	280.		0.	280.
214	Bedsole Cooling Evaporator Motor	01/29/03	SL	5.00	ну17	537.			161.	376.	376.		0.	376.
215	Racking for Offsite Storage	02/28/03	SL	7.00	HY17	22,258.			6,677.	15,581.	15,581.		0.	15,581.

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216	Dyna-Lift Manual Jack	03/06/03	SL	5.00	HY17	680.			204.	476.	476.		0.	476.
217	Power Source Battery	03/06/03	SL	5.00	HY17	2,819.			846.	1,973.	1,973.		0.	1,973.
218	Dyna-Lift Battery Handling Beam	03/14/03	SL	7.00	HY17	478.			143.	335.	335.		0.	335.
219	Toyota Materials electric Forklift	03/17/03	SL	5.00	HY21	29,732.			8,920.	20,812.	20,812.		0.	20,812.
220	New Cooler and Refrigeration Equipment	04/25/03	SL	31.50	нү17	46,764.				46,764.	18,192.		1,562.	19,754.
221	Toyota Materials Handling Battery	04/30/03	SL	5.00	HY17	727.			218.	509.	509.		0.	509.
222	Toyota Materials Replaced Pump Contactor	06/09/03	SL	5.00	НҮ17	542.			271.	271.	271.		0.	271.
223	Toyota Materials New Battery	06/09/03	SL	5.00	нү17	1,615.			808.	807.	807.		0.	807.
224	Bedsole Cooking Evap Motor	06/09/03	SL	5.00	нү17	665.			333.	332.	332.		0.	332.
225	Turner Scale Replaced Beam Cell in Scale	06/09/03	SL	5.00	HY17	526.			263.	263.	263.		0.	263.
226	Insulated Transport Container	06/09/03	SL	5.00	HY17	4,429.			2,215.	2,214.	2,214.		0.	2,214.
227	Elec Rider Jack	06/30/03	SL	5.00	HY17	7,687.			3,844.	3,843.	3,843.		0.	3,843.
228	Cool Room & Condenser Wiring	04/25/03	SL	39.00	MM17	1,542.				1,542.	517.		40.	557.
229	New Bathroom Wiring	04/25/03	SL	39.00	MM17	1,542.				1,542.	517.		40.	557.
230	Major Building Rewiring	04/25/03	SL	39.00	MM17	9,252.				9,252.	3,105.		238.	3,343.
231	Land (.19 acres)	07/03/02	L	.000		8,100.				8,100.			0.	
232	Platinum Plus Dell Computer	09/11/03	SL	5.00	MQ17	2,018.			1,009.	1,009.	1,009.		0.	1,009.
233	Manual Pallet Jack	10/07/03	SL	7.00	MQ17	285.			143.	142.	142.		0.	142.

<sup>(</sup>D) - Asset disposed

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
234	3/4 RPM Condenser Motor	01/13/04	SL	5.00	MQ17	1,163.			582.	581.	581.		0.	581.
235	Replaced Copier Parts	01/20/04	SL	5.00	MQ17	747.			374.	373.	373.		0.	373.
236	RReplaced Rod Assy	01/20/04	SL	5.00	MQ17	2,681.			1,340.	1,341.	1,341.		0.	1,341.
237	HL-1400 Printer	01/20/04	SL	5.00	MQ17	178.			89.	89.	89.		0.	89.
238	Furance for Downstairs	02/04/04	SL	5.00	MQ17	2,870.			1,435.	1,435.	1,435.		0.	1,435.
239	Used P38	03/23/04	SL	5.00	MQ17	220.			110.	110.	110.		0.	110.
240	Pallet Jack	04/08/04	SL	5.00	MQ17	3,850.			1,925.	1,925.	1,925.		0.	1,925.
241	Rubber Spring on F180	04/08/04	SL	5.00	MQ17	733.			366.	367.	367.		0.	367.
242	Platform for FL70 Truck	05/18/04	SL	5.00	MQ17	1,561.			780.	781.	781.		0.	781.
243	(3) Watering Systems for Forklifts	05/18/04	SL	5.00	MQ17	1,161.			581.	580.	580.		0.	580.
244	Firewall & Radio/Power Splitter	05/26/04	SL	5.00	MQ17	1,094.			547.	547.	547.		0.	547.
245	(6) Insulated Pallet Covers	06/16/04	SL	5.00	MQ17	1,459.			730.	729.	729.		0.	729.
246	Freezer door, electric motor	07/20/04	SL	39.00	MM17	15,190.				15,190.	4,619.		391.	5,010.
247	Spring Assy on FL80	07/27/04	SL	5.00	ну17	1,945.			973.	972.	972.		0.	972.
248	Wall Panels	09/08/04	SL	5.00	ну17	3,461.			1,731.	1,730.	1,730.		0.	1,730.
249	Battery Watering System	09/29/04	SL	5.00	НҮ17	338.			169.	169.	169.		0.	169.
250	Toyota Forklift	10/28/04	SL	5.00	HY17	23,309.			11,655.	11,654.	11,654.		0.	11,654.
251	Battery Watering System, 18-Cell Philly Water	11/09/04	SL	5.00	НУ17	756.			378.	378.	378.		0.	378.

