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Form **990**

SCANNED APR 1 2 2010

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2009

Open to Public Inspection

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

AF	or the	e 2009 calendar year, or tax year beginning and ending							
Bc	heck if	Please use IRS	D Employer identific	cation number					
	Addre chang	ss label or THE SOCIETY OF ST. ANDREW, INC.							
	Name chang	Doing Business As	54-1	285793					
느	Initial return	Specific							
F	Term:	Instruct 3383 SWEET HOLLOW ROAD)299-5956					
\vdash	_return	City or town, state or country, and ZIP + 4	G Gross receipts \$	11,817,146.					
_	_tion pendii	BIG ISLAND, VA 24520	H(a) Is this a group re						
		F Name and address of principal officer STEVEN M. WALDMANN	for affiliates?						
		SAME AS C ABOVE empt status.	H(b) Are all affiliates inc						
		empt status.		list. (see instructions)					
			H(c) Group exemptio	n number ► 1 State of legal domicile: VA					
	rt I	Summary	ear or formation. 1904 N	n State of legal doffficile. VA					
		Briefly describe the organization's mission or most significant activities. TO INTRO.	DUCE PEOPLE T	O GOD'S					
& Governance		GRACE IN JESUS CHRIST THROUGH MEETING THEIR							
ī.	ı	Check this box fr the organization discontinued its operations or disposed of m							
Š.	l .	Number of voting members of the governing body (Part VI, line 1a)	3	27					
Ğ	ļ.	Number of independent voting members of the governing body (Part VI, line 1b)	4	27					
88	l	Total number of employees (Part V, line 2a)	5	51					
Ϋ́	6	Total number of volunteers (estimate if necessary)	6	34624					
Activities	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.					
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.					
			Prior Year	Current Year					
ē	8	Contributions and grants (Part VIII, line 1h)	8,619,407.	11,761,714.					
ent	9	Program service revenue (Part VIII, line 2g)	45,371.	43,435.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,591.	<u> 11,997.</u>					
•	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	53,078.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,744,447.	11,817,146.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)							
		Benefits paid to or for members (Part IX, column (A), line 4)							
Ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,481,465.	1,423,302.					
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)							
Exp		Total fundraising expenses (Part IX, column (D), line 25)	F 144 010	10 111 505					
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 172 and 173	7,144,012.	10,144,505.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12	8,625,477.	11,567,807.					
- &	19	10 1 WAY	118,970.	249,339.					
Net Assets or Fund Balances			Beginning of Current Year 1,490,623.	End of Year 1,790,243.					
<u> </u>		Total assets (Part X, line 16) Total liabilities (Part X, line 26)	76,272.	117,837.					
<u> </u>		Net assets or fund balances Subtract line 21 from time 20	1,414,351.	1,672,406.					
	rt II	Signature Block	1,414,3310	1,012,400.					
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen	its, and to the best of my knowledg	ge and belief, it is true, correct,					
		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	ige						
Sigr	1	Stern M. Waldmann	1 3/9//	0					
Here	е	Signature of officer	Date	·					
		STEVEN M. WALDMANN, EXECUTIVE DIRECTOR							
		Type or print name and title	0: 1.6						
Paid		Preparer's Date	Self- (see ins	r's identifying number tructions)					
	arer's	signature $V \rightarrow V $	employed						
	Only	vours if CHERRI, BENNERI & HOLLAND, L.L.P.	EIN ►						
	-	self-employed), address, and P. O. BOX 1119		424\ 048 6640					
.4	Ab - 17	ZIP+4 LYNCHBURG, VA. 24505-1119	Phone no. ► (434) 847-6643					
viay	une II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No					

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Glo

Form **990** (2009)

