

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>MONTGOMERY AREA FOOD BANK, Inc.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>521 TRADE CENTER STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>MONTGOMERY, AL 36108</b> <b>F</b> Name and address of principal officer: <b>E. PARKE HINMAN</b> <b>same as C above</b>	<b>D</b> Employer identification number <b>63-0931846</b> <b>E</b> Telephone number <b>(334) 263-3784</b> <b>G</b> Gross receipts \$ <b>31888871.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>www.montgomeryareafoodbank.org</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1987</b> <b>M</b> State of legal domicile: <b>AL</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE FOOD BANK OPERATES AS A CLEARING HOUSE FOR THE COLLECTION, SORTING, STORING AND DISTRIBUTION</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>30</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>30</b> <b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) ..... <b>5</b> <b>30</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>0</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>32970616.</b> <b>Prior Year</b> <b>30638826.</b> <b>Current Year</b> <b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>1309688.</b> <b>1244999.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>5766.</b> <b>1581.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>5889.</b> <b>3138.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>34291959.</b> <b>31888544.</b>	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>31047394.</b> <b>28363314.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>1277643.</b> <b>1441533.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>128100.</b> <b>191563.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>309900.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>1346247.</b> <b>1590498.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>33799384.</b> <b>31586908.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>492575.</b> <b>301636.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>6726861.</b> <b>Beginning of Current Year</b> <b>6888748.</b> <b>End of Year</b> <b>21</b> Total liabilities (Part X, line 26) ..... <b>265068.</b> <b>125319.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>6461793.</b> <b>6763429.</b>	

**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.

<b>Sign Here</b>	Signature of officer <b>E. PARKE HINMAN, EXECUTIVE DIRECTOR</b> Type or print name and title	Date		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Julia L. Stevenson</b>	Preparer's signature  	Date  	Check if self-employed <input type="checkbox"/> PTIN <b>P00361616</b>
	Firm's name ▶ <b>PARKER, GILL, EISEN &amp; STEVENSON, P.C.</b>	Firm's EIN ▶ <b>63-1003744</b>		
	Firm's address ▶ <b>4228 Lomac Street</b> <b>Montgomery, AL 36106</b>	Phone no. <b>334-270-8061</b>		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 25598020. including grants of \$ 22901809. ) (Revenue \$ 1059085. ) Our largest community outreach program results from our very structure. We are formed as a force multiplier, which provides increased opportunity for success to the local community agencies we support by collecting, sorting, storing (both dry/stable and cold/frozen) and distributing food. Along with four other smaller Food Banks, which we supervise, we have a service area reaching to 35 of Alabama's 67 counties and more than 800 community agencies combating hunger of an increasing number of our neighbors in need to include; children, the elderly, the newly unemployed, the Working Poor, the homeless, the mentally challenged, victims of domestic violence and disasters. We have distributed more than 22 million pounds of vital nutrition annually since 2010, when we expanded our area of responsibility by 40%

4b (Code: ) (Expenses \$ 5378912. including grants of \$ 5378912. ) (Revenue \$ 105383. ) Our Mobile Pantry (MP) Program is the single most prolific community-building, outreach program we conduct to address the immediate hunger needs of a service area with 20.98% of the population being food insecure, and 24.31% of the adult and 34.67% of the child populations living in poverty. In FY14 we distributed 3,822,909 lbs. of immediate food security via this program, which delivers 5-7 tons of food to an average of 120-150 families in need in ONE place - at ONE time. In the last three years we've grown from 134 to 317 MP deliveries in FY14. This hyper-efficient program allows us to target remote communities in Alabama's Black Belt - chronically among the most poverty-stricken regions in the nation, as well as, metropolitan areas through partnering with a growing list of local community agencies.

4c (Code: ) (Expenses \$ 82593. including grants of \$ 82593. ) (Revenue \$ 85250. ) The national average of Seniors (60 years-old and older) living in poverty is 9.86%. Within the MAFB service area that number jumps to 22.09%. The most afflicted county we serve is currently at four times the national average - reaching an alarming rate of 36.05%. Seniors - regardless of income - have different nutritional needs and are more likely to have difficulty preparing or consuming food due to limited mobility, cognitive impairments, and other age-related conditions. These challenges are amplified for low-income Seniors trying to get by on a limited food budget. While the U.S. Department of Agriculture (USDA) supports a Commodity Supplemental Food Program (CSFP), which provides low-income Seniors monthly food assistance by providing food and funds to participating

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

4e Total program service expenses 31059525.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> 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
<b>24a</b> 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 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (30), 1b (30), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: 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**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) CLYNT HART Past President	0.00	X						0.	0.	0.
(2) WARREN MARSHALL Past President	0.00	X						0.	0.	0.
(3) SHERRY NATH member	0.00	X						0.	0.	0.
(4) Sam Adams member	0.00	X						0.	0.	0.
(5) Richard Allen member	0.00	X						0.	0.	0.
(6) MELODIE JONES Member	0.00	X						0.	0.	0.
(7) BILL KELLEY MEMBER	0.00	X						0.	0.	0.
(8) Tony Baggiano President	1.00	X		X				0.	0.	0.
(9) Nilton Garcia member	0.00	X						0.	0.	0.
(10) Caryn Hughes member	0.00	X						0.	0.	0.
(11) Tenesia Jones member	0.00	X						0.	0.	0.
(12) Gariesa Galbreath Secretary	0.00	X		X				0.	0.	0.
(13) Jerome Moore member	0.00	X						0.	0.	0.
(14) Kim Ramsey member	0.00	X						0.	0.	0.
(15) Earl Heath member	0.00	X						0.	0.	0.
(16) Wayne Hilgers member	0.00	X						0.	0.	0.
(17) KATRINA SPOONY-MARTIN MEMBER	0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) OLIVIA MARTIN MEMBER	0.00	X						0.	0.	0.
(19) Bill Stevenson member	0.00	X						0.	0.	0.
(20) Dan Newcomer member	0.00	X						0.	0.	0.
(21) Peter Vandervoort Vice President	0.00	X		X				0.	0.	0.
(22) LAWRENCE OAKLEY Member	0.00	X						0.	0.	0.
(23) QUENTEN WENTWORTH Member	0.00	X						0.	0.	0.
(24) Craig Stapley member	0.00	X						0.	0.	0.
(25) BOB WILDZUNAS member	0.00	X						0.	0.	0.
(26) BRYAN WILSON member	0.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								161400.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								161400.	0.	0.

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Russ Reid Company, Two North Lake Ave., Pasadena, CA 91101-1868	Professional Fundraising	191563.

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

See Part VII, Section A Continuation sheets



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 55857.					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b> 611071.					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 3183333.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 26788565.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	2893300.					
	<b>h Total.</b> Add lines 1a-1f .....	▶	30638826.				
<b>Program Service Revenue</b>	<b>2 a</b> Shared maintenance fee .....	<b>Business Code</b> 624200	1237229.	1237229.			
	<b>b</b> Delivery Fees .....	624200	7770.	7770.			
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....	▶	1244999.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶	1908.	1908.			
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶					
	<b>5</b> Royalties .....	▶					
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....		327.			
		<b>c</b> Gain or (loss) .....		-327.			
		<b>d</b> Net gain or (loss) .....	▶	-327.	-327.		
	<b>8 a</b> Gross income from fundraising events (not including \$ 611071. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	0.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	0.			
		<b>c</b> Net income or (loss) from fundraising events .....	▶	0.			
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....		▶					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....	▶					
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS INCOME .....		624200	2133.	2133.			
	<b>b</b> REJECTED FOOD .....		624200	1005.	1005.		
		<b>c</b> .....					
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....	▶	3138.				
<b>12 Total revenue.</b> See instructions. .....	▶	31888544.	1249718.	0.	0.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	28363314.	28363314.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	161400.	111660.	25530.	24210.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	944192.	839706.	44826.	59660.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	249779.	214936.	15895.	18948.
<b>10</b> Payroll taxes	86162.	75431.	4315.	6416.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	21824.	5738.	16086.	
<b>b</b> Legal				
<b>c</b> Accounting	13725.	1372.	12353.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	191563.			191563.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	31770.	31770.		
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	74777.	62110.	12667.	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	128585.	122367.	6218.	
<b>17</b> Travel	106958.	96262.	10696.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	3704.	2593.	1111.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	217743.	195969.	21774.	
<b>23</b> Insurance	47572.	43608.	3964.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>FOOD PURCHASES</b>	308872.	308872.		
<b>b</b> <b>USDA HANDLING FEE</b>	215291.	215291.		
<b>c</b> <b>EQUIPMENT REPAIRS</b>	143732.	136545.	7187.	
<b>d</b> <b>POSTAGE AND SHIPPING</b>	128212.	115657.	12555.	
<b>e</b> All other expenses	147733.	116324.	22306.	9103.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	31586908.	31059525.	217483.	309900.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	912104.	<b>1</b>	750220.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	44635.	<b>3</b>	33487.
	<b>4</b> Accounts receivable, net .....	55839.	<b>4</b>	53436.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	1735011.	<b>8</b>	2088897.
	<b>9</b> Prepaid expenses and deferred charges .....	28906.	<b>9</b>	27581.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6212969.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2277842.		
		3950366.	<b>10c</b>	3935127.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	6726861.	<b>16</b>	6888748.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	47424.	<b>17</b>	35977.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	217644.	<b>25</b>	89342.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	265068.	<b>26</b>	125319.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	6461793.	<b>27</b>	6763429.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	6461793.	<b>33</b>	6763429.	
<b>34</b> Total liabilities and net assets/fund balances .....	6726861.	<b>34</b>	6888748.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	31888544.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	31586908.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	301636.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	6461793.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	6763429.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>b</b> Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>c</b> 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>3a</b> 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?	X	
<b>b</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	X	