<sup>(</sup>D) - Asset disposed \* IT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
252	Crown Charger	12/08/04	SL	5.00	HY17	2,150.			1,075.	1,075.	1,075.		0.	1,075.
253	Manual Pallet Jack	02/15/05	SL	5.00	НУ17	380.				380.	380.		0.	380.
254	Crown Battery	02/23/05	SL	5.00	НҮ17	3,213.				3,213.	3,213.		0.	3,213.
255	Security Camera	05/11/05	SL	5.00	НУ17	3,600.				3,600.	3,600.		0.	3,600.
256	New Lift Arm for FL70 Truck	06/03/05	SL	5.00	НУ17	2,852.				2,852.	2,852.		0.	2,852.
257	(2) 30in Fans	06/17/05	SL	5.00	НУ17	348.				348.	348.		0.	348.
258	Ceiling & Drywall Separation	01/07/05	SL	39.00	MM17	5,825.				5,825.	1,698.		150.	1,848.
259	pallet jack	06/29/05	SL	5.00	НУ17	287.				287.	287.		0.	287.
260	Rheem 5 Ton Condensing Unit	06/20/05	SL	7.00	НУ17	2,650.				2,650.	2,650.		0.	2,650.
261	(2) Palet Trucks	11/02/05	SL	5.00	16	927.				927.	927.		0.	927.
262	Range	12/05/05	SL	5.00	16	5,609.				5,609.	5,609.		0.	5,609.
263	(1) 15 Ton Compressor	12/14/05	SL	5.00	16	11,748.				11,748.	11,748.		0.	11,748.
264	Lift Gate	12/28/05	SL	5.00	16	7,017.				7,017.	7,017.		0.	7,017.
265	Washing Machine	01/31/06	SL	5.00	16	597.				597.	597.		0.	597.
266	Dryer	01/31/06	SL	5.00	16	379.				379.	379.		0.	379.
267	Compressor (Freezer Unit)	02/07/06	SL	5.00	16	9,575.				9,575.	9,575.		0.	9,575.
268	(D)Dell Computer & Server (David)	02/14/06	SL	5.00	16	6,755.				6,755.	6,755.		0.	6,755.
	Add to Existing Camera System	03/08/06	SL	5.00	16	3,100.				3,100.	3,100.		0.	3,100.

<sup>(</sup>D) - Asset disposed \* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Conv	ine No. (	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
270	1 Dell Computers (Carey)	03/08/06	SL	5.00	1	6	531.				531.	531.		0.	531.
271	Brake replaced on forklift	03/08/06	SL	5.00	1	6	2,015.				2,015.	2,015.		0.	2,015.
272	Projector	04/10/06	SL	5.00	1	6	290.				290.	290.		0.	290.
273	Phone System	04/24/06	SL	5.00	1	6	7,625.				7,625.	7,625.		0.	7,625.
274	(D)Alternator on Bus	04/26/06	SL	5.00	1	6	671.				671.	671.		0.	671.
275	Range Hood	05/03/06	SL	5.00	1	6	396.				396.	396.		0.	396.
276	Ktchen Cabinets	08/01/06	SL	15.00	1	6	11,000.				11,000.	7,272.		733.	8,005.
277	2007 Intl Refer Truck	04/26/06	SL	5.00	1	6	103,592.				103,592.	100,139.		0.	100,139.
278	Compressors on Van	08/08/06	SL	5.00	1	6	3,222.				3,222.	3,222.		0.	3,222.
279	Fork Lift	08/08/06	SL	5.00	1	6	26,230.				26,230.	26,230.		0.	26,230.
280	Steam Table	08/14/06	SL	5.00	1	6	1,129.				1,129.	1,129.		0.	1,129.
281	(2) HP Evaporator Fan Motor	08/29/06	SL	5.00	1	6	901.				901.	901.		0.	901.
282	Pump Motor for Toyota	09/07/06	SL	5.00	1	6	649.				649.	649.		0.	649.
283	Paper Shreddar	10/01/06	SL	5.00	1	6	2,097.				2,097.	2,097.		0.	2,097.
284	(3) Fan Motors	10/01/00	SL	5.00	1	6	1,189.				1,189.	713.		0.	713.
285	Watering Kit	10/04/06	SL	5.00	1	6	463.				463.	463.		0.	463.
286	Battery Charger	11/14/06	SL	5.00	1	6	2,102.				2,102.	2,102.		0.	2,102.
	Glass Door for Display Freezer	11/30/06	SL	5.00	1	6	5,659.				5,659.	5,659.		0.	5,659.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	C o n v	_ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
288	Computer Cabinet	12/19/06	SL	5.00	1	.6	378.				378.	378.		0.	378.
289	Crown Battery	01/23/07	SL	5.00	1	.6	1,860.				1,860.	1,860.		0.	1,860.
290	Palet Jack	02/07/07	SL	5.00	1	.6	463.				463.	463.		0.	463.
291	Wall in Front Office	03/12/07	SL	15.00	1	.6	3,125.				3,125.	1,944.		208.	2,152.
292	Digital Camera	03/15/07	SL	5.00	1	.6	251.				251.	251.		0.	251.
293	Charger (Model CR24FR3B-765)	03/22/07	SL	5.00	1	.6	2,398.				2,398.	2,398.		0.	2,398.
294	Cube Style Ice Machine	05/09/07	SL	5.00	1	.6	2,649.				2,649.	2,649.		0.	2,649.
295	Replaced amp on Toyota	08/08/07	SL	5.00	1	.6	2,720.				2,720.	2,720.		0.	2,720.
296	Firesafe File Cabnet	09/06/07	SL	7.00	1	.6	410.				410.	410.		0.	410.
297	New rear caster wheel	09/06/07	SL	5.00	1	.6	921.				921.	921.		0.	921.
298	Kyocera Printer-Kathy	10/10/07	SL	5.00	1	.6	729.				729.	729.		0.	729.
299	New fence around compress freezers	10/17/07	SL	15.00	1	.6	3,350.				3,350.	1,936.		223.	2,159.
300	New wharehouse addition	06/30/08	SL	39.00	MM1	.6	520,392.				520,392.	106,747.		13,343.	120,090.
301	New Compressor for Freezer	12/07/07	SL	5.00	1	.6	5,800.				5,800.	5,800.		0.	5,800.
302	New parts for Engine F180	02/06/08	SL	5.00	1	.6	6,717.				6,717.	6,717.		0.	6,717.
303	Control arm harness	02/29/08	SL	5.00	1	.6	774.				774.	774.		0.	774.
304	Stove	03/06/08	SL	5.00	1	.6	465.				465.	465.		0.	465.
305	Copier	03/21/08	SL	5.00	1	.6	6,410.				6,410.	6,410.		0.	6,410.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
306	Lifting cylinder	04/04/08	SL	5.00		16	566.				566.	566.		0.	566.
307	Battery for Forklift	05/06/08	SL	5.00	:	16	907.				907.	907.		0.	907.
308	Dell Optiplex computer - JoAnn	05/14/08	SL	5.00		16	871.				871.	871.		0.	871.
309	Printer HP P2015DN	06/10/08	SL	5.00	-	16	500.				500.	500.		0.	500.
310	Fence	07/03/08	SL	10.00		16	3,565.				3,565.	2,852.		357.	3,209.
311	Schloss Memorial Plaque	07/03/08	SL	10.00		16	875.				875.	700.		88.	788.
312	Freezer Comfort Zone	07/07/08	SL	39.00	MM	16	15,000.				15,000.	3,077.		385.	3,462.
313	Building new addition	07/03/08	SL	39.00	MM	16	154,243.				154,243.	31,640.		3,955.	35,595.
314	Fence chain link	07/07/08	SL	15.00		16	5,713.				5,713.	3,047.		381.	3,428.
315	Kyocera Printer	08/05/08	SL	5.00		16	799.				799.	799.		0.	799.
316	Fourplex outlets and Cooler Strips	08/05/08	SL	39.00	MM	16	7,170.				7,170.	1,455.		184.	1,639.
317	New Warehouse Addition	08/05/08	SL	39.00	MM	16	34,024.				34,024.	6,907.		872.	7,779.
	Glass Door Merchandiser, Freezer	08/12/08	SL	5.00	ļ	16	6,419.				6,419.	6,419.		0.	6,419.
319	Printer	08/15/08	SL	5.00		16	500.				500.	500.		0.	500.
320	Phone system	08/15/08	SL	5.00	ļ	16	3,460.				3,460.	3,460.		0.	3,460.
321	Refrigerator	08/26/08	SL	5.00		16	1,600.				1,600.	1,600.		0.	1,600.
322	Freezer/Cooler	08/14/08	SL	39.00	MM:	16	16,250.				16,250.	3,299.		417.	3,716.
323	Security System	09/01/08	SL	5.00		16	622.				622.	622.		0.	622.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
324	Warehouse addition	09/05/08	SL	39.00	MM16	42,569.				42,569.	8,550.		1,092.	9,642.
325	Sign in Building	09/05/08	SL	39.00	мм16	875.				875.	176.		22.	198.
326	New wall in office	09/12/08	SL	39.00	MM16	1,950.				1,950.	392.		50.	442.
327	Wall Plaques	09/25/08	SL	39.00	MM16	926.				926.	184.		24.	208.
328	two data outlets in new offices	09/29/08	SL	39.00	MM16	1,163.				1,163.	231.		30.	261.
329	Camera System	09/29/08	SL	5.00	16	6,587.				6,587.	6,587.		0.	6,587.
330	Pressure Washer, Blower	09/16/08	SL	5.00	16	999.				999.	999.		0.	999.
331	Stand Worktable	10/01/08	SL	5.00	16	699.				699.	699.		0.	699.
332	Desk	10/21/08	SL	5.00	16	730.				730.	730.		0.	730.
333	Water Gun/Adaptors	10/31/08	SL	5.00	16	550.				550.	550.		0.	550.
334	Electrical System upkeep	12/31/08	SL	5.00	16	641.				641.	641.		0.	641.
335	Windows and Door	04/06/09	SL	39.00	MM16	486.				486.	90.		12.	102.
336	Sanitaire Vac	02/26/09	SL	5.00	16	200.				200.	200.		0.	200.
337	Conveyor Belt	02/26/09	SL	5.00	16	682.				682.	682.		0.	682.
338	Garage Door for Building	03/07/09	SL	39.00	MM16	865.				865.	163.		22.	185.
339	New Wall with Service Door	03/05/09	SL	39.00	MM16	6,198.				6,198.	1,165.		159.	1,324.
340	Salavage Area	03/11/09	SL	39.00	MM16	1,539.				1,539.	289.		39.	328.
341	Salavage Area	03/17/09	SL	39.00	MM16	553.				553.	103.		14.	117.

