

Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number
		MONTGOMERY AREA FOOD BANK		63-0931846
		Doing Business As		
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number	
521 TRADE CENTER STREET		(334) 263-3784		
City or town, state or country, and ZIP + 4		G Gross receipts \$ 20837503.		
MONTGOMERY, AL 36108		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
F Name and address of principal officer: E. PARKE HINMAN		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
same as C above		If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶		
J Website: ▶ www.montgomeryareafoodbank.org				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1987 M State of legal domicile: AL		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE FOOD BANK OPERATES AS A CLEARING HOUSE FOR THE COLLECTION, SORTING, STORING AND DISTRIBUTION</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	31
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of employees (Part V, line 2a)	5	22
	6 Total number of volunteers (estimate if necessary)	6	20
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	18093780.	19617591.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1211508.	1213875.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1278.	2135.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5879.	989.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19312445.	20834590.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	17081887.	17932410.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	826062.	927869.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 182477.	182446.	147298.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1018019.	1160624.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19108414.	20168201.
19 Revenue less expenses. Subtract line 18 from line 12	204031.	666389.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4580332.	5209726.
	22 Net assets or fund balances. Subtract line 21 from line 20	89137.	52142.
		4491195.	5157584.

Part II Signature Block

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

Sign Here	Signature of officer	Date		
	E. PARKE HINMAN, EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶	Phone no. ▶ 334-270-8061
PARKER, GILL, EISEN & STEVENSON, P.C.				
4228 Lomac Street				
Montgomery, AL 36106				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: THE FOOD BANK OPERATES AS A CLEARING HOUSE FOR THE COLLECTION, SORTING, STORING AND DISTRIBUTION OF EDIBLE FOOD TO QUALIFIED AGENCIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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 If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 19834711. including grants of \$ 3507617.) (Revenue \$ 20834590.) COLLECTING, SORTING, STORING, AND DISTRIBUTING EDIBLE FOOD TO QUALIFIED MEMBER AGENCIES, WHO IN TURN DISTRIBUTE FOOD TO THE NEEDY AT NO COST TO THE INDIVIDUAL

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

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

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

4e Total program service expenses \$ 19834711.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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 "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 4		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
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 22		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7e		
	7f		
	7g		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9a		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Form 990 (2009)

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
			31
1b	Enter the number of voting members that are independent		
			28
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AL**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **E. PARKE HINMAN - 334-263-3784**
521 TRADE CENTER STREET, MONTGOMERY, AL 36108

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Susan Forbus Ex officio member		X					0.	0.	0.	
S. Adam Schloss President		X		X			0.	0.	0.	
Karen Mixon Secretary		X		X			0.	0.	0.	
Clynt Hart Vice President		X		X			0.	0.	0.	
Tom Albrecht member		X					0.	0.	0.	
Sam Adams member		X					0.	0.	0.	
Tony Baggiano member		X					0.	0.	0.	
Rhonda Blitz member		X					0.	0.	0.	
Barry Cavan member		X					0.	0.	0.	
Christine Prewitt member		X					0.	0.	0.	
Donnie Mims member		X					0.	0.	0.	
Jon H. Deal Treasurer		X		X			0.	0.	0.	
Collin R. Gaston member		X					0.	0.	0.	
Barbara Gilewicz member		X					0.	0.	0.	
Col. Jon Klaaren member		X					0.	0.	0.	
Calvin R. Johns, MD member		X					0.	0.	0.	
Don Bogie member		X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Earl Heath member		X					0.	0.	0.	
Billy Livings member		X					0.	0.	0.	
Warren Marshall member		X					0.	0.	0.	
Shapard D. Ashley member		X					0.	0.	0.	
Wayne Hilgers member		X					0.	0.	0.	
Charlotte Mussafer member		X					0.	0.	0.	
Sherry Nath member		X					0.	0.	0.	
Dan Newcomer member		X					0.	0.	0.	
Beverly Ross member		X					0.	0.	0.	
Bill Oswalt member		X					0.	0.	0.	
1b Total							131832.	0.	6592.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
Russ Reid Company, Two North Lake Ave., Pasadena, CA 91101-1868	Professional Fundraising	147298.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

See Schedule J-2 for Part VII, Section A Continuation

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 61683.				
	b Membership dues	1b				
	c Fundraising events	1c 552698.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 3666221.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 15336989.				
	g Noncash contributions included in lines 1a-1f: \$	17881757.				
	h Total. Add lines 1a-1f	▶ 19617591.				
	Program Service Revenue	2 a Shared MAINTENANCE FEE	Business Code 624200	1191960.	1191960.	
b Delivery Fees		624200	21915.	21915.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 1213875.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2148.	2148.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	2900.			
		b Less: cost or other basis and sales expenses	2900.	13.		
		c Gain or (loss)	-2900.	2887.		
	d Net gain or (loss)	▶	-13.	-13.		
	8 a Gross income from fundraising events (not including \$ 552572. of contributions reported on line 1c). See Part IV, line 18	a	0.			
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events		▶	0.			
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS INCOME	624200	989.	989.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	▶	989.				
12 Total revenue. See instructions.	▶	20834590.	1216999.	0.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	17932410.	17932410.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	138424.	112486.	21906.	4032.
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	615884.	561928.	29366.	24590.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	28007.	25603.	1281.	1123.
9 Other employee benefits	85712.	76695.	5758.	3259.
10 Payroll taxes	59842.	54366.	3301.	2175.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	32838.	6568.	26270.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	147298.			147298.
f Investment management fees				
g Other	42440.	42440.		
12 Advertising and promotion				
13 Office expenses	220314.	194020.	26294.	
14 Information technology				
15 Royalties				
16 Occupancy	185150.	174964.	10186.	
17 Travel	52638.	47374.	5264.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5200.	3640.	1560.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	161412.	145271.	16141.	
23 Insurance	22157.	20337.	1820.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a FOOD PURCHASES	255241.	255241.		
b USDA HANDLING FEE	179427.	179427.		
c DUES AND SUBSCRIPTIONS	2774.	1941.	833.	
d Professional training	1033.		1033.	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	20168201.	19834711.	151013.	182477.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		-1.
	2 Savings and temporary cash investments	992603.	2		1684825.
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	60585.	4		54319.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	1617750.	8		1567097.
	9 Prepaid expenses and deferred charges	16725.	9		19866.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3309471.			
	b Less: accumulated depreciation	10b 1425851.	1892669.	10c	1883620.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	4580332.	16		5209726.	
Liabilities	17 Accounts payable and accrued expenses	12005.	17		20000.
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	77132.	25		32142.
	26 Total liabilities. Add lines 17 through 25	89137.	26		52142.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	4491195.	27		5157584.
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	4491195.	33		5157584.
34 Total liabilities and net assets/fund balances	4580332.	34		5209726.	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c		X
3a	X	
3b	X	