Form 990 (2014)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	23205397.	22023886.	29461571.	32970616.	30611916.	138273386
<b>2</b> 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 .....	1161779.	1146359.	1256718.	1309688.	1244999.	6119543.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	24367176.	23170245.	30718289.	34280304.	31856915.	144392929
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</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.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						144392929

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....	24367176.	23170245.	30718289.	34280304.	31856915.	144392929
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	52080.	29573.	40804.	5766.	1908.	130131.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	52080.	29573.	40804.	5766.	1908.	130131.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1415.	2091.	11046.	4636.	2133.	21321.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	24420671.	23201909.	30770139.	34290706.	31860956.	144544381

**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**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	99.90 %
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	99.89 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	.09 %
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	.10 %

**19a 33 1/3% support tests - 2014.** 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 - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

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

**Section D. Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>		(A) Prior Year	Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014



**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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.**

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

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

**Name of the organization** MONTGOMERY AREA FOOD BANK, Inc. **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 value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<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.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- 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, and not on a historic structure listed in the National Register .....	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 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)? .....
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
  - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 

(i) Revenue included in Form 990, Part VIII, line 1 .....	▶ \$ _____
(ii) Assets included in Form 990, Part X .....	▶ \$ _____
- 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 (ASC 958) relating to these items:
 

a Revenue 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 XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" 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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		328234.		328234.
b Buildings		4247582.	936022.	3311560.
c Leasehold improvements		5825.	1548.	4277.
d Equipment		1631328.	1340272.	291056.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3935127.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL TAXES AND WITHHOLDINGS	3572.
(3) ADVANCE DEPOSITS ON FOOD	85770.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	89342.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII





**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Capital building fun (event type)	Russ Reid (event type)	None (total number)	
Revenue	1	Gross receipts .....	611071.		611071.
	2	Less: Contributions .....	611071.		611071.
	3	Gross income (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			
	11	Net income summary. Subtract line 10 from line 3, column (d) .....			

**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))
Revenue	1	Gross revenue .....			
Direct Expenses	2	Cash prizes .....			
	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d) .....			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 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?  Yes  No
- 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?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:**

(i) Name of Fundraiser: Russ Reid

(i) Address of Fundraiser: 2 North Lake Ave, Pasadena, CA 91101

**Part I, Line 2b, Column (v):**

Professional Fundraiser is used to handle mailings and solicitations of potential and past donors.





**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
commodities to state of Alabama needy individuals	0	0.	28363314.	Weighted average for USDA commodities all other were at the Feeding America	Food commodities.

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

Part I, Line 2:

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

**Part IV** Supplemental Information

the USDA grant are checked.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**MONTGOMERY AREA FOOD BANK, Inc.**

Employer identification number

**63-0931846**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <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) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" 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 |

**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:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.

**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:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 6a or 6b, describe in Part III.

**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 .....

**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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2014







**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Thompson Insurance	owner of company is	48777.	Liability i		X
Wells Fargo	board member is ban	251188.	Food bank h		X

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

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

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

(a) Name of Person: Wells Fargo

(b) Relationship Between Interested Person and Organization:

board member is banker

(d) Description of Transaction: Food bank has their cash deposits with this bank

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	99999	28717200.	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 Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a	X	

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

Schedule M (Form 990) (2014)

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Line 32b:

Various community organizations hold food drives.

Horizontal lines for supplemental information input.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

MONTGOMERY AREA FOOD BANK, Inc.

Employer identification number

63-0931846

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

OF EDIBLE FOOD TO QUALIFIED AGENCIES.

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

in order to assist an additional 10 grossly underserved counties.

While it may seem counterintuitive; poverty, food insecurity and obesity can (and in Alabama often do) co-exist in the same individual, family, and community. Recent studies have found direct associations between food insecurity and obesity. In 2011, one such study named Alabama as the second most obese state in the country, with an obesity rate (in 2011) of 32.3 percent.

MAFB has developed a well-earned reputation of accomplishment, which has led to food industry providers entrusting us with ever-increasing amounts of nourishing fresh produce and food. These increases in nutrition-rich sustenance not only satisfies daily hunger needs, but re-enforces our Exercise, Nutrition and Diet (END) program's emphasis on the nutritional benefits of fresh food for families, children and the elderly.

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

Each MP agency must display their capability to verify and document legitimate need and then effectively distribute these substantial quantities of food - before they are considered eligible to schedule an MP delivery.

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

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

Schedule O (Form 990 or 990-EZ) (2014)

432211  
08-27-14

Name of the organization

MONTGOMERY AREA FOOD BANK, Inc.

Employer identification number

63-0931846

states: The State of Alabama does not participate.

MAFB provides monthly supplemental nutrition to Seniors on a fixed income who often make ends meet by choosing between food, medication and tragically even shelter. Our Senior Supplement Program (SSP) helps take concerns about Senior food security off the table.

Our SSP works within a sponsorship model. SSP participating agencies and/or individual supporters donate \$100 to address a sponsored Senior's nutritional needs for supplemental nutrition for an entire year. SSP Seniors receive a monthly box of between 25 - 35 lbs. of food, which has been packed with the special nutritional needs of Seniors in mind. Our SSP packages are designed to provide nutrients typically lacking in the diet of Seniors, including protein, calcium, potassium, magnesium, several vitamins, and fiber. MAFB even provides two additional boxes in November and December targeting the preparation of holiday meals. In FY14 the SSP roster expanded from 336 to 384.

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

There are several of the board members that have had business transactions with the Montgomery Area Food Bank, Inc. during the year ended June 30, 2015. None of the board members are related to each other.

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 17, 2015 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 30, 2015 with any further questions or corrections.

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

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

The board approves the executive directors compensation as well as all key employees salaries. This information of comparable salaries is on most websites for other like organizations and Feeding America provides access to this information so that the board has comparable data to use in determining compensation.

Form 990, Part VI, Section C, Line 19:

The financial statements, governing documents, and conflicts of interest policy are available upon request.