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Asset No.	Description	Date Acquired	Method	Life	Conv	_ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
342	Battery	04/14/09	SL	5.00	1	.6	1,385.				1,385.	1,385.		0.	1,385.
343	Pallet Truck Jacks 2	05/29/09	SL	5.00	1	.6	798.				798.	798.		0.	798.
	A/C Unit	06/04/09	SL	7.00	1	.6	7,163.				7,163.	7,163.		0.	7,163.
	Forklist Battery and Watering System	06/04/09	SL	7.00	1	.6	4,243.				4,243.	4,243.		0.	4,243.
346	Computer	06/15/09	SL	5.00	1	.6	906.				906.	906.		0.	906.
	Drive in Rack System	06/15/09	SL	7.00	1	.6	9,995.				9,995.	9,995.		0.	9,995.
	Dell Laptop 4GB & Digital projector	07/16/09	SL	5.00	нү1	.7	1,675.				1,675.	1,675.		0.	1,675.
	Water system - Yale	08/06/09	SL	5.00	ну1	.7	360.				360.	360.		0.	360.
	NEC 16 Digital Station Card and Phone	08/17/09	SL	5.00	нү1	.7	728.				728.	728.		0.	728.
351	2 Dock Levelers	09/30/09	SL	10.00	ну1	.7	4,201.				4,201.	2,731.		420.	3,151.
352	Computer Desk w/ Hutch - Gretchen	10/15/09	SL	7.00	нү1	.7	199.				199.	185.		14.	199.
353	Kemco Doors for Freezer (32)	11/05/09	SL	39.00	MM1	.7	4,883.				4,883.	829.		125.	954.
354	2 Dell computers Optiplex wkstations Parke & Gretchen	11/13/09	SL	5.00	нү1	.7	1,875.				1,875.	1,875.		0.	1,875.
355	Yale Forklift	11/13/09	SL	5.00	нү1	.7	25,692.				25,692.	25,692.		0.	25,692.
356	Fire Filing Cabinet	11/30/09	SL	7.00	нү1	.7	1,650.				1,650.	1,532.		118.	1,650.
	New office Upstairs	01/14/10	SL	39.00	MM1	.7	960.				960.	159.		25.	184.
	Battery with watering system Mo 18-125-13	02/12/10	SL	5.00	нү1	.7	4,600.			2,300.	2,300.	2,300.		0.	2,300.
359	Materials for new office upstairs	02/03/10	SL	39.00	MM1	.7	335.				335.	55.		9.	64.