	990 (2009) THE SOCIETY OF ST. ANDREW, INC. 54-1285/93 Page 2
Par	t III Statement of Program Service Accomplishments
1	Bnefly describe the organization's mission:
	TO INTRODUCE PEOPLE TO GOD'S GRACE IN JESUS CHRIST THROUGH MEETING
	THEIR HUNGERS: FOOD FOR THE BODY, GOD'S WORD FOR THE SPIRIT,
	COMMUNITY OF LOVE FOR THE HEART, OPPORTUNITY FOR THOSE WHO DESIRE
	ACTION.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	SEE SCHEDULE O FOR CONTINUATION(S)
4a	(Code:) (Expenses \$ 2,383,733. including grants of \$) (Revenue \$
	THE POTATO PROJECT: THE FOCUS OF THIS PROGRAM IS ON SALVAGING POTATOES
	AND OTHER PRODUCE THAT ARE CONSIDERED TO BE UNMARKETABLE DUE TO SIZE OR
	OTHER SMALL FLAWS. THE PRODUCE IS GIVEN TO THE SOCIETY FREE OF CHARGE,
	BUT THE SOCIETY MUST PAY FOR PACKAGING AND FREIGHT. SALVAGED PRODUCE
	IS DISTRIBUTED TO FOOD BANKS AND VARIOUS OTHER ORGANIZATIONS, USUALLY
	IN TRUCKLOADS OF 45,000 LBS.
	THE POTATO PROJECT ALSO PURCAHSES SEED POTATOES FOR SHIPMENT TO AREAS
	HAVING AVAILABLE LAND, BUT LACKING THE RESOURCES TO PURCHASE SEED. TEH
	PRODUCE YIELDED FROM THE SEED POTATOES GOES TO THE NEEDY IN THE AREA OR
	TO A FOOD BANK. NORMALLY, 8 LBS. OF POTATOES ARE HARVESTED FOR EVERY
	POUND OF SEED.
4b	(Code:) (Expenses \$ 185,337. including grants of \$) (Revenue \$
	HARVEST OF HOPE: THIS IS A WORK/STUDY MISSION PROGRAM FOR ALL AGES
	WHERE PARTICIPANTS SPEND TIME STUDYING ABOUT THE PROBLEM OF WORLD
	HUNGER. SEVERAL EVENTS ARE CONDUCTED EVERY YEAR. THE HARVEST OF HOPE
	PARTICIPANTS TAKE PART IN SALVAGING PRODUCE FOR THE NEEDY.
	PARTICIPANTS PAY A FEE TO ATTEND.
	DURING 2009, THE HARVEST OF HOPE HAD A TOTAL OF 411 PARTICIPANTS WHO
	ATTENDED 10 EVENTS AND SALVAGED AND DISTRIBUTED 96,063 LBS. OF PRODUCE.
4c	(Code) (Expenses \$ 8,333,667. including grants of \$) (Revenue \$
	GLEANING NETWORK: THIS PROGRAM USES VOLUNTEERS TO SALVAGE PRODUCE
	DIRECTLY FROM FARMS AND ORCHARDS. SALVAGED PRODUCE IS GLEANED FROM
	FIELDS THAT HAVE BEEN HARVESTED OR IS GATHERED FROM FIELDS THAT ARE
	DONATED BY FARMERS. PRODUCE IS PICKED UP AT THE GLEANING SITE BY A
	FOOD BANK OR OTHER ORGANIZATION, OR IS DISTRIBUTED DIRECTLY BY SOCIETY
	OF ST. ANDREW VOLUNTEERS.
	DURING 2009, THE GLEANING NETWORK HAD APPROXIMATELY 34,624 VOLUNTEERS
	WHO SALVAGED AND DISTRIBUTED 15,740,126 LBS. OF PRODUCE.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 144,983. including grants of \$) (Revenue \$)
4e	Total program service expenses ▶\$ 11,047,720.

2 1 3 1 4 5 5 5 5 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	1 2 3 4	X	
2 3 1 4 5 5 5 1	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	3		
3 [4 5 5 5	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Х	
4 8 5 8	public office? If "Yes," complete Schedule C, Part I			١
4 \$ 5 \$	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and		1 1	l
5 5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			X
r		-		X
	reporting requirement and proxy tax? If "Yes," complete Schedule C. Part III			
6 [5		<u> </u>
	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			ĺ
ţ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			İ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			l
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	Х	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		İ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	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? If "Yes," complete Schedule D, Part X.			
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		İ	
	Schedule D, Parts XI, XII, and XIII.	12	x	
	Was the organization included in consolidated, independent audited financial statements for the tax year?	12	-21	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
c	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16 E	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
ic	ocated outside the United States? If "Yes," complete Schedule F, Part III	16		X
1 7 [Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
c	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18 [Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		T	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19 C	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
c	complete Schedule G, Part III	19		X
<u>20 [</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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X

X

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If "Yes," complete Schedule R, Part V, line 2

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	,		
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 51			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			ĺ
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a_		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			ĺ
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		
_	benefit contract?	7e		X
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings	_		
9	at any time during the year?	8		
-	Did the organization make any taxable distributions under section 4966?	0-		ĺ
a	· · · · · · · · · · · · · · · · · · ·	9a		
b 10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
	Initiation fees and capital contributions included on Part VIII, line 12			ĺ
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
.,	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	.20		
	The state of the s			

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.