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, 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 IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17915174.	18389516.	18604728.	17530195.	19617591.	92057204.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1030860.	1062757.	1015224.	1211508.	1213875.	5534224.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	18946034.	19452273.	19619952.	18741703.	20831466.	97591428.
7a 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.
8 Public support (Subtract line 7c from line 6.)						97591428.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	18946034.	19452273.	19619952.	18741703.	20831466.	97591428.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27951.	41521.	29976.	1278.	2148.	102874.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	27951.	41521.	29976.	1278.	2148.	102874.
11 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 IV.)	5622.	1525.	2876.	5879.	976.	16878.
13 Total support (Add lines 9, 10c, 11, and 12.)	18979607.	19495319.	19652804.	18748860.	20834590.	97711180.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.88 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.87 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.11 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.12 %

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MONTGOMERY AREA FOOD BANK

Employer identification number

63-0931846

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

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

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- ▶ \$ _____
- (ii) Assets included in Form 990, Part X
- ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- ▶ \$ _____
- b Assets included in Form 990, Part X
- ▶ \$ _____

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		88282.		88282.
b Buildings		2042979.	503764.	1539215.
c Leasehold improvements		5825.	799.	5026.
d Equipment		1156251.	907849.	248402.
e Other		16134.	13439.	2695.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1883620.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Mail outs (event type)	(event type)	None (total number)	
Revenue	1 Gross receipts	552572.			552572.
	2 Less: Charitable contributions	552572.			552572.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes	0.			
	5 Noncash prizes	0.			
	6 Rent/facility costs	0.			
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	147298.			147298.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(147298)
	11 Net income summary. Combine line 3, column (d), and line 10				-147298.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()	
8 Net gaming income summary. Combine line 1, column (d), and line 7					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____ _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____ _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility

13a		%
13b		%
- b** An outside facility

13b		%
------------	--	---

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

- 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 ► \$ _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

MONTGOMERY AREA FOOD BANK

Employer identification number

63-0931846

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations ▶ _____
- 3** Enter total number of other organizations ▶ _____

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

Schedule I (Form 990) 2009

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance
USDA commodities grant	276	0.	3171664.	Weighted average of the dollar amounts that the USDA provides the Food Bank.	Food commodities.

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, 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 the USDA grant are checked.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

MONTGOMERY AREA FOOD BANK

Employer identification number

63-0931846

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2009

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	99999	17881757.	FMV and weighted ave
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MONTGOMERY AREA FOOD BANK

Employer identification number

63-0931846

Form 990, Part I, Line 1, Description of Organization Mission:

OF EDIBLE FOOD TO QUALIFIED AGENCIES.

Form 990, Part VI, Section B, line 11: The board of directors were given a draft copy of the 990 for their review during the board meeting held on September 16, 2010 at the Montgomery Area Food Bank's office. 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 24, 2010 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 interest. Staff are also reminded at staff meetings of the conflict of interest policy.

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.

Form 990, Part VI, Section C, Line 19: The financial statements, governing documents, and conflicts of interest policy are available upon request.

Part XI Line 2c

Audit review committee

The board of directors and top management review the audit and accept

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MONTGOMERY AREA FOOD BANK

Employer identification number

63-0931846

responsibility over the audited financial statements. This same group
also selects the independent auditors to conduct the audit. This has
been the policy for prior years.

Schedule G, Part I, Line 2b, Column (v): Professional Fundraiser is used
to handle mailings and solicitations of potential and past donors.

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Thompson Insurance

(b) Relationship Between Interested Person and Organization:

owner of company is board member

(c) Amount of Transaction \$ 26409.

(d) Description of Transaction: Liability insurance was purchased
through his company.

(e) Sharing of Organization Revenues? = No

(a) Name of Person: Billy Livings

(b) Relationship Between Interested Person and Organization:

president of Wachovia Branch 2895 Eastern Bypass Montgomery, AL 36116

(c) Amount of Transaction \$ 0.

(d) Description of Transaction: President of the branch were the MAFB
banks.

(e) Sharing of Organization Revenues? = No

2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
16	TRUCK BODY DYNA LIFT PALLET	091693	SL	5.00	17	2695.			2695.	2695.		0.
2	TRUCK 600 MPC DK BRN	051287	SL	5.00	17	5495.			5495.	5495.		0.
3	CARRIER	092493	SL	5.00	17	414.			414.	414.		0.
4	WINSTON C-VAP OVEN INSTALLATION OF	100593	SL	5.00	17	4500.			4500.	4500.		0.
5	OVEN (1/2) INSTALLATION OF	102893	SL	5.00	17	317.			317.	317.		0.
6	RANGE HOOD FRIGIDAIRE	060994	SL	5.00	17	456.			456.	456.		0.
7	REFRIGERATOR	102495	SL	5.00	17	725.			725.	725.		0.
8	36 X 72 CABINET	101995	SL	5.00	17	168.			168.	168.		0.
9	MANUAL PALLET JACK	022289	SL	5.00	17	425.			425.	425.		0.
10	FILE CABINET	022289	SL	5.00	17	675.			675.	675.		0.
11	WAREHOUSE RACKING	042189	SL	5.00	17	8964.			8964.	8964.		0.
12	NISSAN FORKLIFT	080189	SL	5.00	17	15997.			15997.	15997.		0.
13	PALLET INSULATOR	081089	SL	5.00	17	419.			419.	419.		0.
14	RACKING LUMBER	082189	SL	5.00	17	340.			340.	340.		0.
15	DISPLAY TENT	101089	SL	5.00	17	387.			387.	387.		0.
16	WAREHOUSE RACKING	121189	SL	5.00	17	1092.			1092.	1092.		0.
17	WAREHOUSE RACKING	051790	SL	5.00	17	3956.			3956.	3956.		0.
18	RACKING LUMBER	051590	SL	5.00	17	351.			351.	351.		0.

2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	WAREHOUSE RACKING (D)(15) CHEST	053190	SL	5.00	17	2109.			2109.	2109.		0.
20	FREEZERS	102290	SL	5.00	17	5715.			5715.	5715.		0.
21	CHAIR	110290	SL	7.00	17	237.			237.	237.		0.
22	(D)TRUCK BED COVER (2) FREEZER	011091	SL	5.00	17	425.			425.	425.		0.
23	TRANSPORT CONTAINER INDUSTRIAL BATTERY	051591	SL	5.00	17	1283.			1283.	1283.		0.
24	CHARGER	073091	SL	5.00	17	750.			750.	750.		0.
25	PAIR OF FORKS FOR FORKLIFT	073091	SL	5.00	17	200.			200.	200.		0.
26	FORK LIFT BATTERY	081193	SL	5.00	17	820.			820.	820.		0.
27	LABOR FOR BAILER	033194	SL	5.00	17	1415.			1415.	1415.		0.
28	2 HAND TRUCKS	061394	SL	5.00	17	196.			196.	196.		0.
29	WEIGHT PART OF SCALES	072994	SL	5.00	17	499.			499.	499.		0.
30	FORK LIFT BATTERY NEW COMPRESSOR	092894	SL	5.00	17	998.			998.	998.		0.
31	MOTOR	012595	SL	5.00	17	676.			676.	676.		0.
32	SINK SET UP (KITCHEN)	030795	SL	5.00	17	855.			855.	855.		0.
33	OFFICE CART WITH CABINET	033195	SL	5.00	17	184.			184.	184.		0.
34	SECOND SINK SET UP	031795	SL	5.00	17	1129.			1129.	1129.		0.
35	COMPUTER DESK BEIGE PORTABLE	060595	SL	7.00	17	170.			170.	170.		0.
36	BUILDING	082195	SL	7.00	17	685.			685.	685.		0.