Part XII Line 2c

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

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
	Other											
1	16' TRUCK BODY	091693	SL	5.00	17	2695.			2695.	2695.		0.
2	600 MPC DK BRN CARRIER	092493	SL	5.00	17	414.			414.	414.		0.
3	WINSTON C-VAP OVEN	100593	SL	5.00	17	4500.			4500.	4500.		0.
4	INSTALLATION OF OVEN (1/2)	102893	SL	5.00	17	317.			317.	317.		0.
5	INSTALLATION OF RANGE HOOD	060994	SL	5.00	17	456.			456.	456.		0.
6	FRIGIDAIRE REFRIGERATOR	102495	SL	5.00	17	725.			725.	725.		0.
7	36 X 72 CABINET	101995	SL	5.00	17	168.			168.	168.		0.
8	MANUAL PALLET JACK	022289	SL	5.00	17	425.			425.	425.		0.
9	FILE CABINET	022289	SL	5.00	17	675.			675.	675.		0.
10	WAREHOUSE RACKING	042189	SL	5.00	17	8964.			8964.	8964.		0.
11	NISSAN FORKLIFT	080189	SL	5.00	17	15997.			15997.	15997.		0.
12	PALLET INSULATOR	081089	SL	5.00	17	419.			419.	419.		0.
13	RACKING LUMBER	082189	SL	5.00	17	340.			340.	340.		0.
14	DISPLAY TENT	101089	SL	5.00	17	387.			387.	387.		0.
15	WAREHOUSE RACKING	051790	SL	5.00	17	3956.			3956.	3956.		0.
16	RACKING LUMBER	051590	SL	5.00	17	351.			351.	351.		0.
17	WAREHOUSE RACKING	053190	SL	5.00	17	2109.			2109.	2109.		0.

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
18	CHAIR (2) FREEZER	110290	SL	7.00	17	237.			237.	237.		0.
19	TRANSPORT CONTAINER INDUSTRIAL BATTERY	051591	SL	5.00	17	1283.			1283.	1283.		0.
20	CHARGER PAIR OF FORKS FOR	073091	SL	5.00	17	750.			750.	750.		0.
21	FORKLIFT	073091	SL	5.00	17	200.			200.	200.		0.
22	FORK LIFT BATTERY	081193	SL	5.00	17	820.			820.	820.		0.
23	LABOR FOR BAILER	033194	SL	5.00	17	1415.			1415.	1415.		0.
24	2 HAND TRUCKS WEIGHT PART OF	061394	SL	5.00	17	196.			196.	196.		0.
25	SCALES	072994	SL	5.00	17	499.			499.	499.		0.
26	FORK LIFT BATTERY NEW COMPRESSOR	092894	SL	5.00	17	998.			998.	998.		0.
27	MOTOR SINK SET UP	012595	SL	5.00	17	676.			676.	676.		0.
28	(KITCHEN) OFFICE CART WITH	030795	SL	5.00	17	855.			855.	855.		0.
29	CABINET	033195	SL	5.00	17	184.			184.	184.		0.
30	SECOND SINK SET UP	031795	SL	5.00	17	1129.			1129.	1129.		0.
31	COMPUTER DESK BEIGE PORTABLE	060595	SL	7.00	17	170.			170.	170.		0.
32	BUILDING CARDINAL FH-544-IIIE	082195	SL	7.00	17	685.			685.	685.		0.
33	FLOOR SCALE PALLET	012492	SL	5.00	17	1588.			1588.	1588.		0.
34	RACKING-FRAMES, BEA ADDT'L PRO STAR	031792	SL	5.00	17	12729.			12729.	12729.		0.
35	TELEPHONE EQUIPMENT	033192	SL	5.00	17	590.			590.	590.		0.

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
36	FIRE EXTINGUISHERS	033192	SL	5.00	17	211.			211.	211.		0.
37	LUMBER FOR PALLET RACKING	033192	SL	5.00	17	1749.			1749.	1749.		0.
38	ADDT'L PALLET RACKING-FRAMES, BEA	033192	SL	5.00	17	5226.			5226.	5226.		0.
39	DECK BUMPERS	021397	SL	10.00	17	1051.			1051.	1051.		0.
40	WALL MOUNT EYEWASH	070192	SL	5.00	17	147.			147.	147.		0.
41	FLOOR SCALE INSTALLATION-CARDIN	033092	SL	5.00	17	303.			303.	303.		0.
42	DESIGN SERVICES FOR FACILITY EXPANSION	051198	SL	39.00	17	2000.			2000.	815.		52.
43	SECURITY SYSTEM INSTALLATION	033092	SL	5.00	17	1375.			1375.	1375.		0.
44	INDOOR BEAMS FOR SECURITY SYSTEM	020792	SL	5.00	17	730.			730.	730.		0.
45	ADDT'L PALLET RACKING-MISC INVOIC	040192	SL	5.00	17	836.			836.	836.		0.
46	STAINLESS STEEL CARTS (2)	041299	SL	7.00	17	429.			429.	429.		0.
47	INSTALLATION OF STEEL DOORS FOR SEC	021594	SL	5.00	17	287.			287.	287.		0.
48	3 HAND DRYERS FOR RESTROOMS	081594	SL	5.00	17	717.			717.	717.		0.
49	INSTALLATION & MATERIALS FOR HAND	091594	SL	5.00	17	282.			282.	282.		0.
50	MOBILE FILE PEDESTAL	101295	SL	5.00	17	180.			180.	180.		0.
51	ROLLING SAFETY LADDER	103195	SL	5.00	17	392.			392.	392.		0.
52	MAIN PCB FOR SCALE (5) INSULATED	020796	SL	5.00	17	446.			446.	446.		0.
53	PALLET COVERS	022996	SL	5.00	17	1153.			1153.	1153.		0.

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
54	HANDTRUCK & PALLETJACK	040996	SL	5.00	17	627.			627.	627.		0.
55	66 GALLON ELECTRIC WATER HEATER (4) INSULATED	051096	SL	5.00	17	845.			845.	845.		0.
56	CONTAINERS	051096	SL	5.00	17	2099.			2099.	2099.		0.
57	TENNANT TREND SCOOT SWEEPER	053096	SL	5.00	17	350.			350.	350.		0.
58	BALLYMORE PERSONNEL PLATFORM	061396	SL	5.00	17	1226.			1226.	1226.		0.
59	FH544IJE FLOOR SCALE	061396	SL	5.00	17	1959.			1959.	1959.		0.
60	TEAR DROP PALLET RACKS	080796	SL	5.00	17	1378.			1378.	1378.		0.
61	FREEZER BULKHEAD	073196	SL	5.00	17	600.			600.	600.		0.
62	BARREL FAN	073196	SL	5.00	17	208.			208.	208.		0.
63	FILE CABINET	082096	SL	5.00	17	285.			285.	285.		0.
64	(3) DOCK LEVELERS	082096	SL	5.00	17	3085.			3085.	3085.		0.
65	GNB BATTERY	090596	SL	5.00	17	845.			845.	845.		0.
66	(2) BACK UPS 400	101295	SL	5.00	17	300.			300.	300.		0.
67	SPRUILL UPRIGHTS & BEAMS FOR FREEZER	102996	SL	5.00	17	1397.			1397.	1397.		0.
68	REBUILT TRANSMISSION FOR 19	111496	SL	5.00	17	1415.			1415.	1415.		0.
69	(2) RADIANT HEATERS	123096	SL	5.00	17	1950.			1950.	1950.		0.
70	INSULATED CONTAINER	011497	SL	5.00	17	628.			628.	628.		0.
71	GNB CHARGER FBR 50	021397	SL	5.00	17	680.			680.	680.		0.

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
72	SIGN ON REFR. TRUCK	021997	SL	5.00	17	500.			500.	500.		0.
	(2) WOOD DECK											
73	TRUCKS	022797	SL	5.00	17	510.			510.	510.		0.
74	GBB CHARGER	030797	SL	5.00	17	1676.			1676.	1676.		0.
75	BATTERY	040497	SL	5.00	17	1236.			1236.	1236.		0.
	(2) EVAPORATIVE											
76	COOLERS	040497	SL	5.00	17	9500.			9500.	9500.		0.
	(2) DISTRIBUTION											
77	CARTS	041497	SL	5.00	17	827.			827.	827.		0.
	(3) PLATFORM											
78	DOLLIES	041497	SL	5.00	17	654.			654.	654.		0.
	(3) PLATFORM											
79	DOLLIES	050997	SL	5.00	17	613.			613.	613.		0.
80	APC BACK UP PRO 650	050997	SL	5.00	17	290.			290.	290.		0.
	(3) PLATFORM											
81	DOLLIES	052297	SL	5.00	17	610.			610.	610.		0.
	5 STEP ROLL/FOLD											
82	LADDER	052297	SL	5.00	17	280.			280.	280.		0.
83	ALUM DOCK BOARD	063097	SL	5.00	17	560.			560.	560.		0.
	PLATFORM SCALE											
84	MOD708	073197	SL	5.00	17	2192.			2192.	2192.		0.
	(2) TWO-SHELF											
85	DISTRIBUTION CARTS	073197	SL	5.00	17	827.			827.	827.		0.
	GNB BATTERY											
86	18-85-17G	103097	SL	5.00	17	2975.			2975.	2975.		0.
	(6) PLATFORM											
87	DOLLIES	111297	SL	5.00	17	1383.			1383.	1383.		0.
88	MULTIMEDIA PC	123197	SL	5.00	17	1000.			1000.	1000.		0.
	TELEPHONES AND											
89	INSTALLATION	061698	SL	5.00	17	2475.			2475.	2475.		0.