<sup>(</sup>D) - Asset disposed

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
360	Floor scrubber for warehouse	03/02/10	SL	5.00	НҮ17	5,895.			2,948.	2,947.	2,947.		0.	2,947.
	Refrigerated truck (Walmart Fnd donation)	10/28/09	200DB	5.00	НУ21	85,000.				85,000.	85,000.		0.	85,000.
	Less Exclusion										-87,240.		0.	-87,240.
362	Brake assembly & steer tire	03/15/10	SL	5.00	НҮ17	2,810.			1,405.	1,405.	1,405.		0.	1,405.
	Removal of swamp cooler & roof replacement	03/25/10	SL	39.00	MM17	5,685.				5,685.	917.		146.	1,063.
	Fax Board for Copier (Kathy's)	03/31/10	SL	5.00	ну17	1,028.			514.	514.	514.		0.	514.
365	Kodak Camera	04/15/10	SL	5.00	нү17	400.			200.	200.	200.		0.	200.
366	2 palet trucks	05/07/10	SL	5.00	НҮ17	750.			375.	375.	375.		0.	375.
367	Master cylinder	06/04/10	SL	5.00	нү17	738.			369.	369.	369.		0.	369.
368	Refrigerated 8 pan	06/15/10	SL	5.00	ну17	1,649.			825.	824.	824.		0.	824.
369	3 tub economy sink with mixing faucet 12" nozzle	06/15/10	SL	7.00	НҮ17	1,263.			632.	631.	586.		45.	631.
370	Awning in Customer Service	08/11/10	SL	7.00	НҮ17	948.			474.	474.	372.		68.	440.
371	Contact Kit for Compactor	08/05/10	SL	5.00	16	756.				756.	756.		0.	756.
372	Compressor	09/06/10	SL	5.00	НҮ17	2,246.			1,123.	1,123.	1,123.		0.	1,123.
373	Battery	10/06/10	SL	5.00	16	4,250.				4,250.	4,250.		0.	4,250.
374	Sharp Copier	10/18/10	SL	5.00	16	4,059.				4,059.	4,059.		0.	4,059.
375	(2) Computers for Tom/Bill	10/18/10	SL	5.00	16	1,878.				1,878.	1,878.		0.	1,878.
376	Awning for Front Entrance	10/18/10	SL	7.00	16	590.				590.	478.		84.	562.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Conv	ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
377	Zoll AED plus	12/16/10	SL	5.00	1	6	1,450.				1,450.	1,450.		0.	1,450.
378	Cabinets for Kitchen	12/20/10	SL	15.00	1	6	1,100.				1,100.	403.		73.	476.
379	4 New Batteries	01/07/11	SL	5.00	1	6	1,856.				1,856.	1,856.		0.	1,856.
380	New offices in old Boardroom	04/04/11	SL	30.00	1	6	4,168.				4,168.	729.		139.	868.
381	Printer for Sherri	04/07/11	SL	5.00	1	6	829.				829.	829.		0.	829.
382	3 New Phones	04/29/11	SL	5.00	1	6	796.				796.	796.		0.	796.
383	Black Refrigerator	05/05/11	SL	5.00	1	6	395.				395.	395.		0.	395.
384	(4) Computers (Kathy, David, Jolene, Jamie)	05/05/11	SL	5.00	1	6	6,860.				6,860.	6,860.		0.	6,860.
385	New Desk (Sheri)	05/11/11	SL	5.00	1	6	1,129.				1,129.	1,129.		0.	1,129.
386	New Desk (Bill)	05/11/11	SL	5.00	1	6	1,126.				1,126.	1,126.		0.	1,126.
387	Old Dominion (Lot Next Door)	05/31/11	L	.000			239,953.				239,953.			0.	
388	Pallet Jack	07/15/11	SL	5.00	1	6	375.				375.	375.		0.	375.
389	Tractor Trailer	08/16/11	SL	5.00	1	6	71,690.				71,690.	70,495.		1,195.	71,690.
390	New Compressor for FL70	08/25/11	SL	5.00	1	6	1,093.				1,093.	1,056.		36.	1,093.
391	Tractor (Model M2112)	08/31/11	SL	5.00	1	6	88,643.				88,643.	85,688.		2,955.	88,643.
392	(D)Computer-Willie	09/09/11	SL	5.00	1	6	774.				774.	748.		26.	774.
393	Phones	09/15/11	SL	5.00	1	6	529.				529.	511.		18.	529.
394	New Accelerator	10/08/11	SL	5.00	1	6	693.				693.	658.		35.	693.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	Conv	_ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
395	Truck (FEF)	10/14/11	SL	5.00	1	.6	10,096.				10,096.	9,591.		505.	10,096.
396	(D)Computers (Sherry, Cheri)	11/28/11	SL	5.00	1	16	2,810.				2,810.	2,576.		234.	2,810.
397	Steering Motor	03/06/12	SL	5.00	1	.6	9,231.				9,231.	8,000.		1,231.	9,231.
398	Awning (Smoking area)	03/12/12	SL	5.00	1	.6	925.				925.	802.		123.	925.
399	FTL - Model M2-106	04/01/12	SL	5.00	1	.6	65,425.				65,425.	55,611.		9,814.	65,425.
400	Carpet downstairs	04/06/12	SL	5.00	1	.6	6,321.				6,321.	5,372.		948.	6,321.
401	Rectiflier	04/26/12	SL	5.00	1	.6	943.				943.	786.		157.	943.
402	Computer-Teressa	05/04/12	SL	5.00	1	.6	1,050.				1,050.	875.		175.	1,050.
403	Turbo	07/13/12	SL	5.00	нү1	.7	2,831.			1,416.	1,415.	991.		283.	1,274.
404	New brake assembly	07/03/12	SL	5.00	нү1	17	1,478.			739.	739.	517.		148.	665.
405	replaced piston rod	08/06/12	SL	5.00	нү1	.7	1,222.			611.	611.	428.		122.	550.
406	Computer for upstairs top	08/10/12	SL	5.00	HY1	17	319.			159.	160.	112.		32.	144.
407	vehicle wrap with laminate trailer	08/27/12	SL	7.00	нү1	17	10,932.			5,466.	5,466.	2,733.		781.	3,514.
408	2 Palet Trucks	08/27/12	SL	5.00	нү1	17	971.			485.	486.	340.		97.	437.
409	Left door for truck	09/27/12	SL	5.00	нү1	17	400.			200.	200.	140.		40.	180.
410	lift pump	02/06/13	SL	5.00	нү1	.7	4,581.			2,290.	2,291.	1,604.		458.	2,062.
411	Computer - Joann	10/17/12	SL	5.00	нү1	.7	1,417.			709.	708.	496.		142.	638.
412	Computer - Carley	10/17/12	SL	5.00	HY1	L7	1,417.			709.	708.	496.		142.	638.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	C Line o No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
413	Industrial battery	11/13/12	SL	5.00	нү17	5,604.			2,802.	2,802.	1,961.		560.	2,521.
414	replace siding	12/07/12	SL	39.00	MM17	27,094.				27,094.	2,460.		695.	3,155.
415	Compressor	02/15/13	SL	7.00	ну17	5,650.			2,825.	2,825.	1,413.		404.	1,817.
				.000	НҮ16									
417	32" LCD monitor for security system and 73 GB server rai	02/15/13	SL	5.00	ну17	450.			225.	225.	158.		45.	203.
418	1998 Wabash Reefer Trailer used	03/07/13	SL	7.00	НҮ17	3,500.			1,750.	1,750.	875.		250.	1,125.
419	20.5 CU FT Freezer	04/05/13	SL	5.00	НҮ17	598.			299.	299.	209.		60.	269.
420	fuel injector	04/15/13	SL	7.00	ну17	5,083.			2,542.	2,541.	1,271.		363.	1,634.
421	Concrete wall	04/24/13	SL	39.00	MM17	5,200.				5,200.	428.		133.	561.
422	Peavey Escort 3000	06/09/13	SL	5.00	НҮ17	630.			315.	315.	221.		63.	284.
423	freezers given to agencies from grant (Cohens)	06/12/13	NC	.000	НУ	3,600.				3,600.			0.	
424	Freezer-Cooler Addition	04/30/14	SL	39.00	MM17	2,098,165.				2,098,165.	118,806.		53,799.	172,605.
425	New Clutch on 200 FL	07/08/13	SL	5.00	ну17	3,400.			1,700.	1,700.	850.		340.	1,190.
426	New Battery	07/08/13	SL	5.00	НҮ17	3,035.			1,518.	1,517.	758.		304.	1,062.
	1 Projector and 1 32 GB Tablet	07/16/13	SL	5.00	НҮ17	721.			360.	361.	181.		72.	253.
428	5 Display Cabinets	07/31/13	SL	7.00	ну17	2,515.			1,258.	1,257.	449.		180.	629.
429	New BTM Panel - unit 25	07/31/13	SL	5.00	ну17	777.			389.	388.	194.		78.	272.
430	Replaced Sub Floor in Truck	08/26/13	SL	5.00	нү17	4,109.			2,055.	2,054.	1,027.		411.	1,438.