2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	CARDINAL FH-544-IIE FLOOR SCALE PALLET	012492	SL	5.00	17	1588.			1588.	1588.		0.
38	RACKING-FRAMES, BEA ADDT'L PRO STAR	031792	SL	5.00	17	12729.			12729.	12729.		0.
39	TELEPHONE EQUIPMENT	033192	SL	5.00	17	590.			590.	590.		0.
40	FIRE EXTINGUISHERS LUMBER FOR PALLET	033192	SL	5.00	17	211.			211.	211.		0.
41	RACKING ADDT'L PALLET	033192	SL	5.00	17	1749.			1749.	1749.		0.
42	RACKING-FRAMES, BEA	033192	SL	5.00	17	5226.			5226.	5226.		0.
43	DECK BUMPERS	021397	SL	10.00	17	1051.			1051.	1051.		0.
44	WALL MOUNT EYEWASH FLOOR SCALE	070192	SL	5.00	17	147.			147.	147.		0.
45	INSTALLATION-CARDIN DESIGN SERVICES FOR	033092	SL	5.00	17	303.			303.	303.		0.
46	FACILITY EXPANSION SECURITY SYSTEM	051198	SL	39.00	17	2000.			2000.	556.		52.
47	INSTALLATION INDOOR BEAMS FOR	033092	SL	5.00	17	1375.			1375.	1375.		0.
48	SECURITY SYSTEM ADDT'L PALLET	020792	SL	5.00	17	730.			730.	730.		0.
49	RACKING-MISC INVOIC STAINLESS STEEL	040192	SL	5.00	17	836.			836.	836.		0.
50	CARTS (2) INSTALLATION OF	041299	SL	7.00	17	429.			429.	429.		0.
51	STEEL DOORS FOR SEC 3 HAND DRYERS FOR	021594	SL	5.00	17	287.			287.	287.		0.
52	RESTROOMS INSTALLATION &	081594	SL	5.00	17	717.			717.	717.		0.
53	MATERIALS FOR HAND MOBILE FILE	091594	SL	5.00	17	282.			282.	282.		0.
54	PEDESTAL	101295	SL	5.00	17	180.			180.	180.		0.

2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55	ROLLING SAFETY LADDER	10/31/95	SL	5.00	17	392.			392.	392.		0.
56	MAIN PCB FOR SCALE (5) INSULATED	02/07/96	SL	5.00	17	446.			446.	446.		0.
57	PALLET COVERS	02/29/96	SL	5.00	17	1153.			1153.	1153.		0.
58	HANDTRUCK & PALLETJACK	04/09/96	SL	5.00	17	627.			627.	627.		0.
59	4HD ZENITH VCR	04/23/96	SL	5.00	17	215.			215.	215.		0.
60	66 GALLON ELECTRIC WATER HEATER (4) INSULATED	05/10/96	SL	5.00	17	845.			845.	845.		0.
61	CONTAINERS	05/10/96	SL	5.00	17	2099.			2099.	2099.		0.
62	MAGNAVOX 14" COMPUTER MONITOR	05/10/96	SL	5.00	17	229.			229.	229.		0.
63	TENNANT TREND SCOOT SWEEPER	05/30/96	SL	5.00	17	350.			350.	350.		0.
64	BALLYMORE PERSONNEL PLATFORM	06/13/96	SL	5.00	17	1226.			1226.	1226.		0.
65	FH544IJE FLOOR SCALE	06/13/96	SL	5.00	17	1959.			1959.	1959.		0.
66	(D)28.8 V.34 EXT. FAX MODEM	06/13/96	SL	5.00	17	200.			200.	200.		0.
67	(D)POWER CENTER WORK STATION	06/13/96	SL	5.00	17	115.			115.	115.		0.
68	TEAR DROP PALLET RACKS	08/07/96	SL	5.00	17	1378.			1378.	1378.		0.
69	FREEZER BULKHEAD	07/31/96	SL	5.00	17	600.			600.	600.		0.
70	BARREL FAN	07/31/96	SL	5.00	17	208.			208.	208.		0.
71	FILE CABINET	08/20/96	SL	5.00	17	285.			285.	285.		0.
72	(3) DOCK LEVELERS	08/20/96	SL	5.00	17	3085.			3085.	3085.		0.

2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
73	GNB BATTERY	090596	SL	5.00	17	845.			845.	845.		0.
74	HP LASERJET 5LT PRINTER	093096	SL	5.00	17	430.			430.	430.		0.
75	(2) BACK UPS 400 SPRUILL UPRIGHTS &	101295	SL	5.00	17	300.			300.	300.		0.
76	BEAMS FOR FREEZER REBUILT	102996	SL	5.00	17	1397.			1397.	1397.		0.
77	TRANSMISSION FOR 19	111496	SL	5.00	17	1415.			1415.	1415.		0.
78	(2) RADIANT HEATERS FAX EXT. FOR VICKY	123096	SL	5.00	17	1950.			1950.	1950.		0.
79	& KATHY	011497	SL	5.00	17	180.			180.	180.		0.
80	INSULATED CONTAINER	011497	SL	5.00	17	628.			628.	628.		0.
81	HP LASERJET 6	021097	SL	5.00	17	800.			800.	800.		0.
82	GNB CHARGER FBR 50	021397	SL	5.00	17	680.			680.	680.		0.
83	SIGN ON REFR. TRUCK (2) WOOD DECK	021997	SL	5.00	17	500.			500.	500.		0.
84	TRUCKS	022797	SL	5.00	17	510.			510.	510.		0.
85	GBB CHARGER	030797	SL	5.00	17	1676.			1676.	1676.		0.
86	BATTERY (2) EVAPORATIVE	040497	SL	5.00	17	1236.			1236.	1236.		0.
87	COOLERS (2) DISTRIBUTION	040497	SL	5.00	17	9500.			9500.	9500.		0.
88	CARTS (3) PLATFORM	041497	SL	5.00	17	827.			827.	827.		0.
89	DOLLIES (3) PLATFORM	041497	SL	5.00	17	654.			654.	654.		0.
90	DOLLIES	050997	SL	5.00	17	613.			613.	613.		0.