Sec	tion A. Governing Body and Management		_	
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 27			ĺ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		x
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation		j	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed VA, AL, GA, MS, TN, MO, CT, FL, IL	_	<u>,sc</u>	<u>,WA</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection Indicate how you make these available. Check all that apply			
	X Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, are	id fina	ncıal	
	statements available to the public	_		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ion 🕨	`	
	THE ORGANIZATION - 434-299-5956			
	3383 SWEET HOLLOW ROAD, BIG ISLAND, VA 24526			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not co	ompensate an	у сц	ırren	t off	icer,	, dire	cto	r, or trustee.		
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	l		Posi				Reportable	Reportable	Estimated
	hours	⊢ <u>`</u>	(check all that			nat apply)		compensation	compensation	amount of
	per week	ndividual trustee or director						from the	from related organizations	other compensation
		- D	8			sated		organization	(W-2/1099-MISC)	from the
		rustee	nstitutional trustee		9	Highest compensated employee		(W-2/1099-MISC)		organization
		量	utiona	_	Key employee	stcol	85			and related
		튵	i i	Officer	Key e	Highe	Form			organizations
MR. RON HARDMAN										
CHAIR, BOARD OF DIRECTOR	1.00	x						0.	0.	0.
MR. BOB GIBSON										
VICE-CHAIR, BOARD OF DIR	1.00	X						0.	0.	0.
DR. MIKE BROWDER										_
DIRECTOR	1.00	X				<u> </u>		0.	0.	0.
MR. WALLACE BRUCE										
DIRECTOR	1.00	X						0.	0.	0.
REV. HARRIET BRYAN			ļ							
DIRECTOR	1.00	X						0.	0.	0.
MR. ED CLARK									_	
DIRECTOR	1.00	X						0.	0.	0.
MR. STEVE CLARK									_	_
DIRECTOR	1.00	X						0.	0.	0.
MS. COOPER DAVIDSON	4 00									
DIRECTOR	1.00	X						0.	0.	0.
REV. LARRY DAVIES	1 00									•
EX-OFFICIO DIRECTOR	1.00	X	<u> </u>			_		0.	0.	0.
MR. JOHN DOWELL	1 00	₹.	į					0	^	0
DIRECTOR MR. ALLEN EUBANKS	1.00	X						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	_0.
MR. ROBERT L FORREST	1.00	Λ	_	\vdash					<u> </u>	
DIRECTOR	1.00	x						0.	0.	0.
MS. BARBARA GOMEZ	1.00			\Box				•		
EX-OFFICIO DIRECTOR	1.00	x						0.	0.	0.
MR. GIL HANKE			 							
DIRECTOR	1.00	x						0.	0.	0.
MR. WARREN HOTTLE										
DIRECTOR	1.00	X						0.	0.	0.
MR. STEVE JENNINGS										
DIRECTOR	1.00	X						0.	0.	0.
MR. SHAWN KIGER										
DIRECTOR	1.00	X						0.	0.	0.

MS. SALLY LUCK DIRECTOR DR. GLENN MARTIN DIRECTOR REV. JULIA BOYD MITCHENE DIRECTOR	(B) Average hours per week	Individual trustee or director		(C) Posr all t	tion hat		ly)	(D) Reportable compensation from	(E) Reportable compensation from related	1 '	(F) Estimate amount	
DIRECTOR DR. GLENN MARTIN DIRECTOR REV. JULIA BOYD MITCHENE DIRECTOR	per	<u> </u>		all t		app	ly)	·	•	1		of
DIRECTOR DR. GLENN MARTIN DIRECTOR REV. JULIA BOYD MITCHENE DIRECTOR		I –	Institu	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	o	other impensa from th rganizat and relati ganizati	ation ie tion ted
DIRECTOR REV. JULIA BOYD MITCHENE DIRECTOR	1.00	x					_	0.	0 .			0.
REV. JULIA BOYD MITCHENE DIRECTOR	1.00							0.	0.			0.
								0.	0.			0.
MRS. JOYCE MOORMAN				_								
DIRECTOR MRS. IDA POWELL	1.00	X		\dashv				0.	0	-		0.
DIRECTOR	1.00	x						0.	0 .	<u>. </u>		0.
MR. DAVID REED DIRECTOR	1.00	x						0.	0			0.
REV. PAUL THOMBS DIRECTOR	1.00	x					•	0.	0			0.
MS. PAULETTE VAN MATRE DIRECTOR	1.00							0.	0.			0.
MS. LOLITA WARWICK DIRECTOR	1.00							0.	0.			0.
MR. TOM WITHERINGTON												
DIRECTOR	1.00	X				Щ		0.	0.			0.
1b Total2 Total number of individuals (including but r			linta	-d -a-b		باد. د د دا		82,652.	0	<u>.L.</u>	13,7	87.
compensation from the organization	tot inflited to ti	1056	IISTE	u au		*) WI		eceived more than \$100,	000 in reportable			
3 Did the organization list any former officer,	. director or tru	stee	. kev	/ em	vola.	/ee.	or h	ighest compensated em	plovee on	_	Yes	No
line 1a? If "Yes," complete Schedule J for s	such individual		•							3	<u> </u>	x
4 For any individual listed on line 1a, is the st and related organizations greater than \$15			-					<u>.</u>	ne organization	4		x
5 Did any person listed on line 1a receive or the organization? If "Yes," complete Sched	•			rom	any	unr	elate	ed organization for service	ces rendered to	5		X
Section B. Independent Contractors	dio o for daon	<u> </u>	<u> </u>									
Complete this table for your five highest co the organization. NONE	ompensated in	depe	nde	nt co	ontr	acto	rs th	nat received more than \$	3100,000 of compen	sation	n from	
(A) Name and business	address							(B) Description of se	ervices		(C) ensatio	
							1	·				
							+					
					_		+					
							+					
							+					
2 Total number of independent contractors (i	including but n						- 1		l			