<sup>(</sup>D) - Asset disposed \* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
431	Replaced Logic Board	08/26/13	SL	5.00	НҮ17	1,983.			991.	992.	496.		198.	694.
432	Wire harnes and control board	08/26/13	SL	5.00	нү17	2,910.			1,455.	1,455.	728.		291.	1,019.
433	Push Pull Slipsheet	09/13/13	SL	5.00	нү17	2,000.			1,000.	1,000.	500.		200.	700.
434	New Evaporator Coils	10/24/13	SL	7.00	HY17	9,331.			4,665.	4,666.	1,667.		667.	2,334.
435	1 Liftgate	10/24/13	SL	7.00	НҮ17	4,101.			2,051.	2,050.	732.		293.	1,025.
436	New Hotwater Tank Salvage area	11/06/13	SL	7.00	ну17	337.			168.	169.	60.		24.	84.
437	New Flywheel and clutch	11/06/13	SL	7.00	нү17	4,623.			2,311.	2,312.	826.		330.	1,156.
438	Dell Computer - Al	11/27/13	SL	5.00	ну17	1,495.			748.	747.	373.		150.	523.
439	Compressor	12/05/13	SL	7.00	нү17	8,196.			4,098.	4,098.	1,463.		585.	2,048.
440	8 Pallet Trucks	12/05/13	SL	5.00	нү17	1,781.			891.	890.	445.		178.	623.
441	Document Scanner	12/17/13	SL	5.00	нү17	279.			140.	139.	69.		28.	97.
442	Dell Optiplex 7010 Computer - Brooke	01/07/14	SL	5.00	нү17	1,395.			698.	697.			279.	279.
443	2 Phones	02/27/14	SL	5.00	нү17	900.			450.	450.			180.	180.
444	Compressor	03/31/14	SL	5.00	HY17	858.			429.	429.			172.	172.
445	Door Slide for Freezer	04/30/14	SL	10.00	НҮ17	8,960.			4,480.	4,480.			896.	896.
446	2 Color Cameras	05/15/14	SL	5.00	HY17	700.			350.	350.			140.	140.
	Dell Optiplex 7010 Computer - Brooke	05/15/14	SL	5.00	ну17	1,455.			727.	728.			291.	291.
448	Battery	05/29/14	SL	5.00	HY17	370.			185.	185.			74.	74.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
449	Battery - 18C85-25	06/26/14	SL	5.00	ну17	6,042.			3,021.	3,021.			1,208.	1,208.
450	2 Cordless Phones	07/15/14	SL	5.00	ну17	1,306.			653.	653.	196.		131.	327.
451	Convection Oven for Kitchen	07/23/14	SL	7.00	ну17	3,159.			1,580.	1,579.	338.		226.	564.
452	Scissor Lift	07/28/14	SL	7.00	ну17	8,000.			4,000.	4,000.	857.		571.	1,428.
453	Freightline Tractor - 2007	07/29/14	SL	5.00	ну17	35,295.			17,648.	17,647.	5,294.		3,530.	8,824.
454	Radiator	07/31/14	SL	5.00	ну17	2,990.			1,495.	1,495.	449.		299.	748.
455	Refrigerator	08/14/14	SL	5.00	нү17	545.			272.	273.	82.		54.	136.
456	Work Tables - 4	08/14/14	SL	5.00	ну17	2,500.			1,250.	1,250.	375.		250.	625.
457	2 Blue Computer Cabinet	08/28/14	SL	5.00	ну17	722.			361.	361.	108.		72.	180.
458	Repair Liftgate	08/29/14	SL	5.00	ну17	1,863.			932.	931.	279.		186.	465.
459	Extend Receiving Dock	09/15/14	SL	30.00	16	38,873.				38,873.	2,376.		1,296.	3,672.
460	Apple Airport Express	09/08/14	SL	5.00	HY17	395.			198.	197.	59.		40.	99.
461	Thermo King - Clutch 3-GR	09/29/14	SL	5.00	нү17	1,683.			842.	841.	252.		168.	420.
462	(3) 6x8 Dock levelers	09/29/14	SL	10.00	нү17	10,935.			5,468.	5,467.	820.		547.	1,367.
463	Condensing Unit	10/15/14	SL	7.00	ну17	42,832.			21,416.	21,416.	4,589.		3,059.	7,648.
464	Valance	10/15/14	200DB	5.00	НУ17	550.			275.	275.	143.		53.	196.
465	2 Storage Units	11/05/14	SL	5.00	HY17	5,790.			2,895.	2,895.	869.		579.	1,448.
466	205 Cardinal Model	12/30/14	SL	7.00	HY17	726.			363.	363.	78.		52.	130.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
467	Condensing Coil	03/18/15	SL	5.00	HY17	3,225.				3,225.	967.		645.	1,612.
468	New Server	03/18/15	SL	7.00	ну17	8,700.				8,700.	1,864.		1,243.	3,107.
469	Railing for Dock	03/20/15	SL	10.00	ну17	3,715.				3,715.	557.		372.	929.
470	New Engine	04/15/15	SL	7.00	ну17	12,753.				12,753.	2,733.		1,822.	4,555.
	New Monitor Controller	04/29/15	SL	5.00	HY17	2,147.				2,147.	644.		429.	1,073.
	3 New Computer and 1 TP hand drive	05/14/15	SL	5.00	HY17	4,470.				4,470.	1,341.		894.	2,235.
473	New Compressor Kit for Bus	06/08/15	200DB	5.00	нү17	1,203.				1,203.	626.		231.	857.
474	Sentry Safe Fire Cabinet	06/15/15	SL	5.00	HY17	770.				770.	231.		154.	385.
475	2008 Toyota Model 7FBCHU25 Forklift and one battery cha	07/28/14	SL	5.00	ну17	10,000.			5,000.	5,000.	1,500.		1,000.	2,500.
476	Fan Motor and Amplifier	08/05/15	SL	5.00	ну17	2,528.			1,264.	1,264.	126.		253.	379.
477	Rear SQ. ASSM. Adfinity	08/07/15	SL	5.00	HY17	381.			190.	191.	20.		38.	58.
	Radiator for Freightliner FL80	08/21/15	SL	7.00	HY17	1,441.			720.	721.	52.		103.	155.
479	Dell SonicWall TZ300	08/21/15	SL	5.00	ну17	1,135.			568.	567.	56.		114.	170.
	Radiator, compressor, & fan clutch	09/08/15	SL	5.00	HY17	1,489.			745.	744.	74.		149.	223.
481	Transmission - Dodge Van	09/14/15	SL	5.00	HY17	2,742.			1,371.	1,371.	137.		274.	411.
482	New Engine	09/15/15	SL	7.00	HY17	8,105.			4,052.	4,053.	290.		579.	869.
483	2 Tub Sink	09/15/15	SL	5.00	HY17	1,045.			523.	522.	52.		105.	157.
484	New Dash - Forklift	09/22/15	SL	5.00	HY17	679.			339.	340.	34.		68.	102.