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91	APC BACK UP PRO 650 (3) PLATFORM	050997	SL	5.00	17	290.			290.	290.		0.
92	DOLLIES 5 STEP ROLL/FOLD	052297	SL	5.00	17	610.			610.	610.		0.
93	LADDER	052297	SL	5.00	17	280.			280.	280.		0.
94	ALUM DOCK BOARD PLATFORM SCALE	063097	SL	5.00	17	560.			560.	560.		0.
95	MOD708 (2) TWO-SHELF	073197	SL	5.00	17	2192.			2192.	2192.		0.
96	DISTRIBUTION CARTS GNB BATTERY	073197	SL	5.00	17	827.			827.	827.		0.
97	18-85-17G (6) PLATFORM	103097	SL	5.00	17	2975.			2975.	2975.		0.
98	DOLLIES	111297	SL	5.00	17	1383.			1383.	1383.		0.
99	MULTIMEDIA PC (D)MICROSOFT OFFICE	123197	SL	5.00	17	1000.			1000.	1000.		0.
100	PRO 97 (D)3200 KNOX BOX	123197	SL	5.00	17	350.			350.	350.		0.
101	OUTSIDE MOUNT	052198	SL	5.00	17	165.			165.	165.		0.
102	(D)POWER WASHER TELEPHONES AND	060998	SL	5.00	17	184.			184.	184.		0.
103	INSTALLATION TOYOTA 5FBE15 FORK	061698	SL	5.00	17	2475.			2475.	2475.		0.
104	LIFT BELT CONVEYOR FOR	061898	SL	5.00	17	21000.			21000.	21000.		0.
105	WAREHOUSE EXPANSION RACKING SYSTEM FOR	042998	SL	7.00	17	3304.			3304.	3304.		0.
106	WAREHOUSE EXPANSION EXECUTIVE DESK	062598	SL	10.00	17	21373.			21373.	21373.		0.
107	(LON) NAME PLATE FOR NEW	061698	SL	7.00	17	299.			299.	299.		0.
108	COOLER	063098	SL	7.00	17	270.			270.	270.		0.

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109	CHAIRS, TABLES, CABINETS, ETC FOR E	05/06/98	SL	7.00	17	1910.			1910.	1910.		0.
110	SCSI CARD/YAMAHA OPTICAL DRIVE	09/25/98	SL	5.00	17	650.			650.	650.		0.
111	MICROWAVE OVEN	10/22/98	SL	5.00	17	169.			169.	169.		0.
112	LIFT GATE FOR TRUCK GNB BATTERY -	11/12/98	SL	5.00	17	5641.			5641.	5641.		0.
113	NISSAN WORKSTATION	02/09/99	SL	5.00	17	3570.			3570.	3570.		0.
114	COMPUTER WORKSTATION	02/16/99	SL	5.00	17	1438.			1438.	1438.		0.
115	COMPUTER WORKSTATION	02/16/99	SL	5.00	17	1438.			1438.	1438.		0.
116	COMPUTER WORKSTATION	02/16/99	SL	5.00	17	1438.			1438.	1438.		0.
117	(D)MS OFFICE & BOOKSHELF SOFTWARE	02/16/99	SL	3.00	17	300.			300.	300.		0.
118	HP LASER PRINTER FOR SHIPPING	03/22/99	SL	5.00	17	400.			400.	400.		0.
119	27X48 PALLET TRUCK	04/26/99	SL	5.00	17	431.			431.	431.		0.
120	LAND (1.07acres)	10/04/91	NC	.000		78932.			78932.			0.
121	BUILDING	04/30/92	SL	31.50	17	449828.			449828.	196331.		17737.
122	STORMTITE DOORS & JAMBS	02/15/94	SL	10.00	17	2610.			2610.	2610.		0.
123	WALK IN FREEZER BOX	12/22/95	SL	31.50	17	93060.			93060.	32086.		3395.
124	CHAIN LINK FENCE	12/21/95	SL	10.00	17	710.			710.	710.		0.
125	FREEZER BOX	12/28/95	SL	10.00	17	1823.			1823.	1823.		0.
126	AWNING FOR FRONT DOOR ENTRANCE	01/27/96	SL	7.00	17	1300.			1300.	1300.		0.

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127	(2) DOCK CANOPIES	041497	SL	15.00	17	10698.			10698.	8766.		672.
128	NEW 1200 AMP/3PHASE SERVICE/MAIN PANEL	063097	SL	39.00	17	7885.			7885.	2374.		204.
129	WAREHOUSE EXPANSION FACILITY	051198	SL	39.00	17	467638.			467638.	130062.		12110.
130	LIGHTING FIXTURES FOR FREEZER	071597	SL	10.00	17	1612.			1612.	1612.		0.
131	DOWN RAMP FOR LOADING DOCK (DONATED)	100197	SL	39.00	17	12000.			12000.	3513.		311.
132	FENCE AROUND AIR COMPRESSOR	092698	SL	7.00	17	634.			634.	634.		0.
133	PARKING LOT	111898	SL	39.00	17	15135.			15135.	4020.		392.
134	PROBATE & CITY OF MONT FEES FOR PLAT	073198	SL	39.00	17	492.			492.	135.		13.
135	FOLDING UTILITY TABLE	042292	SL	7.00	17	92.			92.	92.		0.
136	30 X 40 BULLETIN BOARD	033092	SL	7.00	17	190.			190.	190.		0.
137	PLASTIC TOP FOLD TABLE	033092	SL	7.00	17	82.			82.	82.		0.
138	(3) MANAGERS STENO CHAIRS	033092	SL	7.00	17	630.			630.	630.		0.
139	(2) PLASTIC FOLD TABLES 30 X 60	033092	SL	7.00	17	123.			123.	123.		0.
140	(2) PLASTIC TOP FOLD TABLES 36 X 96	033092	SL	7.00	17	200.			200.	200.		0.
141	(D)SOFA REUPHOLSTERY FEES	090992	SL	7.00	17	775.			775.	775.		0.
142	DONOR PLAQUES	091092	SL	7.00	17	6975.			6975.	6975.		0.
143	(3) COMPUTER WORKSTATIONS	050593	SL	5.00	17	360.			360.	360.		0.
144	(3) PEDESTALS	050593	SL	5.00	17	300.			300.	300.		0.

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145	GRAY DESK CHAIR	112796	SL	7.00	17	150.			150.	150.		0.
146	NEW CANOPIE TOP FOR FRAME	101398	SL	7.00	17	196.			196.	196.		0.
147	CAST BRONZE SIGN CHOCOLATE 6" PAN	121898	SL	7.00	17	440.			440.	440.		0.
148	CARRIERS	091693	SL	5.00	17	423.			423.	423.		0.
149	18X30 UTILITY CART	091693	SL	5.00	17	103.			103.	103.		0.
150	(D)RANGE & HOOD (2) STORAGE	052394	SL	5.00	17	3878.			3878.	3878.		0.
151	CABINETS	093096	SL	5.00	17	400.			400.	400.		0.
152	GRAY UTILITY CART	101096	SL	5.00	17	182.			182.	182.		0.
153	WARMER HOT PLATE	020497	SL	5.00	17	114.			114.	114.		0.
154	36" BARREL FAN	080599	SL	5.00	17	219.			219.	219.		0.
155	SHARP AR286 COPIER REBUILT	101899	SL	5.00	17	6791.			6791.	6791.		0.
156	TRANSMISSION-INT'L REFRIGERATOR-TRUE	102599	SL	5.00	17	3903.			3903.	3903.		0.
157	T49	102899	SL	5.00	17	2413.			2413.	2413.		0.
158	REPLACED SIDING	110599	SL	7.00	17	2825.			2825.	2825.		0.
159	BATTERY	121699	SL	5.00	17	567.			567.	567.		0.
160	NEW STARTER FOR FORD	122899	SL	5.00	17	683.			683.	683.		0.
161	(D)PASSENGER BUS SECURITY KEYPAD &	012700	SL	5.00	21	39403.			39403.	39403.		0.
162	DOOR SWITCH	013100	SL	5.00	17	1200.			1200.	1200.		0.