Form 990 (2009) THE SOCIETY OF ST. ANDREW, 54-1285793 Page 9 Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a b Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 11 11761714. similar amounts not included above 9158301. g Noncash contributions included in lines 1a-1f \$ 11761714 h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a REGISTRATION FEES 561499 43,360. 43,360. 900099 **b MERCHANDISE SALES** f All other program service revenue 43,435. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 11,997 <u>11,997</u>. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 11817146 43,435 11,997.

Form **990** (2009)

Part IX Statement of Functional Expenses

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

	All other organizations must comp		e not required to comple	te columns (B), (C), and (
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				
_	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	06 420	01 000	0 644	F 70 <i>C</i>
	trustees, and key employees	96,439.	81,009.	9,644.	5,786.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	0.1	1,040,722.	728,480.	109,909.	202,333.
8	Pension plan contributions (include section 401(k)	1,040,144.	120,400.	103,303.	404,333.
U	and section 403(b) employer contributions)	31,389.	21,030.	2,970.	7,389.
9	Other employee handfile	171,845.		12,565.	30,608.
10	Payroll taxes	82,907.		8,749.	15,292.
11	Fees for services (non-employees):	02/50.1	30,000.	5//15	13,2321
а.					
b	Legal	2,109.	1,371.	63.	675.
C	Accounting	8,650.		260.	2,768.
d	Lobbying		3,000		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	12,642.	8,072.	458.	4,112.
12	Advertising and promotion	5,509.	3,890.	44.	1,575.
13	Office expenses	27,326.		1,362.	10,533.
14	Information technology				
15	Royalties				
16	Occupancy	50,176.		1,366.	621.
17	Travel	79,136.	74,161.	719.	4,256.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	420.	353.	46.	21.
21	Payments to affiliates	02.060	00 104	0.626	1 100
22	Depreciation, depletion, and amortization	23,968.	20,134.	2,636.	1,198.
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	PRODUCE DISTRIBUTED	9,190,186.	9,190,186.		
b	FREIGHT	264,545.	264,545.		
С	MATERIALS & LABOR	260,378.	260,378.		
d	POSTAGE	59,117.	22,377.	2,320.	34,420.
е	PRINTING	49,103.	20,249.	2,528.	26,326.
f	All other expenses	111,240.	94,705.	10,298.	6,237.
25	Total functional expenses. Add lines 1 through 24f	11,567,807.	11,047,720.	165,937.	354,150.
26	Joint costs. Check here If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				5 000 (2222)

Form 990 (
Part X	Balance Shee
4	Cash - non-interes

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			549,642.	1	747,972.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		·	7,069.	4	22,850
	5	Receivables from current and former officers, dir	ectors	trustees, key			
		employees, and highest compensated employee	nplete Part II				
		of Schedule L		5			
	6	Receivables from other disqualified persons (as					
		4958(f)(1)) and persons described in section 495		İ			
		Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use	<u>-</u> .	8			
	9	Prepaid expenses and deferred charges			1,886.	9	3,565
- -	10a	Land, buildings, and equipment: cost or other	i				•
		basis Complete Part VI of Schedule D	10a	551,120.			
	ь	Less: accumulated depreciation	10b	247,807.	265,763.	10c	303,313
- -	11	Investments - publicly traded securities			25,319.	11	35,610
.	12	Investments - other securities See Part IV, line 1		638,594.	12	675,083	
.	13	Investments - program-related See Part IV, line 1		13			
.	14	Intangible assets		14			
.	15	Other assets See Part IV, line 11			2,350.	15	1,850
.	16	Total assets. Add lines 1 through 15 (must equa	1,490,623.	16	1,790,243		
	17	Accounts payable and accrued expenses	38,576.	17	29,484		
.	18	Grants payable	<u>.</u>	18			
.	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability Complete F	art IV	of Schedule D		21	
	22	Payables to current and former officers, directors	s, trust	ees, key employees,			
		highest compensated employees, and disqualifie	d per	ons Complete Part II			
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
:	25	Other liabilities. Complete Part X of Schedule D			37,696.	25	88,353
1	26	Total liabilities. Add lines 17 through 25			76,272.	26	117,837
		Organizations that follow SFAS 117, check he	re 🕨	X and complete			
		lines 27 through 29, and lines 33 and 34.					
2	27	Unrestricted net assets			1,414,351.	27	1,672,406
:	28	Temporarily restricted net assets		[28	
:	29	Permanently restricted net assets		[29	
		Organizations that do not follow SFAS 117, ch	ere 🕨 🔲 and				
		complete lines 30 through 34.					
:	30	Capital stock or trust principal, or current funds		30			
;	31	Paid-in or capital surplus, or land, building, or equ		31			
	32	Retained earnings, endowment, accumulated inc				32	
	33	-			1,414,351.	33	1,672,406
ı	34	Total liabilities and net assets/fund balances		····	1,490,623.	34	1,790,243