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
90	TOYOTA 5FBE15 FORK LIFT	061898	SL	5.00	17	21000.			21000.	21000.		0.
91	BELT CONVEYOR FOR WAREHOUSE EXPANSION	042998	SL	7.00	17	3304.			3304.	3304.		0.
92	RACKING SYSTEM FOR WAREHOUSE EXPANSION	062598	SL	10.00	17	21373.			21373.	21373.		0.
93	EXECUTIVE DESK (LON)	061698	SL	7.00	17	299.			299.	299.		0.
94	NAME PLATE FOR NEW COOLER	063098	SL	7.00	17	270.			270.	270.		0.
95	CHAIRS, TABLES, CABINETS, ETC FOR E	050698	SL	7.00	17	1910.			1910.	1910.		0.
96	SCSI CARD/YAMAHA OPTICAL DRIVE	092598	SL	5.00	17	650.			650.	650.		0.
97	LIFT GATE FOR TRUCK	111298	SL	5.00	17	5641.			5641.	5641.		0.
98	GNB BATTERY - NISSAN	020999	SL	5.00	17	3570.			3570.	3570.		0.
99	27X48 PALLET TRUCK	042699	SL	5.00	17	431.			431.	431.		0.
100	LAND (1.07acres)	100491	NC	.000		78932.			78932.			0.
101	BUILDING	043092	SL	31.50	17	449828.			449828.	285018.		17737.
102	STORMTITE DOORS & JAMBS	021594	SL	10.00	17	2610.			2610.	2610.		0.
103	WALK IN FREEZER BOX	122295	SL	31.50	17	93060.			93060.	49063.		3395.
104	CHAIN LINK FENCE	122195	SL	10.00	17	710.			710.	710.		0.
105	FREEZER BOX SHELVING	122895	SL	10.00	17	1823.			1823.	1823.		0.
106	(2) DOCK CANOPIES	041497	SL	15.00	17	10698.			10698.	10698.		0.
107	NEW 1200 AMP/3PHASE SERVICE/MAIN PANEL	063097	SL	39.00	17	7885.			7885.	3396.		204.

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
108	WAREHOUSE EXPANSION FACILITY	05111988	SL	39.00	17	467638.			467638.	190613.		12110.
109	LIGHTING FIXTURES FOR FREEZER	0711597	SL	10.00	17	1612.			1612.	1612.		0.
110	DOWN RAMP FOR LOADING DOCK (DONAT	1001197	SL	39.00	17	12000.			12000.	5067.		311.
111	FENCE AROUND AIR COMPRESSOR	092698	SL	7.00	17	634.			634.	634.		0.
112	PARKING LOT	111898	SL	39.00	17	15135.			15135.	5979.		392.
113	PROBATE & CITY OF MONT FEES FOR PLAT	0731198	SL	39.00	17	492.			492.	198.		13.
114	FOLDING UTILITY TABLE	042292	SL	7.00	17	92.			92.	92.		0.
115	30 X 40 BULLETIN BOARD	033092	SL	7.00	17	190.			190.	190.		0.
116	PLASTIC TOP FOLD TABLE	033092	SL	7.00	17	82.			82.	82.		0.
117	(3) MANAGERS STENO CHAIRS	033092	SL	7.00	17	630.			630.	630.		0.
118	(2) PLASTIC FOLD TABLES 30 X 60	033092	SL	7.00	17	123.			123.	123.		0.
119	(2) PLASTIC TOP FOLD TABLES 36 X 96	033092	SL	7.00	17	200.			200.	200.		0.
120	DONOR PLAQUES (3) COMPUTER	0911092	SL	7.00	17	6975.			6975.	6975.		0.
121	WORKSTATIONS	050593	SL	5.00	17	360.			360.	360.		0.
122	(3) PEDESTALS	050593	SL	5.00	17	300.			300.	300.		0.
123	GRAY DESK CHAIR	112796	SL	7.00	17	150.			150.	150.		0.
124	NEW CANOPIE TOP FOR FRAME	101398	SL	7.00	17	196.			196.	196.		0.
125	CAST BRONZE SIGN	121898	SL	7.00	17	440.			440.	440.		0.

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
126	CHOCOLATE 6" PAN CARRIERS	091693	SL	5.00	17	423.			423.	423.		0.
127	18X30 UTILITY CART (2) STORAGE	091693	SL	5.00	17	103.			103.	103.		0.
128	CABINETS	093096	SL	5.00	17	400.			400.	400.		0.
129	GRAY UTILITY CART	101096	SL	5.00	17	182.			182.	182.		0.
130	WARMER HOT PLATE	020497	SL	5.00	17	114.			114.	114.		0.
131	36" BARREL FAN (D)SHARP AR286	080599	SL	5.00	17	219.			219.	219.		0.
132	COPIER REBUILT	101899	SL	5.00	17	6791.			6791.	6791.		0.
133	TRANSMISSION-INT'L REFRIGERATOR-TRUE	102599	SL	5.00	17	3903.			3903.	3903.		0.
134	T49	102899	SL	5.00	17	2413.			2413.	2413.		0.
135	REPLACED SIDING	110599	SL	7.00	17	2825.			2825.	2825.		0.
136	BATTERY NEW STARTER FOR	121699	SL	5.00	17	567.			567.	567.		0.
137	FORD SECURITY KEYPAD &	122899	SL	5.00	17	683.			683.	683.		0.
138	DOOR SWITCH	013100	SL	5.00	17	1200.			1200.	1200.		0.
139	PALLET JACK	020800	SL	5.00	17	768.			768.	768.		0.
140	GDM72F FREEZER NEW CARPET IN	041200	SL	5.00	17	5876.			5876.	5876.		0.
141	OFFICES	042400	SL	7.00	17	1432.			1432.	1432.		0.
142	CASTER ASSY, ELECTRIC PALLET JAC	042400	SL	5.00	17	349.			349.	349.		0.
143	FORKLIFT MODEL SM11-15	050800	SL	5.00	17	25908.			25908.	25908.		0.

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144	WALNUT DESK-PARKE'S OFFICE	051100	SL	7.00	17	300.			300.	300.		0.
145	ROUND CONFERENCE TABLE	061200	SL	7.00	17	383.			383.	383.		0.
146	REBUILT COMPACTOR CYLINDER	062800	SL	5.00	17	707.			707.	707.		0.
147	GNB BATTERY CHARGER	062800	SL	5.00	17	1030.			1030.	1030.		0.
148	REBUILT HYD PUMP MOTOR-NISSAN	063000	SL	5.00	17	865.			865.	865.		0.
149	HP LASERJET PRINTER	050500	SL	5.00	17	432.			432.	432.		0.
150	2-HD TV/VCR	041100	SL	5.00	17	249.			249.	249.		0.
151	(2) Eye wash portals	041601	SL	7.00	17	715.			715.	715.		0.
152	Pallet Jack CAT Model 27-48	050701	SL	7.00	17	399.			399.	399.		0.
153	Expand Freezer Capacity	053101	SL	39.00	17	37062.			37062.	12311.		957.
154	2001 Freightliner Truck Model FL 80 w	052201	SL	5.00	17	85602.			85602.	85602.		0.
155	Motor for Barr	060701	SL	5.00	17	731.			731.	731.		0.
156	Racking for freezer	060701	SL	7.00	17	10220.			10220.	10220.		0.
157	Logos for new truck	062701	SL	5.00	17	355.			355.	355.		0.
158	Caster wheel for Barr	062701	SL	5.00	17	436.			436.	436.		0.
159	Lift gate for truck 38x72+4	080900	SL	5.00	17	3137.			3137.	3137.		0.
160	Fan	080800	SL	7.00	17	214.			214.	214.		0.
161	Refrigerator	080800	SL	7.00	17	640.			640.	640.		0.