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163	(D)(4) FREEZERS; (2)20CF & (2)2SCF	020800	SL	5.00	17	1640.			1640.	1640.		0.
164	PALLET JACK	020800	SL	5.00	17	768.			768.	768.		0.
165	(D)(3) 25CF CHEST FREEZERS	040600	SL	5.00	17	1230.			1230.	1230.		0.
166	GDM72F FREEZER	041200	SL	5.00	17	5876.			5876.	5876.		0.
167	NEW CARPET IN OFFICES	042400	SL	7.00	17	1432.			1432.	1432.		0.
168	CASTER ASSY, ELECTRIC PALLET JAC	042400	SL	5.00	17	349.			349.	349.		0.
169	FORKLIFT MODEL SM11-15	050800	SL	5.00	17	25908.			25908.	25908.		0.
170	WALNUT DESK-PARKE'S OFFICE	051000	SL	7.00	17	300.			300.	300.		0.
171	ROUND CONFERENCE TABLE	061200	SL	7.00	17	383.			383.	383.		0.
172	REBUILT COMPACTOR CYLINDER	062800	SL	5.00	17	707.			707.	707.		0.
173	GNB BATTERY CHARGER	062800	SL	5.00	17	1030.			1030.	1030.		0.
174	REBUILT HYD PUMP MOTOR-NISSAN	063000	SL	5.00	17	865.			865.	865.		0.
175	HP LASERJET PRINTER	050500	SL	5.00	17	432.			432.	432.		0.
176	2-HD TV/VCR	041001	SL	5.00	17	249.			249.	249.		0.
177	(2) Eye wash portals	041601	SL	7.00	17	715.			715.	715.		0.
178	Pallet Jack CAT Model 27-48	050701	SL	7.00	17	399.			399.	399.		0.
179	Expand Freezer Capacity	053101	SL	39.00	17	37062.			37062.	7528.		957.
180	2001 Freightliner Truck Model FL 80 w	052201	SL	5.00	17	85602.			85602.	85602.		0.

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181	Motor for Barr	060701	SL	5.00	17	731.			731.	731.		0.
182	Racking for freezer	060701	SL	7.00	17	10220.			10220.	10220.		0.
183	Logos for new truck	062701	SL	5.00	17	355.			355.	355.		0.
184	Caster wheel for Barr	062701	SL	5.00	17	436.			436.	436.		0.
185	Lift gate for truck 38x72+4	080900	SL	5.00	17	3137.			3137.	3137.		0.
186	Fan	080800	SL	7.00	17	214.			214.	214.		0.
187	Cordless phone	080800	SL	5.00	17	170.			170.	170.		0.
188	Refrigerator	080800	SL	7.00	17	640.			640.	640.		0.
189	Blue Giant ROI 55 Jack	082300	SL	7.00	17	459.			459.	459.		0.
190	Platform Gate	091100	SL	5.00	17	903.			903.	903.		0.
191	PHN-KX-TG255 Phone (2) Hi Volume	091100	SL	5.00	17	170.			170.	170.		0.
192	Blower 36 in Fans	091100	SL	7.00	17	747.			747.	747.		0.
193	Pallet Jack	092000	SL	7.00	17	399.			399.	399.		0.
194	Housing Gear on Ford	092900	SL	5.00	17	1445.			1445.	1445.		0.
195	Crow Battery 6-85-13	101300	SL	5.00	17	790.			790.	790.		0.
196	Jamco Mobile Cart 24"X48" 2 sh	101300	SL	5.00	17	407.			407.	407.		0.
197	Laserjet printer (D)20 cubic feet	111600	SL	5.00	17	430.			430.	430.		0.
198	Chest Freezers	010901	SL	7.00	17	400.			400.	400.		0.

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199	(D)20 cubic feet Chest Freezers	010901	SL	7.00	17	400.			400.	400.		0.
200	(D)20 cubic feet Chest Freezers	010901	SL	7.00	17	400.			400.	400.		0.
201	(D)20 cubic feet Chest Freezers	010901	SL	7.00	17	400.			400.	400.		0.
202	(D)20 cubic feet Chest Freezers	010901	SL	7.00	17	400.			400.	400.		0.
203	(D)20 cubic feet Chest Freezers	010901	SL	7.00	17	400.			400.	400.		0.
204	(D)20 cubic feet Chest Freezers	010901	SL	7.00	17	400.			400.	400.		0.
205	Chain link fence w/barbed wire 131'	021501	SL	15.00	17	1737.			1737.	970.		116.
206	Glass windows	021501	SL	15.00	17	160.			160.	89.		11.
207	Glass windows	021501	SL	15.00	17	160.			160.	89.		11.
208	Glass windows	021501	SL	15.00	17	160.			160.	89.		11.
209	Glass windows	021501	SL	15.00	17	160.			160.	89.		11.
210	Crushed gravel for parking lot	022000	SL	15.00	17	1250.			1250.	750.		91.
211	42" forks for Niss model BO2	032201	SL	5.00	17	679.			679.	679.		0.
212	Concrete up-ramp for freezer	060601	SL	15.00	17	4947.			4947.	2680.		330.
213	Motor for Freezer	071601	SL	5.00	17	689.			689.	689.		0.
214	30 lb Receiver Tank for Freezer	071601	SL	5.00	17	937.			937.	937.		0.
215	Motor Control for Freezer	071601	SL	5.00	17	2801.			2801.	2801.		0.
216	CAT Pallet Jack	073001	SL	5.00	17	411.			411.	411.		0.

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217	Magline Handtruck	080901	SL	5.00	17	473.			473.	473.		0.
218	TV/VCR Combo	091201	SL	5.00	17	199.		60.	139.	139.		0.
219	Steam Ultra LS Vacuum	091201	SL	5.00	17	229.		69.	160.	160.		0.
220	HPGT934 Computer	091401	SL	5.00	17	1050.		315.	735.	735.		0.
221	Fencing Freezer Unit for	092801	SL	7.00	17	750.		225.	525.	525.		0.
222	Truck	100901	SL	5.00	17	5850.		1755.	4095.	4095.		0.
223	HPGT934 Computer	100901	SL	5.00	17	1050.		315.	735.	735.		0.
224	SD 5120 Floor Buffer	101101	SL	5.00	17	990.		297.	693.	693.		0.
225	Electric Sink Sanitizer	102201	SL	5.00	17	459.		138.	321.	321.		0.
226	6 HP 20 Gallon Air Compressor	111901	SL	5.00	17	317.		95.	222.	222.		0.
227	FL70 2000 Truck	112801	SL	5.00	17	44697.		13409.	31288.	31288.		0.
228	Pallet Jack	121201	SL	5.00	17	400.		120.	280.	280.		0.
229	Backrest for Forklift	012902	SL	5.00	17	439.		132.	307.	307.		0.
230	Bohn 3/4 HP Motor	021102	SL	5.00	17	736.		221.	515.	515.		0.
231	Pallet Truck	022802	SL	5.00	17	550.		165.	385.	385.		0.
232	Crown Pallet Jack	030802	SL	5.00	17	479.		144.	335.	335.		0.
233	Water Cooler	030802	SL	5.00	17	1304.		391.	913.	913.		0.
234	LC51 Cannister Vacuum	031902	SL	5.00	17	197.		59.	138.	138.		0.