<sup>(</sup>D) - Asset disposed \* ITC, S

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
485	Controller	09/29/15	SL	5.00	ну17	2,681.			1,340.	1,341.	135.		268.	403.
486	Alternator - van	10/06/15	SL	5.00	ну17	961.			481.	480.	48.		96.	144.
487	Compressor	10/06/15	SL	7.00	ну17	6,417.			3,208.	3,209.	229.		458.	687.
488	Control Board	10/15/15	SL	5.00	HY17	697.			348.	349.	35.		70.	105.
489	TXV replacement in new freezer	10/22/15	SL	5.00	НҮ17	2,386.			1,193.	1,193.	119.		239.	358.
490	Metal Walls - old section of warehouse	10/29/15	SL	15.00	HY17	45,350.			22,675.	22,675.	756.		1,512.	2,268.
491	Radiator	12/15/15	SL	5.00	НҮ17	1,368.			684.	684.	68.		137.	205.
492	Condenser Fan Motor - market area	12/15/15	SL	5.00	НҮ17	844.			422.	422.	42.		84.	126.
493	Awning - volunteer service center	12/15/15	SL	10.00	НҮ17	1,200.			600.	600.	30.		60.	90.
494	Mop Sink	12/15/15	SL	5.00	НҮ17	419.			210.	209.	20.		42.	62.
495	Security Camera	01/14/16	SL	5.00	ну17	350.			175.	175.	18.		35.	53.
496	Hard Disk Drive	01/14/16	SL	5.00	НҮ17	375.			188.	187.	18.		38.	56.
497	Rear Differential	01/28/16	SL	5.00	ну17	2,848.			1,424.	1,424.	143.		285.	428.
498	Compressor - Market Cooler	02/08/16	SL	5.00	НҮ17	10,806.			5,403.	5,403.	540.		1,081.	1,621.
499	Crown Battery	02/08/16	SL	5.00	HY17	4,865.			2,433.	2,432.	243.		487.	730.
500	Lift Gate	02/12/16	SL	7.00	НУ17	17,559.			8,779.	8,780.	628.		1,254.	1,882.
501	Evaporator	03/16/16	SL	7.00	НҮ17	20,521.			10,261.	10,260.	732.		1,466.	2,198.
502	Forklift	03/15/16	SL	7.00	HY17	12,900.			6,450.	6,450.	461.		921.	1,382.