	990 (2009) THE SOCIETY OF ST. ANDREW, INC. 54-1285	793	Pa	ge 12
Pa	rt XI Financial Statements and Reporting		_	
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		x
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	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?	3a		X
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	26		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

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

2009

Open to Public Inspection

Name of the organization

Employer identification number

			THE SOC	IETY OF ST.	ANDRE	W, IN	<u>C.</u>			54	<u>4-1285</u>	<u> 793 </u>	
Pa	ırt I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) See ins	tructions				
'ne	organi	zation is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1		A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2		A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)								
3		A hospital or	a cooperative hospi	tal service organization (described	ın section	170(b)(1)	(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pital desci	nbed in se	ction 170	(b)(1)(A)(ii	ii). Enter t	he hospital	i's nam	е,
		crty, and stat	te:							-			
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describe	ed in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)	·	-	-	_					
6		A federal, sta	ate, or local governm	ent or governmental unr	t describe	d in sectio	n 170(b)(()(A)(v).					
7	\mathbf{X}			eives a substantial part					or from the	general r	oublic desc	ribed ır	1
			(b)(1)(A)(vi). (Comple				•			J			
8				ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9		-		eives: (1) more than 33			rom contri	butions. n	nembershi	p fees, an	nd aross re	ceipts f	rom
				nctions - subject to certa									
			•	axable income (less sect	•		•				•		
			509(a)(2). (Complete			,			, 5-			,	-
10				perated exclusively to te	st for publ	c safety 5	See sectio	n 509(a)(4	4).				
11			•	perated exclusively for the	•	•			•	v out the	purposes d	of one c	or
		-		ations described in secti		-				•			
				organization and comple				,		-,(-,-			
		a Type I	ı	Type II o	тур	e III - Func	tionally inf	tegrated		d \square	Type III - 0	Other	
е		By checking	this box, I certify tha	at the organization is not	controlled	directly o	r ındirectly	by one o	r more dis	qualified r	persons oth	ner thar	1
				han one or more publicly			-	-					
f				ten determination from t									
		_	rganization, check th			•		, ,					
g		Since August	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing per	sons?	• • •	•	
_				irectly controls, either al			•		•			Yes	No
		the gove	eming body of the si	upported organization?			_				11g(i)		
		(ii) A family	member of a persor	n described in (i) above?						_	11g(ii)		-
		(iii) A 35% d	controlled entity of a	person described in (i) o						-	11g(iii)	TTT	
h		Provide the fo	ollowing information	about the supported or	ganization	(s).							
			-			. ,							
(i)	Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	notify the	(vi) ls		/vii\ An	nount of	
۱٠,		nization	(,	organization (described on lines 1-9	in col. (i) lis	•		ion in col.	organization (i) organiz			port	
				above or IRC section	governing	document?	(i) of your	support?	U.S	.?	•	•	
				(see instructions))	Yes	No	Yes	No	Yes	No			
					[
					1								
			<u> </u>							 			
	_				 	-		_					
	_				1				1				

	·				1		
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						44941277.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	266,912.
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
	organization, check this box and stor	here					▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2009 (i	ine 6, column (f) d	livided by line 11,	column (f))		14	99.59 %
15	Public support percentage from 2008	Schedule A, Part	II, line 14	_		15	99.53 %
16a	33 1/3% support test - 2009.If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check t	this box and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			
b	33 1/3% support test - 2008. If the o	rganization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, ch	neck this box
	and stop here. The organization qual	fies as a publicly	supported organiz	zation			▶□
17a	10% -facts-and-circumstances tes	t - 2009.If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is	s 10% or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	this box and stop	here. Explain in Pa	rt IV how the	e organization
	meets the "facts-and-circumstances"		•	•	•		▶□
ь	10% -facts-and-circumstances tes				=	17a. and line	15 is 10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ				-		▶□
18	Private foundation. If the organization						ructions
							rm 990 or 990-EZ) 2009
					OCI I	/1 OI	555 61 555 EL) 2003

Schedule A (Form 990 or 990-EZ) 2009 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) % 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 ... 18 %

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

2009
Open to Public Inspection

Name of the organization

THE SOCIETY OF ST. ANDREW, INC.