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235	Condenser Fan Motor-Office AC 3/4 HP Motor for	032902	SL	5.00	17	368.		110.	258.	258.		0.
236	Freezer Electronic Platform	032902	SL	5.00	17	690.		207.	483.	483.		0.
237	Scale Electric Pallet	032902	SL	5.00	17	2372.		712.	1660.	1660.		0.
238	Jack Unigauge for	040902	SL	5.00	17	8499.		2550.	5949.	5949.		0.
239	Electric Pallet Jack	043002	SL	5.00	17	495.		149.	346.	346.		0.
240	LD-270 Hopper HL1440 Brother	043002	SL	5.00	17	400.		120.	280.	280.		0.
241	Laser Printer Rebuild Steer	050802	SL	5.00	17	299.		90.	209.	209.		0.
242	Motor- Nissan CUB01 Caterpillar Model	1061002	SL	5.00	17	1942.		583.	1359.	1359.		0.
243	2EC25 Shelf Units for	062502	SL	5.00	17	11999.		3600.	8399.	8399.		0.
244	Freezer	062502	SL	5.00	17	616.		185.	431.	431.		0.
245	Dyna-Lift Racking	080802	SL	7.00	17	6244.		1873.	4371.	3925.		446.
246	Pallet Truck Pedastal Fan and	082702	SL	5.00	17	550.		165.	385.	385.		0.
247	Wall Mount Fan McGough Oldsmobile	091002	SL	7.00	17	1120.		336.	784.	704.		80.
248	2003 GMC Truck	101802	SL	5.00	21	31500.		9450.	22050.	22050.		0.
249	Dyna-Lift Racking Total Handling	102902	SL	7.00	17	5333.		1600.	3733.	3352.		381.
250	Equipment Roura Iron Works	102902	SL	5.00	17	917.		275.	642.	642.		0.
251	Hopper Model	102902	SL	5.00	17	462.		139.	323.	323.		0.
252	Toyota Materials	111202	SL	5.00	17	1120.		336.	784.	784.		0.

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253	Computer Desk	010903	SL	7.00	17	400.		120.	280.	251.		29.
254	New Dell Computer	010903	SL	5.00	17	811.		243.	568.	568.		0.
	Bedsole Cooling											
255	Evaporator Motor	012903	SL	5.00	17	537.		161.	376.	376.		0.
256	New Dell Computer	022803	SL	5.00	17	618.		185.	433.	433.		0.
	Racking for Offsite											
257	Storage	022803	SL	7.00	17	22258.		6677.	15581.	13991.		1590.
	Dyna-Lift Manual											
258	Jack	030603	SL	5.00	17	680.		204.	476.	476.		0.
	Power Source											
259	Battery	030603	SL	5.00	17	2819.		846.	1973.	1973.		0.
	Dyna-Lift Battery											
260	Handling Beam	031403	SL	7.00	17	478.		143.	335.	301.		34.
	Toyota Materials											
261	electric Forklift	031703	SL	5.00	21	29732.		8920.	20812.	20812.		0.
	New Cooler and											
262	Refrigeration Equip	042503	SL	31.50	17	46764.			46764.	7258.		1562.
	Toyota Materials											
263	Handling Battery	043003	SL	5.00	17	727.		218.	509.	509.		0.
	Toyota Materials											
264	Replaced Pump Conta	060903	SL	5.00	17	542.		271.	271.	271.		0.
	Toyota Materials											
265	New Battery	060903	SL	5.00	17	1615.		808.	807.	807.		0.
	Bedsole Cooking											
266	Evap Motor	060903	SL	5.00	17	665.		333.	332.	332.		0.
	Turner Scale											
267	Replaced Beam Cell	060903	SL	5.00	17	526.		263.	263.	263.		0.
	Insulated Transport											
268	Container	060903	SL	5.00	17	4429.		2215.	2214.	2214.		0.
269	Elec Rider Jack	063003	SL	5.00	17	7687.		3844.	3843.	3843.		0.
	Cool Room &											
270	Condenser Wiring	042503	SL	39.00	17	1542.			1542.	239.		40.

2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
271	New Bathroom Wiring	042503	SL	39.00	17	1542.			1542.	239.		40.
	Major Building											
272	Rewiring	042503	SL	39.00	17	9252.			9252.	1436.		238.
273	Land (.19 acres)	070302	L	.000		8100.			8100.			0.
274	(D)21" Push Mower	081503	SL	7.00	17	179.		90.	89.	60.		16.
	Platinum Plus Dell											
275	Computer	091103	SL	5.00	17	2018.		1009.	1009.	1009.		0.
	(D)Windows											
276	Peachtree	093003	SL	5.00	17	355.		177.	178.	178.		0.
277	Manual Pallet Jack	100703	SL	7.00	17	285.		143.	142.	86.		41.
278	Dell Computer	120403	SL	5.00	17	992.		496.	496.	496.		0.
	Awning on Front											
279	Door	123103	SL	10.00	17	866.		433.	433.	54.		87.
280	Pressure Washer	010704	SL	5.00	17	999.		500.	499.	499.		0.
	3/4 RPM Condenser											
281	Motor	011304	SL	5.00	17	1163.		582.	581.	581.		0.
	Replaced Copier											
282	Parts	012004	SL	5.00	17	747.		374.	373.	373.		0.
283	RReplaced Rod Assy	012004	SL	5.00	17	2681.		1340.	1341.	1341.		0.
284	HL-1400 Printer	012004	SL	5.00	17	178.		89.	89.	89.		0.
	Furance for											
285	Downstairs	020404	SL	5.00	17	2870.		1435.	1435.	1435.		0.
286	Used P38	032304	SL	5.00	17	220.		110.	110.	110.		0.
287	Pallet Jack	040804	SL	5.00	17	3850.		1925.	1925.	1925.		0.
	Rubber Spring on											
288	F180	040804	SL	5.00	17	733.		366.	367.	367.		0.

2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
289	Platform for FL70 Truck	051804	SL	5.00	17	1561.		780.	781.	781.		0.
290	(3) Watering Systems for Forklif	051804	SL	5.00	17	1161.		581.	580.	580.		0.
291	Firewall & Radio/Power Splitte	052604	SL	5.00	17	1094.		547.	547.	547.		0.
292	(6) Insulated Pallet Covers	061604	SL	5.00	17	1459.		730.	729.	729.		0.
293	Freezer door, electric motor	072004	SL	39.00	17	15190.			15190.	1883.		391.
294	Spring Assy on FL80	072704	SL	5.00	17	1945.		973.	972.	778.		195.
295	Wall Panels	090804	SL	5.00	17	3461.		1731.	1730.	1384.		346.
296	Battery Watering System	092904	SL	5.00	17	338.		169.	169.	135.		34.
297	Toyota Forklift	102804	SL	5.00	17	23309.		11655.	11654.	9323.		2331.
298	Battery Watering System, 18-Cell Phi	110904	SL	5.00	17	756.		378.	378.	302.		76.
299	2 Dell Computers (Tom B)	110904	SL	5.00	17	1521.		761.	760.	608.		152.
300	Crown Charger	120804	SL	5.00	17	2150.		1075.	1075.	860.		215.
301	Manual Pallet Jack	021505	SL	5.00	17	380.			380.	342.		38.
302	(D)2 Dell Computers (Ann)	021505	SL	5.00	17	1079.			1079.	971.		108.
303	Crown Battery	022305	SL	5.00	17	3213.			3213.	2892.		321.
304	Security Camera	051105	SL	5.00	17	3600.			3600.	3240.		360.
305	New Lift Arm for FL70 Truck	060305	SL	5.00	17	2852.			2852.	2567.		285.
306	(2) 30in Fans	061705	SL	5.00	17	348.			348.	313.		35.