<sup>(</sup>D) - Asset disposed

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
503	Evaporator in Cool Room	04/08/16	SL	7.00	HY17	9,282.			4,641.	4,641.	332.		663.	995.
504	2015 Chevy Van	05/12/16	SL	7.00	HY17	25,500.			12,750.	12,750.	911.		1,821.	2,732.
505	New Engine	05/31/16	SL	5.00	ну17	4,068.			2,034.	2,034.	203.		407.	610.
506	Dell Optiplex Computer	06/08/16	SL	5.00	HY17	968.			484.	484.	48.		97.	145.
507	Freezer Racking	06/08/16	SL	5.00	HY17	15,018.			7,509.	7,509.	751.		1,502.	2,253.
508	3-GR Clutch	06/15/16	SL	5.00	HY17	1,316.			658.	658.	66.		132.	198.
509	Master Cylinder	06/29/16	SL	5.00	HY17	3,683.			1,842.	1,841.	184.		368.	552.
510	2000 Wabash Duraplate Dry Van 53' x 102' trailer	10/07/15	SL	5.00	HY17	8,500.	.9500		4,250.	4,250.	425.		850.	1,275.
	Less Exclusion					-8,075.			-4,038.	-4,038.	-404.		-807.	-1,211.
511	Hyster J40XNT - Forklift	08/06/16	SL	7.00	нү190	16,950.				16,950.			1,211.	1,211.
512	Dell Optiplex 7040 - Rich	09/15/16	SL	5.00	нү19Е	2,875.			1,438.	1,437.			1,581.	143.
513	3 G.E. Freezers (school program)	10/07/16	SL	7.00	нү190	1,882.				1,882.			134.	134.
514	3 Fridges (school program)	10/07/16	SL	7.00	нү190	4,962.				4,962.			354.	354.
515	Liftone Manual Hyd.	01/19/17	SL	5.00	НҮ19Е	3,242.				3,242.			324.	324.
516	2017 Int'l 4400 SBA 6X4 Truck	01/27/17	SL	7.00	нү190	145,588.			72,794.	72,794.			77,994.	5,200.
517	Truck Lettering	02/14/17	SL	5.00	ну19в	650.			325.	325.			358.	33.
518	Security Cameras	03/06/17	SL	5.00	ну19в	300.			150.	150.			165.	15.
519	Computer - Cheri	03/30/17	SL	5.00	ну19в	999.			500.	499.			550.	50.

<sup>(</sup>D) - Asset disposed

Asset No.	Description	Date Acquired	Method	Life	C o n No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
520	2002 Toyota Sequoia LTD	09/30/16	SL	5.00	HY191	6,375.	.9500		3,188.	3,187.			3,506.	318.
	Less Exclusion					-6,056.			-3,029.	-3,028.			-3,331.	-302.
521	Sutton L-shaped desk for Brooke	04/13/17	SL	5.00	HY191	462.			231.	231.			254.	23.
522	Security Camera DVR	05/09/17	SL	5.00	HY191	550.			275.	275.			303.	28.
523	Forklift Battery	05/17/17	SL	5.00	HY21	3,780.			1,890.	1,890.			2,079.	189.
524	TV monitor	05/17/17	SL	5.00	нү191	308.			154.	154.			169.	15.
	* 990 Page 10 Total Other					6,511,155.			396,861.	6,114,292.	2,135,775.		263,909.	2,321,770.
	* Grand Total 990 Page 10 Depr					6,511,155.			396,861.	6,114,292.	2,135,775.		263,909.	2,321,770.
	Current Year Activity													
	Beginning balance					6,336,363.			322,983.	6,013,380.	2,223,419.			2,402,486.
	Acquisitions					188,923.			80,945.	107,978.	0.			8,037.
	Dispositions					68,980.			9,450.	59,530.	59,270.			59,530.
	Ending balance					6,456,306.			394,478.	6,061,828.	2,164,149.			2,350,993.
	Ending accum depr less dispositions										2,741,333.			
	Ending book value										3,714,973.			

# **Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99)

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates Name(s) shown on return

Identifying number

	TGOMERY AREA FOOD I							ge 10			63-0931846
Par	t I Election To Expense Certain Proper	ty Under Section 1	179 Note: If you have	e any list	ted p	roperty	/, COI	mplete Part	V bet	ore y	·
1 M	aximum amount (see instructions)									1	500,000.
<b>2</b> To	otal cost of section 179 property place									2	
3 Th	nreshold cost of section 179 property	before reduction	in limitation						[	3	2,010,000.
4 R	eduction in limitation. Subtract line 3 f	rom line 2. If zero	o or less, enter -0-						[	4	
<b>5</b> Do	ollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter	r -0 If married filing separ	rately, see	instruc	tions				5	
6	(a) Description of pro	perty	(b) Co	ost (busine	ss use	only)		(c) Elected	d cost		
<b>7</b> Li	sted property. Enter the amount from	line 29				7					
	otal elected cost of section 179 prope									8	
	entative deduction. Enter the <b>smaller</b>									9	
<b>10</b> C	arryover of disallowed deduction from	line 13 of your 2	9015 Form 4562						L	10	
	usiness income limitation. Enter the sr									11	
<b>12</b> Se	ection 179 expense deduction. Add lii	nes 9 and 10, but	t don't enter more th	han line	11	·····				12	
	arryover of disallowed deduction to 20				<u> ►</u>	13					
	Don't use Part II or Part III below for		· · · · · · · · · · · · · · · · · · ·								
Par			-								
<b>14</b> S <sub>I</sub>	pecial depreciation allowance for qual	ified property (ot	her than listed prop	erty) pla	aced i	in servi	ce d	uring			<b>5</b> 6 006
	e tax year									14	76,026.
<b>15</b> Pi	roperty subject to section 168(f)(1) ele	ction								15	44 654
										16	41,654.
Par	t III MACRS Depreciation (Don't	include listed pro									
			Section /							-	126 604
	ACRS deductions for assets placed in									17	136,604.
<b>18</b> If y	you are electing to group any assets placed in serv								<u> </u>		
	Section B - Assets	(b) Month and	(c) Basis for deprecia					ai Deprecia	ation	Syste	em 
	(a) Classification of property	year placed in service	(business/investmen only - see instruction	nt use	(d)	Recovery period	У	(e) Convention	(f) Me	thod	(g) Depreciation deduction
40	0	III del vide	only see manden	0110)							
<u>19a</u>	3-year property	-	6 /	473.	-5	Yrs	$\dashv$	HY	SL		647.
<u>b</u>	5-year property	-	96,5			Yrs		HY	SL		6,899.
	7-year property	-	70,5	300.		113	•	11.1	РП		0,000.
<u>d</u>	10-year property	-									
_ <u>e</u> _	15-year property	-					-				
f	20-year property	-				)5 vro	-		S	,	
g_	25-year property	/				25 yrs. 7.5 yrs.		MM	S	-	
h	Residential rental property	/					_	MM	S	-	
		/				7.5 yrs.		MM	S	-	
i	Nonresidential real property	/				9 yrs.	-	MM	S	_	
	Section C - Assets P	laced in Service	During 2016 Tax \	Vaar I Is	ina t	he Alte	rnat				
202	Class life	10000 111 001 1100		100.00	mg t	TIO AILC	71114	iivo Boproc	S		10111
20a		_			1	2 yrs.	$\dashv$		S	$\overline{}$	
<u>b</u>	12-year 40-year	/				2 yrs. 10 yrs.	$\dashv$	MM	S	-	
Par	_ i		<u> </u>			ro yrs.		IVIIVI	_ O/		
	sted property. Enter amount from line	28								21	2,079.
	<b>otal.</b> Add amounts from line 12, lines		nes 19 and 20 in col			 line 21			····		_, _, _,
	nter here and on the appropriate lines									22	263,909.
	or assets shown above and placed in								···· <u> </u>		
	ortion of the basis attributable to secti					23					