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
162	Blue Giant ROI 55 Jack	082300	SL	7.00	17	459.			459.	459.		0.
163	Platform Gate	091100	SL	5.00	17	903.			903.	903.		0.
164	PHN-KX-TG255 Phone (2) Hi Volume	091100	SL	5.00	17	170.			170.	170.		0.
165	Blower 36 in Fans	091100	SL	7.00	17	747.			747.	747.		0.
166	Pallet Jack	092000	SL	7.00	17	399.			399.	399.		0.
167	Housing Gear on Ford Crow Battery	092900	SL	5.00	17	1445.			1445.	1445.		0.
168	6-85-13	101300	SL	5.00	17	790.			790.	790.		0.
169	Jamco Mobile Cart 24"X48" 2 sh	101300	SL	5.00	17	407.			407.	407.		0.
170	Laserjet printer	111600	SL	5.00	17	430.			430.	430.		0.
171	Chain link fence w/barbed wire 131'	021501	SL	15.00	17	1737.			1737.	1549.		116.
172	Glass windows	021501	SL	15.00	17	160.			160.	142.		11.
173	Glass windows	021501	SL	15.00	17	160.			160.	142.		11.
174	Glass windows	021501	SL	15.00	17	160.			160.	142.		11.
175	Glass windows	021501	SL	15.00	17	160.			160.	142.		11.
176	Crushed gravel for parking lot	022000	SL	15.00	17	1250.			1250.	1205.		45.
177	42" forks for Niss model BO2	032201	SL	5.00	17	679.			679.	679.		0.
178	Concrete up-ramp for freezer	060601	SL	15.00	17	4947.			4947.	4329.		330.
179	Motor for Freezer	071601	SL	5.00	17	689.			689.	689.		0.

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180	30 lb Receiver Tank for Freezer	071601	SL	5.00	17	937.			937.	937.		0.
181	Motor Control for Freezer	071601	SL	5.00	17	2801.			2801.	2801.		0.
182	CAT Pallet Jack	073001	SL	5.00	17	411.			411.	411.		0.
183	Magline Handtruck	080901	SL	5.00	17	473.			473.	473.		0.
184	TV/VCR Combo	091201	SL	5.00	17	199.		60.	139.	139.		0.
185	Steam Ultra LS Vacuum	091201	SL	5.00	17	229.		69.	160.	160.		0.
186	Fencing	092801	SL	7.00	17	750.		225.	525.	525.		0.
187	Freezer Unit for Truck	100901	SL	5.00	17	5850.		1755.	4095.	4095.		0.
188	SD 5120 Floor Buffer	101101	SL	5.00	17	990.		297.	693.	693.		0.
189	Electric Sink Sanitizer	102201	SL	5.00	17	459.		138.	321.	321.		0.
190	6 HP 20 Gallon Air Compressor	111901	SL	5.00	17	317.		95.	222.	222.		0.
191	(D)FL70 2000 Truck	112801	SL	5.00	17	44697.		13409.	31288.	31288.		0.
192	Pallet Jack	121201	SL	5.00	17	400.		120.	280.	280.		0.
193	Backrest for Forklift	012902	SL	5.00	17	439.		132.	307.	307.		0.
194	Bohn 3/4 HP Motor	021102	SL	5.00	17	736.		221.	515.	515.		0.
195	Pallet Truck	022802	SL	5.00	17	550.		165.	385.	385.		0.
196	Crown Pallet Jack	030802	SL	5.00	17	479.		144.	335.	335.		0.
197	Water Cooler	030802	SL	5.00	17	1304.		391.	913.	913.		0.

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
198	LC51 Cannister Vacuum	031902	SL	5.00	17	197.		59.	138.	138.		0.
199	Condenser Fan Motor-Office AC	032902	SL	5.00	17	368.		110.	258.	258.		0.
200	3/4 HP Motor for Freezer	032902	SL	5.00	17	690.		207.	483.	483.		0.
201	Electronic Platform Scale	032902	SL	5.00	17	2372.		712.	1660.	1660.		0.
202	Electric Pallet Jack	040902	SL	5.00	17	8499.		2550.	5949.	5949.		0.
203	Unigauge for Electric Pallet Jack	043002	SL	5.00	17	495.		149.	346.	346.		0.
204	LD-270 Hopper	043002	SL	5.00	17	400.		120.	280.	280.		0.
205	(D)HL1440 Brother Laser Printer	050802	SL	5.00	17	299.		90.	209.	209.		0.
206	Rebuild Steer Motor- Nissan CUB01	1061002	SL	5.00	17	1942.		583.	1359.	1359.		0.
207	Caterpillar Model 2EC25	062502	SL	5.00	17	11999.		3600.	8399.	8399.		0.
208	Shelf Units for Freezer	062502	SL	5.00	17	616.		185.	431.	431.		0.
209	Dyna-Lift Racking	080802	SL	7.00	17	6244.		1873.	4371.	4371.		0.
210	Pallet Truck	082702	SL	5.00	17	550.		165.	385.	385.		0.
211	Pedastal Fan and Wall Mount Fan	091002	SL	7.00	17	1120.		336.	784.	784.		0.
212	McGough Oldsmobile 2003 GMC Truck	101802	SL	5.00	21	31500.		9450.	22050.	22050.		0.
213	Dyna-Lift Racking	102902	SL	7.00	17	5333.		1600.	3733.	3733.		0.
214	Total Handling Equipment	102902	SL	5.00	17	917.		275.	642.	642.		0.
215	Roura Iron Works Hopper Model	102902	SL	5.00	17	462.		139.	323.	323.		0.

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216	Toyota Materials	111202	SL	5.00	17	1120.		336.	784.	784.		0.
217	Computer Desk	010903	SL	7.00	17	400.		120.	280.	280.		0.
218	Bedsole Cooling Evaporator Motor	012903	SL	5.00	17	537.		161.	376.	376.		0.
219	Racking for Offsite Storage	022803	SL	7.00	17	22258.		6677.	15581.	15581.		0.
220	Dyna-Lift Manual Jack	030603	SL	5.00	17	680.		204.	476.	476.		0.
221	Power Source Battery	030603	SL	5.00	17	2819.		846.	1973.	1973.		0.
222	Dyna-Lift Battery Handling Beam	031403	SL	7.00	17	478.		143.	335.	335.		0.
223	Toyota Materials electric Forklift	031703	SL	5.00	21	29732.		8920.	20812.	20812.		0.
224	New Cooler and Refrigeration Equip	042503	SL	31.50	17	46764.			46764.	15068.		1562.
225	Toyota Materials Handling Battery	043003	SL	5.00	17	727.		218.	509.	509.		0.
226	Toyota Materials Replaced Pump Conta	060903	SL	5.00	17	542.		271.	271.	271.		0.
227	Toyota Materials New Battery	060903	SL	5.00	17	1615.		808.	807.	807.		0.
228	Bedsole Cooking Evap Motor	060903	SL	5.00	17	665.		333.	332.	332.		0.
229	Turner Scale Replaced Beam Cell	060903	SL	5.00	17	526.		263.	263.	263.		0.
230	Insulated Transport Container	060903	SL	5.00	17	4429.		2215.	2214.	2214.		0.
231	Elec Rider Jack	063003	SL	5.00	17	7687.		3844.	3843.	3843.		0.
232	Cool Room & Condenser Wiring	042503	SL	39.00	17	1542.			1542.	438.		40.
233	New Bathroom Wiring	042503	SL	39.00	17	1542.			1542.	438.		40.