2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
307	Ceiling & Drywall Separation	010705	SL	39.00	17	5825.			5825.	649.		150.
308	pallet jack Rheem 5 Ton	062905	SL	5.00	17	287.			287.	258.		29.
309	Condensing Unit	062005	SL	7.00	17	2650.			2650.	1704.		379.
310	(2) Palet Trucks	110205	SL	5.00	16	927.			927.	679.		185.
311	Range (1) 15 Ton	120505	SL	5.00	16	5609.			5609.	4020.		1122.
312	Compressor	121405	SL	5.00	16	11748.			11748.	8419.		2350.
313	Lift Gate	122805	SL	5.00	16	7017.			7017.	4912.		1403.
314	Washing Machine	013106	SL	5.00	16	597.			597.	408.		119.
315	Dryer	013106	SL	5.00	16	379.			379.	259.		76.
316	Compressor (Freezer Unit)	020706	SL	5.00	16	9575.			9575.	6543.		1915.
317	Dell Computer & Server (David)	021406	SL	5.00	16	6755.			6755.	4616.		1351.
318	HP Laser Jet 1320	021406	SL	5.00	16	400.			400.	273.		80.
319	Add to Existing Camera System	030806	SL	5.00	16	3100.			3100.	2067.		620.
320	(2) Dell Computers (David & Carey)	030806	SL	5.00	16	1063.			1063.	708.		213.
321	Brake replaced on forklift	030806	SL	5.00	16	2015.			2015.	1343.		403.
322	Projector	041006	SL	5.00	16	290.			290.	189.		58.
323	Phone System	042406	SL	5.00	16	7625.			7625.	4829.		1525.
324	Alternator on Bus	042606	SL	5.00	16	671.			671.	425.		134.

2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
325	Range Hood	050306	SL	5.00	16	396.			396.	251.		79.
326	Ktchen Cabinets	080106	SL	15.00	16	11000.			11000.	2139.		733.
327	2007 Intl Refer Truck	042606	SL	5.00	16	103592.			103592.	62155.		20718.
328	Compressors on Van	080806	SL	5.00	16	3222.			3222.	1880.		644.
329	Fork Lift	080806	SL	5.00	16	26230.			26230.	15301.		5246.
330	Steam Table	081406	SL	5.00	16	1129.			1129.	659.		226.
331	(2) HP Evaporator Fan Motor	082906	SL	5.00	16	901.			901.	510.		180.
332	Pump Motor for Toyota	090706	SL	5.00	16	649.			649.	367.		130.
333	Dell Computer-Willie	100106	SL	5.00	16	559.			559.	307.		112.
334	Paper Shreddar	100106	SL	5.00	16	2097.			2097.	1154.		419.
335	(3) Fan Motors	100100	SL	5.00	16	1189.			1189.	713.		0.
336	Watering Kit Dell	100406	SL	5.00	16	463.			463.	255.		93.
337	Computer-Jolene	111406	SL	5.00	16	823.			823.	439.		165.
338	Battery Charger	111406	SL	5.00	16	2102.			2102.	1121.		420.
339	Glass Door for Display Freezer	113006	SL	5.00	16	5659.			5659.	2924.		1132.
340	Computer Cabinet	121906	SL	5.00	16	378.			378.	189.		76.
341	Crown Battery	012307	SL	5.00	16	1860.			1860.	899.		372.
342	Palet Jack	020707	SL	5.00	16	463.			463.	224.		93.

2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
343	Transmission for Bus	020707	SL	5.00	16	3247.			3247.	1569.		649.
344	Wall in Front Office	031207	SL	15.00	16	3125.			3125.	486.		208.
345	Digital Camera	031507	SL	5.00	16	251.			251.	117.		50.
346	Charger (Model CR24FR3B-765)	032207	SL	5.00	16	2398.			2398.	1079.		480.
347	Cube Style Ice Machine	050907	SL	5.00	16	2649.			2649.	1148.		530.
348	New Computer for Teressa	080807	SL	5.00	16	681.			681.	261.		136.
349	Replaced amp on Toyota	080807	SL	5.00	16	2720.			2720.	1043.		544.
350	Firesafe File Cabnet	090607	SL	7.00	16	410.			410.	107.		59.
351	New rear caster wheel	090607	SL	5.00	16	921.			921.	338.		184.
352	Kyocera Printer-Kathy	101007	SL	5.00	16	729.			729.	255.		146.
353	New fence around compress freezers	101707	SL	15.00	16	3350.			3350.	372.		223.
354	New warehouse addition	063008	SL	39.00	16	520392.			520392.	13343.		13343.
355	New Compressor for Freezer	120707	SL	5.00	16	5800.			5800.	1837.		1160.
356	New parts for Engine F180	020608	SL	5.00	16	6717.			6717.	1903.		1343.
357	Control arm harness	022908	SL	5.00	16	774.			774.	206.		155.
358	Stove	030608	SL	5.00	16	465.			465.	124.		93.
359	Copier	032108	SL	5.00	16	6410.			6410.	1603.		1282.
360	Lifting cylinder	040408	SL	5.00	16	566.			566.	142.		113.

2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
361	Dell Optiplex Computer - Ann	051408	SL	5.00	16	871.			871.	203.		174.
362	Battery for Forklift	050608	SL	5.00	16	907.			907.	212.		181.
363	Dell Optiplex computer - JoAnn	051408	SL	5.00	16	871.			871.	203.		174.
364	Printer HP P2015DN	061008	SL	5.00	16	500.			500.	108.		100.
365	Fence Schloss Memorial	070308	SL	10.00	16	3565.			3565.	357.		357.
366	Plaque	070308	SL	10.00	16	875.			875.	88.		88.
367	Freezer Comfort Zone	070708	SL	39.00	16	15000.			15000.	385.		385.
368	Building new addition	070308	SL	39.00	16	154243.			154243.	3955.		3955.
369	Fence chain link	070708	SL	15.00	16	5713.			5713.	381.		381.
370	Kyocera Printer	080508	SL	5.00	16	799.			799.	146.		160.
371	Sharp Copier	080508	SL	5.00	16	7368.			7368.	1351.		1474.
372	Fourplex outlets and Cooler Strips	080508	SL	39.00	16	7170.			7170.	169.		184.
373	New Warehouse Addition	080508	SL	39.00	16	34024.			34024.	800.		872.
374	Glass Door Merchandiser, Freez	081208	SL	5.00	16	6419.			6419.	1177.		1284.
375	Printer	081508	SL	5.00	16	500.			500.	92.		100.
376	Phone system	081508	SL	5.00	16	3460.			3460.	634.		692.
377	Refrigerator	082608	SL	5.00	16	1600.			1600.	267.		320.
378	Freezer/Cooler	081408	SL	39.00	16	16250.			16250.	382.		417.