Employer identification number

54-1285793

Pa	rt I Organizations Maintaining Donor Advise		ids or Accounts Complete 4 the
<u> </u>	organization answered "Yes" to Form 990, Part IV, line		ds of Accounts. Complete if the
	organization answered Tes to Form 990, Part IV, III)	(a) Donor advised funds	(b) Funds and other accounts
	Total acceptance at an electric	(a) Donor advised fullus	(b) Fullus and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		<u> </u>
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	lvised funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can	be used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpo	se conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an	historically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the for	rm of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	• •	2b
c	Number of conservation easements on a certified historic str		`
d			. 2c
		• • •	<u>2d</u>
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by	the organization during the tax
	year >		
4	Number of states where property subject to conservation ea	· · · · · · · · · · · · · · · · · · ·	- ,
5	Does the organization have a written policy regarding the per	- · ·	
_	violations, and enforcement of the conservation easements r		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	•	
7	Amount of expenses incurred in monitoring, inspecting, and	-	· · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	es the organization's accounting for
_	conservation easements.		
Pai	t III Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of i	public service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these it	items	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bal	lance sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, o	or research in furtherance of public serv	ice, provide the following amounts relating to
	these items.	,	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
		• •	\$
2	If the organization received or held works of art, historical tre-		. > \$
~	_		ciai gairi, provide
_	the following amounts required to be reported under SFAS 1	•	> #
a			• \$
b	Assets included in Form 990, Part X		. \$

	edule D (Form 990) 2009 THE SOC rt III Organizations Maintaining C	IETY OF ST				or Oth		128579 ssets (cont		
3	Using the organization's acquisition, accessi									
	(check all that apply):									
а	Public exhibition		d \square	Loan or ex	change progr	ams				
b	Scholarly research		е 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ain how t	hey further	the organizat	on's exe	mpt purpose in	Part XIV.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Pa	rt IV Escrow and Custodial Arran	gements. Comp	olete if or	ganization	answered "Ye	s" to For	m 990, Part IV,	line 9, or		
	reported an amount on Form 990, Par			_						
1a	Is the organization an agent, trustee, custodi	an or other interme	ediary for	contribution	ons or other as	sets not	ncluded			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIV			table [.]						
			_					Amoun	t	
С	Beginning balance						1c			
d	Additions during the year						1d		• • •	
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, iin	e 21?			_		Yes		No
b	If "Yes," explain the arrangement in Part XIV.									
Pa	rt V Endowment Funds. Complete it	f the organization a	answered	"Yes" to F	orm 990, Part	IV, line 1	10.			
		(a) Current year	(b) F	nor year	(c) Two yea	rs back	(d) Three years b	ack (e) Fou	r years	back
1a	Beginning of year balance	78,941								
b	Contributions	25,000								
С	Net investment earnings, gains, and losses	1,487								
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs				1					
f	Administrative expenses		1							
g	End of year balance	105,428								
2	Provide the estimated percentage of the year				_ I			-		
а	Board designated or quasi-endowment	100.00	%							
Ь	Permanent endowment ▶00	%								
c		<u></u> %								
3a	Are there endowment funds not in the posse		zation th	at are held	and administe	ered for t	he organization			
	by.	3-							Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations		•••	•				3a(ii)		X
ь	If "Yes" to 3a(ii), are the related organizations	Isted as required	on Sche	dule R?	•	• • •		3b		
4	Describe in Part XIV the intended uses of the				• •			. [
Pa	rt VI Investments - Land, Building				0, Part X, line	10.	=:			
	Description of investment	(a) Cost or			st or other		ccumulated	(d) Boo	k valu	е —
	·	basis (inves			s (other)		preciation	(,		
1a	Land		•	<u> </u>	7,500.				7.5	00.
	Buildings	-		3	51,548.		126,714.		4,8	
	Leasehold improvements						<u>,</u>		-, -	<u> •</u>
				1	92,072.		121,093.	7	0.9	79.
	Other			1 -	, _ , _ ,				<u> </u>	· - ·
	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Par	t X, colui	nn (B), line	10(c).)		>	30	3,3	13.