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234	Major Building Rewiring	042503	SL	39.00	17	9252.			9252.	2628.		238.
235	Land (.19 acres)	070302	L	.000		8100.			8100.			0.
236	Platinum Plus Dell Computer	091103	SL	5.00	17	2018.		1009.	1009.	1009.		0.
237	Manual Pallet Jack	100703	SL	7.00	17	285.		143.	142.	142.		0.
238	3/4 RPM Condenser Motor	011304	SL	5.00	17	1163.		582.	581.	581.		0.
239	Replaced Copier Parts	012004	SL	5.00	17	747.		374.	373.	373.		0.
240	Replaced Rod Assy	012004	SL	5.00	17	2681.		1340.	1341.	1341.		0.
241	HL-1400 Printer	012004	SL	5.00	17	178.		89.	89.	89.		0.
242	Furance for Downstairs	020404	SL	5.00	17	2870.		1435.	1435.	1435.		0.
243	Used P38	032304	SL	5.00	17	220.		110.	110.	110.		0.
244	Pallet Jack	040804	SL	5.00	17	3850.		1925.	1925.	1925.		0.
245	Rubber Spring on FL80	040804	SL	5.00	17	733.		366.	367.	367.		0.
246	Platform for FL70 Truck	051804	SL	5.00	17	1561.		780.	781.	781.		0.
247	(3) Watering Systems for Forklif	051804	SL	5.00	17	1161.		581.	580.	580.		0.
248	Firewall & Radio/Power Splitte	052604	SL	5.00	17	1094.		547.	547.	547.		0.
249	(6) Insulated Pallet Covers	061604	SL	5.00	17	1459.		730.	729.	729.		0.
250	Freezer door, electric motor	072004	SL	39.00	17	15190.			15190.	3837.		391.
251	Spring Assy on FL80	072704	SL	5.00	17	1945.		973.	972.	972.		0.

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252	Wall Panels	090804	SL	5.00	17	3461.		1731.	1730.	1730.		0.
253	Battery Watering System	092904	SL	5.00	17	338.		169.	169.	169.		0.
254	Toyota Forklift	102804	SL	5.00	17	23309.		11655.	11654.	11654.		0.
255	Battery Watering System, 18-Cell Phi	110904	SL	5.00	17	756.		378.	378.	378.		0.
256	Crown Charger	120804	SL	5.00	17	2150.		1075.	1075.	1075.		0.
257	Manual Pallet Jack	021505	SL	5.00	17	380.			380.	380.		0.
258	Crown Battery	022305	SL	5.00	17	3213.			3213.	3213.		0.
259	Security Camera	051105	SL	5.00	17	3600.			3600.	3600.		0.
260	New Lift Arm for FL70 Truck	060305	SL	5.00	17	2852.			2852.	2852.		0.
261	(2) 30in Fans	061705	SL	5.00	17	348.			348.	348.		0.
262	Ceiling & Drywall Separation	010705	SL	39.00	17	5825.			5825.	1398.		150.
263	pallet jack	062905	SL	5.00	17	287.			287.	287.		0.
264	Rheem 5 Ton Condensing Unit	062005	SL	7.00	17	2650.			2650.	2650.		0.
265	(2) Palet Trucks	110205	SL	5.00	16	927.			927.	927.		0.
266	Range	120505	SL	5.00	16	5609.			5609.	5609.		0.
267	(1) 15 Ton Compressor	121405	SL	5.00	16	11748.			11748.	11748.		0.
268	Lift Gate	122805	SL	5.00	16	7017.			7017.	7017.		0.
269	Washing Machine	013106	SL	5.00	16	597.			597.	597.		0.

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270	Dryer	013106	SL	5.00	16	379.			379.	379.		0.
271	Compressor (Freezer Unit)	020706	SL	5.00	16	9575.			9575.	9575.		0.
272	Dell Computer & Server (David)	021406	SL	5.00	16	6755.			6755.	6755.		0.
273	Add to Existing Camera System	030806	SL	5.00	16	3100.			3100.	3100.		0.
274	1 Dell Computers (Carey)	030806	SL	5.00	16	531.			531.	531.		0.
275	Brake replaced on forklift	030806	SL	5.00	16	2015.			2015.	2015.		0.
276	Projector	041006	SL	5.00	16	290.			290.	290.		0.
277	Phone System	042406	SL	5.00	16	7625.			7625.	7625.		0.
278	Alternator on Bus	042606	SL	5.00	16	671.			671.	671.		0.
279	Range Hood	050306	SL	5.00	16	396.			396.	396.		0.
280	Ktchen Cabinets	080106	SL	15.00	16	11000.			11000.	5806.		733.
281	2007 Intl Refer Truck	042606	SL	5.00	16	103592.			103592.	100139.		0.
282	Compressors on Van	080806	SL	5.00	16	3222.			3222.	3222.		0.
283	Fork Lift	080806	SL	5.00	16	26230.			26230.	26230.		0.
284	Steam Table	081406	SL	5.00	16	1129.			1129.	1129.		0.
285	(2) HP Evaporator Fan Motor	082906	SL	5.00	16	901.			901.	901.		0.
286	Pump Motor for Toyota	090706	SL	5.00	16	649.			649.	649.		0.
287	Paper Shreddar	100106	SL	5.00	16	2097.			2097.	2097.		0.

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
288	(3) Fan Motors	100100	SL	5.00	16	1189.			1189.	713.		0.
289	Watering Kit	100406	SL	5.00	16	463.			463.	463.		0.
290	Battery Charger	111406	SL	5.00	16	2102.			2102.	2102.		0.
291	Glass Door for Display Freezer	113006	SL	5.00	16	5659.			5659.	5659.		0.
292	Computer Cabinet	121906	SL	5.00	16	378.			378.	378.		0.
293	Crown Battery	012307	SL	5.00	16	1860.			1860.	1860.		0.
294	Palet Jack	020707	SL	5.00	16	463.			463.	463.		0.
295	Wall in Front Office	031207	SL	15.00	16	3125.			3125.	1528.		208.
296	Digital Camera	031507	SL	5.00	16	251.			251.	251.		0.
297	Charger (Model CR24FR3B-765)	032207	SL	5.00	16	2398.			2398.	2398.		0.
298	Cube Style Ice Machine	050907	SL	5.00	16	2649.			2649.	2649.		0.
299	Replaced amp on Toyota	080807	SL	5.00	16	2720.			2720.	2720.		0.
300	Firesafe File Cabnet	090607	SL	7.00	16	410.			410.	400.		10.
301	New rear caster wheel	090607	SL	5.00	16	921.			921.	921.		0.
302	Kyocera Printer-Kathy	101007	SL	5.00	16	729.			729.	729.		0.
303	New fence around compress freezers	101707	SL	15.00	16	3350.			3350.	1489.		223.
304	New warehouse addition	063008	SL	39.00	16	520392.			520392.	80060.		13343.
305	New Compressor for Freezer	120707	SL	5.00	16	5800.			5800.	5800.		0.

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
306	New parts for Engine F180	020608	SL	5.00	16	6717.			6717.	6717.		0.
307	Control arm harness	022908	SL	5.00	16	774.			774.	774.		0.
308	Stove	030608	SL	5.00	16	465.			465.	465.		0.
309	Copier	032108	SL	5.00	16	6410.			6410.	6410.		0.
310	Lifting cylinder	040408	SL	5.00	16	566.			566.	566.		0.
311	Battery for Forklift	050608	SL	5.00	16	907.			907.	907.		0.
312	Dell Optiplex computer - JoAnn	051408	SL	5.00	16	871.			871.	871.		0.
313	Printer HP P2015DN	061008	SL	5.00	16	500.			500.	500.		0.
314	Fence Schloss Memorial	070308	SL	10.00	16	3565.			3565.	2139.		357.
315	Plaque	070308	SL	10.00	16	875.			875.	525.		88.
316	Freezer Comfort Zone	070708	SL	39.00	16	15000.			15000.	2308.		385.
317	Building new addition	070308	SL	39.00	16	154243.			154243.	23730.		3955.
318	Fence chain link	070708	SL	15.00	16	5713.			5713.	2285.		381.
319	Kyocera Printer	080508	SL	5.00	16	799.			799.	799.		0.
320	(D)Sharp Copier	080508	SL	5.00	16	7368.			7368.	7368.		0.
321	Fourplex outlets and Cooler Strips	080508	SL	39.00	16	7170.			7170.	1088.		184.
322	New Warehouse Addition	080508	SL	39.00	16	34024.			34024.	5162.		872.
323	Glass Door Merchandiser, Freez	081208	SL	5.00	16	6419.			6419.	6419.		0.