2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
379	Security System	090108	SL	5.00	16	622.			622.	104.		124.
380	Warehouse addition	090508	SL	39.00	16	42569.			42569.	910.		1092.
381	Sign in Building	090508	SL	39.00	16	875.			875.	19.		22.
382	New wall in office	091208	SL	39.00	16	1950.			1950.	42.		50.
383	Wall Plaques	092508	SL	39.00	16	926.			926.	18.		24.
384	two data outlets in new offices	092908	SL	39.00	16	1163.			1163.	22.		30.
385	Camera System	092908	SL	5.00	16	6587.			6587.	988.		1317.
386	Pressure Washer, Blower	091608	SL	5.00	16	999.			999.	150.		200.
387	Stand Worktable	100108	SL	5.00	16	699.			699.	105.		140.
388	Desk	102108	SL	5.00	16	730.			730.	97.		146.
389	Water Gun/Adaptors	103108	SL	5.00	16	550.			550.	73.		110.
390	Electrical System upkeep	123108	SL	5.00	16	641.			641.	64.		128.
391	Van	021309	SL	5.00	21	53000.			53000.	3060.		10600.
392	Windows and Door	040609	SL	39.00	16	486.			486.	3.		12.
393	Sanitaire Vac	022609	SL	5.00	16	200.			200.	13.		40.
394	Conveyor Belt	022609	SL	5.00	16	682.			682.	45.		136.
395	Garage Door for Building	030709	SL	39.00	16	865.			865.	7.		22.
396	New Wall with Service Door	030509	SL	39.00	16	6198.			6198.	53.		159.

2009 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
397	Salavage Area	031109	SL	39.00	16	1539.			1539.	13.		39.
398	Salavage Area	031709	SL	39.00	16	553.			553.	4.		14.
399	Battery	041409	SL	5.00	16	1385.			1385.	69.		277.
400	Pallet Truck Jacks	052909	SL	5.00	16	798.			798.	13.		160.
401	A/C Unit	060409	SL	7.00	16	7163.			7163.	85.		1023.
402	Forklist Battery and Watering System	060409	SL	7.00	16	4243.			4243.	51.		606.
403	Computer	061509	SL	5.00	16	906.			906.	15.		181.
404	Drive in Rack System	061509	SL	7.00	16	9995.			9995.	119.		1428.
405	Dell Computer Kathy	021505	SL	5.00	17	1079.			1079.	971.		108.
406	Dell Laptop 4GB & Digital projector	071609	SL	5.00	19B	1675.			1675.			168.
407	Water system - Yale	080609	SL	5.00	19B	360.			360.			36.
408	NEC 16 Digital Station Card and Ph	081709	SL	5.00	19B	728.			728.			73.
409	2 Dock Levelers	093009	SL	10.00	19D	4201.			4201.			210.
410	Computer Desk w/ Hutch - Gretchen	101509	SL	7.00	19C	199.			199.			14.
411	Kemco Doors for Freezer (32)	110509	SL	39.00	19I	4883.			4883.			78.
412	2 Dell computers Optiplex wkstations	111309	SL	5.00	19B	1875.			1875.			188.
413	Yale Forklift	111309	SL	5.00	19B	25692.			25692.			2569.
414	Fire Filing Cabinet	113009	SL	7.00	19C	1650.			1650.			118.

2009 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
415	New office Upstairs	011410	SL	39.00	19I	960.			960.			11.
416	Battery with watering system Mo	021210	SL	5.00	19B	4600.			4600.			460.
417	Materials for new office upstairs	020310	SL	39.00	19I	335.			335.			3.
418	Floor scrubber for warehouse	030210	SL	5.00	19B	5895.			5895.			590.
419	Refrigerated truck (Walmart Fnd donati	102809	200DB	5.00	21	85000.			85000.			17000.
420	Brake assembly & steer tire	031510	SL	5.00	19B	2810.			2810.			281.
421	Removal of swamp cooler & roof repla	032510	SL	39.00	19I	5685.			5685.			43.
422	Fax Board for Copier (Kathy's)	033110	SL	5.00	19B	1028.			1028.			103.
423	Kodak Camera	041510	SL	5.00	19B	400.			400.			40.
424	2 palet trucks	050710	SL	5.00	19B	750.			750.			75.
425	Master cylinder	060410	SL	5.00	19B	738.			738.			74.
426	Refrigerated 8 pan	061510	SL	5.00	19B	1649.			1649.			165.
427	3 tub economy sink with mixing faucet	061510	SL	7.00	19C	1263.			1263.			90.
	* Total 990 Page 10 Depr					3345228.		94290.	3250938.	1205887.	0.	161418.

Depreciation and Amortization 990
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

MONTGOMERY AREA FOOD BANK

Form 990 Page 10

Identifying number
63-0931846

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	81868.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	46561.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		48200.	5 Yrs.	HY	SL	4822.
c	7-year property		3112.	7 Yrs.	HY	SL	222.
d	10-year property		4201.	10 Yrs.	HY	SL	210.
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/	Statement 1		MM	S/L	135.

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	21900.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	155718.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use.....							25	
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
Statement 2							21900.	
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	21900.
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Total commuting miles driven during the year	See Part V Statement											
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 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?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2009 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Form 4562 Part III - Nonresidential Real Property Statement 1

(a) Description of Property	(b) Mo/Yr	(c) Basis	(d) Period	(g) Deduction
Kemco Doors for Freezer (32)	11/09	4883.	39.0 YRS	78.
New office Upstairs	01/10	960.	39.0 YRS	11.
Materials for new office upstairs	02/10	335.	39.0 YRS	3.
Removal of swamp cooler & roof replacement	/ 03 10	5685.	39.0 YRS	43.
Total to Form 4562, Part III, line 19i		11863.		135.

Form 4562, Part V Listed Property Information-More Than 50% Statement 2

(a) Description	(b) Date	(c) Bus. %	(d) Cost	(e) Basis	(f) Life	(g) Mth/Cv	(h) Deduction	(i) 179 Elected
(j) Auto No	(k) Total Miles	(l) Business Miles	(m) Commuting Miles	(n) Personal Miles	(o) Was Veh. Avail.? Y N	(p) > 5% Owner? Y N	(q) Another Veh. Available? Y N	
PASSENGER BUS	01/27/00	100.00	39403.	39403.	5.00	SL	-HY	
McGough Oldsmobile 2003 GMC	10/18/02	100.00	31500.	22050.	5.00	SL	-HY	
Toyota Materials electric	03/17/03	100.00	29732.	20812.	5.00	SL	-HY	
Van	02/13/09	100.00	53000.	53000.	5.00	SL	-HY	4900.
Refrigerate truck (Walmart)	10/28/09	100.00	85000.	85000.	5.00	200DB	-HY	17000.
Total to Form 4562, Part V, Line 26								21900.

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning JUL 1, 2009, and ending JUN 30, 2010

2009

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

MONTGOMERY AREA FOOD BANK

63-0931846

Name and title of officer

**E. Parke Hinman
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>20834590</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize PARKER, GILL, EISEN & STEVENSON, P.C. to enter my PIN 31846
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ 10/04/10

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 63431142323
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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