Schedule D (Form 990) 2009 THE SOCIETY	OF ST. ANDREW	, INC.	54-12	85793 Page	
Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12.	, , , , , , , , , , , , , , , , , , , ,	<u> </u>	<u> </u>	
(a) Description of security or category (including name of security)	(b) Book value		lethod of valuation: nd-of-year market va	alue	
Financial derivatives					
Closely-held equity interests					
Other					
MONEY FUNDS	120,423.	END-OF-YEAR	MARKET VA	LUE	
CASH EQUIVALENTS	41,942.	END-OF-YEAR	MARKET VA	LUE	
CERTIFICATES OF DEPOSIT	442,343.	END-OF-YEAR	MARKET VA	LUE	
MORTGAGE AND ASSET BACKED					
SECURITIES	70,375.	END-OF-YEAR	MARKET VA	LUE	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	675,083.				
Part VIII Investments - Program Related. S	ee Form 990, Part X, line 13				
(a) Description of investment type	(a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year marke				
		.			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)					
Part IX Other Assets. See Form 990, Part X, line	15.		•		
(a)	Description			(b) Book value	
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)				
Part X Other Liabilities. See Form 990, Part X,	line 25.				
1 (a) Description of liability		(b) Amount			
Forderel in come device					

1 (a) Description of liability	(b) Amount
Federal income taxes	
CAPITAL LEASE OBLIGATION, CURRENT	
MATURITIES	11,644.
CAPITAL LEASE OBLIGATION, LONG-TERM	48,028.
ACCRUED OBLIGATIONS	28,681.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	88,353.

2. FIN 48 Footnote. In Part XIV, 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.

		NC.			1285/93 Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Au	idited Financ	cial State	ment	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		_1		11,817,146.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		11,567,807.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	. [3		249,339.
4	Net unrealized gains (losses) on investments		4		8,716.
5	Donated services and use of facilities		5		
6	Investment expenses	•	6		
7	Prior period adjustments	·	7		····
8	Other (Describe in Part XIV.)	• •	8		
9	Total adjustments (net) Add lines 4 through 8	•	9		8,716.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10		258,055.
	t XII Reconciliation of Revenue per Audited Financial Statements	With Reven		aturn	
		Willi Devel	iue per n		
1	Total revenue, gains, and other support per audited financial statements			_1	11,825,862.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1		ŀ	
а	Net unrealized gains on investments	2a	8,716.		
b	Donated services and use of facilities	2b			
C	Recovenes of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	Ì		
е	Add lines 2a through 2d			2e	8,716.
3	Subtract line 2e from line 1	•		3	11,817,146.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	•	•		11/01//1100
٠,	· · · · · · · · · · · · · · · · · · ·			ļ	
a		la			
b	, , , , , , , , , , , , , , , , , , , ,	lb			•
C	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	380-1 P		_5_	11,817,146.
Pal	t XIII Reconciliation of Expenses per Audited Financial Statements	s with Expe	nses per	Ketu	
1	Total expenses and losses per audited financial statements			1	<u>11,567,807.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities 2	_{2a} ∣			
b	Pnor year adjustments 2	26			
c		2c			
d	· · · · · · · · · · · · · · · · · · ·	2d		İ	
e	Add lines 2a through 2d	<u>.u </u>	i	2-	0.
	Subtract line 2e from line 1	• • • • • • • • • • • • • • • • • • • •		2e	11,567,807.
3	• • • • • • • • • • • • • • • • • • • •			3	11,307,607.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1			
а	· · · · · · · · · · · · · · · · · · ·	la			
b	Other (Describe in Part XIV.)	Ib			
C	Add lines 4a and 4b		[4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	<u> 11,567,807.</u>
Pai	t XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line	es 1a and 4: Par	t IV. lines 1b	and 2	2b: Part V. line 4: Part
	e 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete				
	RT V, LINE 4: THE ORGANIZATION'S INCOME ON EN				
	THE THE CHARLEST ON DESCRIPTION OF THE	NDOWINITE	TOMBO	221(1	u ODED
א כי	MEEDED MO CIIDDODM MUE DDOCDAMC OF MUE ODCANI	T 7 A M T () M			
AD	NEEDED TO SUPPORT THE PROGRAMS OF THE ORGANI	LZATION.			
	<u> </u>				
					
				-	

SCHEDULE J-2

Department of the Treasury

Internal Revenue Service

(Form 990)

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

2009

Open to Public Inspection

Name of the Organization

THE SOCIETY OF ST. ANDREW, INC.

Employer Identification number 54-1285793

THE SOCI	ETY OF S	2.1		JVI	<u>JKI</u>	<u>sw</u>		INC.	54-128	5793
Part I Continuation of Officers, D	irectors, Tr	ust	ee			Em	ple	oyees, and Highes	t Compensated	Employees
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	rtion	1		Reportable	Reportable	Estimated
	hours	(ci	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per	È	Ι	Γ	Г	ΓĖ	<u> </u>	from	from related	other
	week		1	ļ		85		the	organizations	compensation
		ğ				율		organization	(W-2/1099-MISC)	from the
		ŧ				5		(W-2/1099-MISC)	(,	organization
		5	ste			sate		(and related
		Est	를		8	ad to				organizations
		Ē	阜	l _	물	St	<u> </u>			organization o
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MD CONTROL M MAIDWANN		_	<u> </u>	-	-	_				
MR. STEVEN M. WALDMANN								00.650		40 505
EXECUTIVE DIRECTOR	50.00			X	<u> </u>			82,652.	0.	13,787.
	<u> </u>		\vdash	\vdash	\vdash		-			
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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

► Attach to Form 990.