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
324	Printer	081508	SL	5.00	16	500.			500.	500.		0.
325	Phone system	081508	SL	5.00	16	3460.			3460.	3460.		0.
326	Refrigerator	082608	SL	5.00	16	1600.			1600.	1600.		0.
327	Freezer/Cooler	081408	SL	39.00	16	16250.			16250.	2465.		417.
328	Security System	090108	SL	5.00	16	622.			622.	622.		0.
329	Warehouse addition	090508	SL	39.00	16	42569.			42569.	6367.		1092.
330	Sign in Building	090508	SL	39.00	16	875.			875.	131.		22.
331	New wall in office	091208	SL	39.00	16	1950.			1950.	292.		50.
332	Wall Plaques	092508	SL	39.00	16	926.			926.	137.		24.
333	two data outlets in new offices	092908	SL	39.00	16	1163.			1163.	172.		30.
334	Camera System	092908	SL	5.00	16	6587.			6587.	6587.		0.
335	Pressure Washer, Blower	091608	SL	5.00	16	999.			999.	999.		0.
336	Stand Worktable	100108	SL	5.00	16	699.			699.	699.		0.
337	Desk	102108	SL	5.00	16	730.			730.	730.		0.
338	Water Gun/Adaptors	103108	SL	5.00	16	550.			550.	550.		0.
339	Electrical System upkeep	123108	SL	5.00	16	641.			641.	641.		0.
340	Van	021309	SL	5.00	21	53000.			53000.	51643.		0.
341	Windows and Door	040609	SL	39.00	16	486.			486.	65.		12.

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342	Sanitaire Vac	022609	SL	5.00	16	200.			200.	200.		0.
343	Conveyor Belt	022609	SL	5.00	16	682.			682.	682.		0.
344	Garage Door for Building	030709	SL	39.00	16	865.			865.	118.		22.
345	New Wall with Service Door	030509	SL	39.00	16	6198.			6198.	848.		159.
346	Salavage Area	031109	SL	39.00	16	1539.			1539.	211.		39.
347	Salavage Area	031709	SL	39.00	16	553.			553.	74.		14.
348	Battery	041409	SL	5.00	16	1385.			1385.	1385.		0.
349	Pallet Truck Jacks	052909	SL	5.00	16	798.			798.	798.		0.
350	A/C Unit	060409	SL	7.00	16	7163.			7163.	5201.		1023.
351	Forklist Battery and Watering System	060409	SL	7.00	16	4243.			4243.	3081.		606.
352	Computer	061509	SL	5.00	16	906.			906.	906.		0.
353	Drive in Rack System	061509	SL	7.00	16	9995.			9995.	7258.		1428.
354	Dell Laptop 4GB & Digital projector	071609	SL	5.00	17	1675.			1675.	1508.		168.
355	Water system - Yale	080609	SL	5.00	17	360.			360.	324.		36.
356	NEC 16 Digital Station Card and Ph	081709	SL	5.00	17	728.			728.	655.		73.
357	2 Dock Levelers	093009	SL	10.00	17	4201.			4201.	1891.		420.
358	Computer Desk w/ Hutch - Gretchen	101509	SL	7.00	17	199.			199.	128.		28.
359	Kemco Doors for Freezer (32)	110509	SL	39.00	17	4883.			4883.	579.		125.

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360	2 Dell computers Optiplex wkstations	111309	SL	5.00	17	1875.			1875.	1688.		188.
361	Yale Forklift	111309	SL	5.00	17	25692.			25692.	23123.		2569.
362	Fire Filing Cabinet	113009	SL	7.00	17	1650.			1650.	1061.		236.
363	New office Upstairs	011410	SL	39.00	17	960.			960.	110.		25.
364	Battery with watering system Mo	021210	SL	5.00	17	4600.		2300.	2300.	2070.		230.
365	Materials for new office upstairs	020310	SL	39.00	17	335.			335.	38.		9.
366	Floor scrubber for warehouse	030210	SL	5.00	17	5895.		2948.	2947.	2652.		295.
367	Refrigerated truck (Walmart Fnd donati	102809	200DB	5.00	21	85000.			85000.	80104.		4896.
	Less Exclusion									-82521.		0.
368	Brake assembly & steer tire	031510	SL	5.00	17	2810.		1405.	1405.	1265.		141.
369	Removal of swamp cooler & roof repla	032510	SL	39.00	17	5685.			5685.	626.		146.
370	Fax Board for Copier (Kathy's)	033110	SL	5.00	17	1028.		514.	514.	463.		51.
371	Kodak Camera	041510	SL	5.00	17	400.		200.	200.	180.		20.
372	2 palet trucks	050710	SL	5.00	17	750.		375.	375.	338.		38.
373	Master cylinder	060410	SL	5.00	17	738.		369.	369.	332.		37.
374	Refrigerated 8 pan	061510	SL	5.00	17	1649.		825.	824.	742.		82.
375	3 tub economy sink with mixing faucet	061510	SL	7.00	17	1263.		632.	631.	405.		90.
376	Awning in Customer Service	081110	SL	7.00	17	948.		474.	474.	237.		68.

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377	Contact Kit for Compactor	080510	SL	5.00	16	756.			756.	592.		151.
378	Compressor	090610	SL	5.00	17	2246.		1123.	1123.	786.		225.
379	Battery	100610	SL	5.00	16	4250.			4250.	3188.		850.
380	Sharp Copier	101810	SL	5.00	16	4059.			4059.	2977.		812.
381	(2) Computers for Tom/Bill	101810	SL	5.00	16	1878.			1878.	1377.		376.
382	Awning for Front Entrance	101810	SL	7.00	16	590.			590.	309.		84.
383	Zoll AED plus Cabinets for	121610	SL	5.00	16	1450.			1450.	1039.		290.
384	Kitchen	122010	SL	15.00	16	1100.			1100.	257.		73.
385	4 New Batteries	010711	SL	5.00	16	1856.			1856.	1299.		371.
386	New offices in old Boardroom	040411	SL	30.00	16	4168.			4168.	452.		139.
387	Printer for Sherri	040711	SL	5.00	16	829.			829.	539.		166.
388	3 New Phones	042911	SL	5.00	16	796.			796.	504.		159.
389	Black Refrigerator	050511	SL	5.00	16	395.			395.	250.		79.
390	(4) Computers (Kathy, David, Jole	050511	SL	5.00	16	6860.			6860.	4345.		1372.
391	New Desk (Sheri)	051111	SL	5.00	16	1129.			1129.	715.		226.
392	New Desk (Bill)	051111	SL	5.00	16	1126.			1126.	713.		225.
393	Old Dominion (Lot Next Door)	053111	L	.000		239953.			239953.			0.
394	Pallet Jack	071511	SL	5.00	16	375.			375.	225.		75.

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395	Tractor Trailer	081611	SL	5.00	16	71690.			71690.	41819.		14338.
396	New Compressor for FL70	082511	SL	5.00	16	1093.			1093.	619.		219.
397	Tractor (Model M2112)	083111	SL	5.00	16	88643.			88643.	50231.		17729.
398	Computer-Willie	090911	SL	5.00	16	774.			774.	439.		155.
399	Phones	091511	SL	5.00	16	529.			529.	300.		106.
400	New Accelerator	100811	SL	5.00	16	693.			693.	381.		139.
401	Truck (FEF)	101411	SL	5.00	16	10096.			10096.	5553.		2019.
402	Computers (Sherry, Cheri)	112811	SL	5.00	16	2810.			2810.	1452.		562.
403	Steering Motor	030612	SL	5.00	16	9231.			9231.	4308.		1846.
404	Awning (Smoking area)	031212	SL	5.00	16	925.			925.	432.		185.
405	FTL - Model M2-106	040112	SL	5.00	16	65425.			65425.	29441.		13085.
406	Carpet downstairs	040612	SL	5.00	16	6321.			6321.	2844.		1264.
407	Rectifier	042612	SL	5.00	16	943.			943.	409.		189.
408	Computer-Teressa	050412	SL	5.00	16	1050.			1050.	455.		210.
409	Turbo	071312	SL	5.00	17	2831.		1416.	1415.	424.		283.
410	New brake assembly	070312	SL	5.00	17	1478.		739.	739.	222.		148.
411	replaced piston rod	080612	SL	5.00	17	1222.		611.	611.	183.		122.
412	Computer for upstairs top	081012	SL	5.00	17	319.		159.	160.	48.		32.