Form 4562 (2016)

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

	<b>Note:</b> For any (a) through (c)								ucting leas	se expens	se, com	plete <b>on</b>	ly 24a, 2	24b, colu	ımns
	Section A	- Depreciation	on and Other I	nformat	tion (Ca	ution:	See the	e instruc	tions for l	mits for p	asseng	jer auton	nobiles.)		
24	Do you have evidence to	support the bu	siness/investmer	nt use cla	imed?	X	Yes	No	<b>24b</b> If "Y	es," is th	e evide	nce writt	en? X	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	l oth	(d) Cost or ner basis			preciation vestment	(f) Recovery period	Met	g) hod/ ention	Depre	h) ciation iction	Ele sectio	(i) cted on 179 ost
25	Special depreciation allused more than 50% in			. ,	•			•	,		25	1	890.		
26	Property used more that										25		0,000		
20	Troporty adda more the	: :	%	1											
		1 : :	%												
St	atement 1	: :	%										189.		
	Property used 50% or l	ess in a quali							1						
	. ,		%							S/L -					
		1 : :	%	5						S/L -					
		: :	%	)						S/L -					
28	Add amounts in column	n (h), lines 25	through 27. Er	ter here	and on	line 2	1, page	1			28	2,	079.		
29	Add amounts in column	n (i), line 26. E	nter here and	on line 7	, page 1	1							29		
	mplete this section for ve your employees, first ans		•								•	•			3
				(a	a)		(b)		(c)	(c	I)	(6	e)	(1	f)
30	Total business/investment		· · ·	Veh	icle	V	ehicle	\	/ehicle	Veh	icle	Veh	iicle	Veh	icle
	year (don't include commu														
	Total commuting miles	-													
32	Total other personal (no driven														
33	Total miles driven during														
	Add lines 30 through 32	2													
34	Was the vehicle availab			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p	rimarily by a	more												
	than 5% owner or relate	ed person?													
36	Is another vehicle availa	able for perso	nal												
	use?														
		Section C	<ul> <li>Questions for</li> </ul>	or Empl	oyers W	/ho Pr	ovide V	ehicles	for Use b	y Their E	mploye	ees			

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37	Do you maintain a written policy statement the	•	•	, including commut	ting, by your		Yes	No						
	employees?													
38	Do you maintain a written policy statement that	at prohibits p	ersonal use of vehicles, ex	cept commuting, I	oy your									
	employees? See the instructions for vehicles	used by corp	orate officers, directors, o	r 1% or more owne	ers									
39	Do you treat all use of vehicles by employees	as personal ι	use?											
40	Do you provide more than five vehicles to you	r employees,	obtain information from y	our employees abo	out									
	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  Do you meet the requirements concerning qualified automobile demonstration use?													
41	Do you meet the requirements concerning qua	alified automo	obile demonstration use?											
	Note: If your answer to 37, 38, 39, 40, or 41 is	s "Yes," don't	complete Section B for th	ne covered vehicles	S.									
P	art VI Amortization	·	•											
	(a) Description of costs	(b) Date amortization begins	<b>(c)</b> Amortizable amount	(d) Code section	(e) Amortization period or percentage		<b>(f)</b> rtization his year							
42	Amortization of costs that begins during your	2016 tax yea	r:											
		: :												
		: :												
43	Amortization of costs that began before your	2016 tax yea	r		43									
					The state of the s									

44 Total. Add amounts in column (f). See the instructions for where to report 616252 12-21-16

MAFB\_\_\_1

Form 4562, I	Part V	Listed	Property	Informat	ion-Mo	re Than 5	50% State	ement 1
(a) Description	(b) Date		(d) Cost				(h) Deduction	(i) 179 Elected
(j) (k) Auto Total No Miles	l Busin	ess Cor	(m) mmuting P Miles	(n) Personal Miles	Was Ve	h. > 5%? Owner?	(q) Another V Availabi Y N	
McGough Oldsmobile 2003 GMC	10/18/02	100.00	31,500.	22,050.	. 5.00	SL -HY		
Toyota Materials electric	03/17/03	100.00	29,732.	20,812.	. 5.00	SL -HY		
Refrigerate truck (Walmart	10/28/09	100.00	85,000.	85,000.	. 5.00	200DB-HY		
Forklift Battery	05/17/17	100.00	3,780.	1,890.	. 5.00	SL -HY	189.	
Total to For	rm 4562,	Part V,	Line 26				189.	