2009

Open to Public Inspection

Name of the organization

F ST. ANDREW. INC. Employer identification number 54-1285793

_	THE SOCIETY	OF ST.	ANDREW	, INC.		54-1	1285	793	
Pa	t I Types of Property				· · ·				
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g		(d) Method of dete revenue		g	
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	L							
14	Qualified conservation contribution - Other		_						
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	9,999	9,158,301.	MARKE	T VALUE			
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 organi	zation during	g the tax year t	for contributions					
	for which the organization completed Form 82	83, Part IV, I	Donee Acknow	ledgment . 29					
								Yes	No
30a	During the year, did the organization receive b								İ
	at least three years from the date of the initial	contribution	, and which is	not required to be used for e	xempt pu	rposes for			İ
	the entire holding period?						30a		X
ь	If "Yes," describe the arrangement in Part II.								İ
31	Does the organization have a gift acceptance	•	=	•		?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to	solicit, process, or sell nonc	ash				
	contributions?					-	32a		X
b	If "Yes," describe in Part II.								
33	If the organization did not report revenues in c	olumn (c) fo	r a type of prop	perty for which column (a) is	checked,				
	describe in Part II								ĺ

SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

THE SOCIETY OF ST. ANDREW, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

Employer identification number 54-1285793

BODY, GOD'S WORD FOR THE SPIRIT, COMMUNITY OF LOVE FOR THE HEART,
OPPORTUNITY FOR THOSE WHO DESIRE ACTION.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS
DURING 2009, THE POTATO PROJECT RECEIVED AND DISTRIBUTED 10,787,606
LBS. OF POTATOES AND OTHER TYPES OF PRODUCE AND COMMODITIES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
STRATEGIC PROGRAMS: INITIATIVES UNDER THIS PROGRAM FOCUS ON INVOLVING
THE NATIONAL CHRUCH (ALL DENOMINATIONS) IN A DEDICATED AND COORDINATED
EFFORT TO END HUNGER IN THE UNITED STATES AND ELSEWHERE.
EXPENSES \$ 144983. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION ADDED AN AUDIT
COMMITTEE AS A STANDING COMMITTEE AND OUTLINED ITS RESPONSIBILITIES.
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS REVIEWED
AND APPROVED BY MANAGEMENT AND MEMBERS OF THE FINANCE COMMITTEE PRIOR TO
FILING.
FORM 990, PART VI, SECTION B, LINE 12C: MANAGEMENT OF THE SOCIETY MONITORS
AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH AN
ANNUAL REVIEW PROCESS WITH BOARD MEMBERS AND STAFF.

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

THE SOCIETY OF ST. ANDREW, INC.

Employer identification number 54-1285793

FORM 990, PART VI, SECTION B, LINE 15: EACH YEAR, THE BOARD OF DIRECTORS
ESTABLISHES THE COMPENSATION FOR THE EXECUTIVE DIRECTOR AS PART OF THE END
OF YEAR PERFORMANCE REVIEW PROCESS. THE EXECUTIVE DIRECTOR ALSO COLLECTS
INFORMATION FROM THE AVAILABLE RESOURCES REGARDING NATIONAL STANDARDS OF
COMPENSATION FOR ORGANIZATIONS OF SIMILAR SIZE AND BUDGET. THESE NATIONAL
AVERAGES ARE USED TO DEVELOP THE SOCIETY'S COMPENSATION BRACKETS, BASED ON
WHAT THE BUDGET AND FUNDING WILL ALLOW.
FORM 990, PART VI, SECTION C, LINE 19: THE SOCIETY'S GOVERNING DOCUMENTS,
CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE
PUBLIC UPON REQUEST AT NO COST. FINANCIAL INFORMATION IS ALSO PROVIDED ON
THE SOCIETY'S WEBSITE AND THROUGH VARIOUS NONPROFIT WATCHDOG GROUPS.
FORM 990, PART XI, LINE 2C
THE PROCESS RELATED TO THIS LINE CHANGED FROM THE PRIOR YEAR
DURING 2009 THE ORGANIZATION CREATED AN AUDIT COMMITTEE THAT ASSUMES
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS
AND SELECTION OF AN INDEPENDENT ACCOUNTANT.