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413	vehicle wrap with laminate trailer	082712	SL	7.00	17	10932.		5466.	5466.	1171.		781.
414	2 Palet Trucks	082712	SL	5.00	17	971.		485.	486.	146.		97.
415	Left door for truck	092712	SL	5.00	17	400.		200.	200.	60.		40.
416	lift pump	020613	SL	5.00	17	4581.		2290.	2291.	688.		458.
417	Computer - Joann	101712	SL	5.00	17	1417.		709.	708.	212.		142.
418	Computer - Carley	101712	SL	5.00	17	1417.		709.	708.	212.		142.
419	Industrial battery	111312	SL	5.00	17	5604.		2802.	2802.	841.		560.
420	replace siding	120712	SL	39.00	17	27094.			27094.	1071.		695.
421	Compressor	021513	SL	7.00	17	5650.		2825.	2825.	605.		404.
423	32" LCD monitor for security system an	021513	SL	5.00	17	450.		225.	225.	68.		45.
424	1998 Wabash Reefer Trailer used	030713	SL	7.00	17	3500.		1750.	1750.	375.		250.
425	20.5 CU FT Freezer	040513	SL	5.00	17	598.		299.	299.	89.		60.
426	fuel injector	041513	SL	7.00	17	5083.		2542.	2541.	544.		363.
427	Concrete wall	042413	SL	39.00	17	5200.			5200.	161.		133.
428	Peavey Escort 3000 freezers given to	060913	SL	5.00	17	630.		315.	315.	95.		63.
429	agencies from grant	061213	NC	.000		3600.			3600.			0.
430	Freezer-Cooler Addition	043014	SL	39.00	17	2098165.			2098165.	11208.		53799.

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431	New Clutch on 200 FL	070813	SL	5.00	17	3400.		1700.	1700.	170.		340.
432	New Battery	070813	SL	5.00	17	3035.		1518.	1517.	151.		304.
433	1 Projector and 1 32 GB Tablet	071613	SL	5.00	17	721.		360.	361.	37.		72.
434	5 Display Cabinets	073113	SL	7.00	17	2515.		1258.	1257.	89.		180.
435	New BTM Panel - unit 25	073113	SL	5.00	17	777.		389.	388.	38.		78.
436	Replaced Sub Floor in Truck	082613	SL	5.00	17	4109.		2055.	2054.	205.		411.
437	Replaced Logic Board	082613	SL	5.00	17	1983.		991.	992.	99.		198.
438	Wire harnes and control board	082613	SL	5.00	17	2910.		1455.	1455.	146.		291.
439	Push Pull Slipsheet	091313	SL	5.00	17	2000.		1000.	1000.	100.		200.
440	New Evaporator Coils	102413	SL	7.00	17	9331.		4665.	4666.	334.		667.
441	Liftgate	102413	SL	7.00	17	4101.		2051.	2050.	146.		293.
442	New Hotwater Tank Salvage area	110613	SL	7.00	17	337.		168.	169.	12.		24.
443	New Flywheel and clutch	110613	SL	7.00	17	4623.		2311.	2312.	166.		330.
444	Dell Computer - Al	112713	SL	5.00	17	1495.		748.	747.	74.		150.
445	Compressor	120513	SL	7.00	17	8196.		4098.	4098.	292.		585.
446	8 Pallet Trucks	120513	SL	5.00	17	1781.		891.	890.	89.		178.
447	Document Scanner Dell Optiplex 7010	121713	SL	5.00	17	279.		140.	139.	14.		28.
448	Computer - Brooke	010714	SL	5.00	17	1395.		698.	697.			279.

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449	2 Phones	022714	SL	5.00	17	900.		450.	450.			180.
450	Compressor	033114	SL	5.00	17	858.		429.	429.			172.
451	Door Slide for Freezer	043014	SL	10.00	17	8960.		4480.	4480.			896.
452	2 Color Cameras	051514	SL	5.00	17	700.		350.	350.			140.
453	Dell Optiplex 7010 Computer - Brooke	051514	SL	5.00	17	1455.		727.	728.			291.
454	Battery	052914	SL	5.00	17	370.		185.	185.			74.
455	Battery - 18C85-25	062614	SL	5.00	17	6042.		3021.	3021.			1208.
456	2 Cordless Phones	071514	SL	5.00	19B	1306.		653.	653.			718.
457	Convection Oven for Kitchen	072314	SL	7.00	19C	3159.		1580.	1579.			1692.
458	Scissor Lift	072814	SL	7.00	19C	8000.		4000.	4000.			4286.
459	Freightline Tractor - 2007	072914	SL	5.00	19B	35295.		17648.	17647.			19412.
460	Radiator	073114	SL	5.00	19B	2990.		1495.	1495.			1645.
461	Refrigerator	081414	SL	5.00	19B	545.		272.	273.			300.
462	Work Tables - 4	081414	SL	5.00	19B	2500.		1250.	1250.			1375.
463	2 Blue Computer Cabinet	082814	SL	5.00	19B	722.		361.	361.			397.
464	Repair Liftgate	082914	SL	5.00	19B	1863.		932.	931.			1025.
465	Extend Receiving Dock	091514	SL	30.00	16	38873.			38873.			1080.
466	Apple Airport Express	090814	SL	5.00	19B	395.		198.	197.			217.

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467	Thermo King - Clutch 3-GR	092914	SL	5.00	19B	1683.		842.	841.			926.
468	(3) 6x8 Dock levelers	092914	SL	10.00	19D	10935.		5468.	5467.			5741.
469	Condensing Unit	101514	SL	7.00	19C	42832.		21416.	21416.			22946.
470	Valance	101514	200DB	5.00	19B	550.		275.	275.			330.
471	12 Storage Units	110514	SL	5.00	19B	5790.		2895.	2895.			3185.
472	205 Cardinal Model	123014	SL	7.00	19C	726.		363.	363.			389.
473	Condensing Coil	031815	SL	5.00	19B	3225.			3225.			322.
474	New Server	031815	SL	7.00	19C	8700.			8700.			621.
475	Railing for Dock	032015	SL	10.00	19D	3715.			3715.			186.
476	New Engine	041515	SL	7.00	19C	12753.			12753.			911.
477	New Monitor Controller	042915	SL	5.00	19B	2147.			2147.			215.
478	3 New Computer and 1 TP hand drive	051415	SL	5.00	19B	4470.			4470.			447.
479	New Compressor Kit for Bus	060815	200DB	5.00	19B	1203.			1203.			241.
480	Sentry Safe Fire Cabinet	061515	SL	5.00	19B	770.			770.			77.
481	2008 Toyota Model 7FBCHU25 Forklift a	072814	SL	5.00	19B	10000.		5000.	5000.			5500.
	* 990 Page 10 Total Other					6249091.		226268.	6022823.	1846333.	0.	271864.
	* Grand Total 990 Page 10 Depr					6249091.		226268.	6022823.	1846333.	0.	271864.

Form **4562**

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

990

OMB No. 1545-0172

**2014**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Attachment  
Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**MONTGOMERY AREA FOOD BANK, Inc.**

Form 990 Page 10

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 instructions)	1	500000.
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	2000000.
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 2013 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 2015. 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	64648.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	84251.

**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 2014	17	109613.
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 2014 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		43633.	5 Yrs.	HY	SL	4511.
c 7-year property		48811.	7 Yrs.	HY	SL	3486.
d 10-year property		9182.	10 Yrs.	HY	SL	459.
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	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2014 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	4896.
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	271864.
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, certain aircraft, 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? [X] Yes [ ] No 24b If "Yes," is the evidence written? [X] Yes [ ] No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (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 1 4896.

27 Property used 50% or less in a qualified business use: S/L -

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 4896.

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.

Table for Section B with columns (a) through (f) Vehicle and rows 30-36 regarding miles driven and personal use availability.

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.

Table for Section C with rows 37-41 regarding policy statements and vehicle use by employees.

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

Table for Part VI with columns (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 2014 tax year:

43 Amortization of costs that began before your 2014 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Form 4562, Part V Listed Property Information-More Than 50% Statement 1

(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
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		
Refrigerate truck (Walmart	10/28/09	100.00	85000.	85000.	5.00	200DB	-HY	4896.	
Total to Form 4562, Part V, Line 26								4896.	