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Form

990**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2009Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Food Bank of West Central Texas, Inc.
	Doing Business As
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5505 N. First Street
	City or town, state or country, and ZIP + 4 Abilene, TX 79603-6426
	D Employer identification number 75 : 1888192
	E Telephone number (325) 695-6311
	G Gross receipts \$ 4,887,358
F Name and address of principal officer Jo D. Houston 5505 N. First Street, Abilene, TX 79603-6426	
H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)	
H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ www.fbcwt.org	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1983 M State of legal domicile TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. <u>To procure and distribute nutritional food to qualified agencies that feed the hungry of West Central Texas.</u>
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a) 3 22
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 22
	5 Total number of employees (Part V, line 2a) 5 12
	6 Total number of volunteers (estimate if necessary) 6 1,480
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a -0-
7b Net unrelated business taxable income from Form 990-T, line 34 7b -0-	
Revenue	8 Contributions and grants (Part VIII, line 1h) 3,460,773 4,287,608
	9 Program service revenue (Part VIII, line 2g) 570,339 589,067
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) (9,804) (8,505)
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 22,348 19,188
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,043,656 4,887,358
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) -0- 4,028,987
	14 Benefits paid to or for members (Part IX, column (A), line 4) -0- -0-
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 385,664 382,465
	16a Professional fundraising fees (Part IX, column (A), line 11e) 32,678 49,008
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 94,037
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) 3,557,319 260,321
	18 Total expenses—add lines 13–17 (must equal Part IX, column (A), line 25) 3,975,661 4,720,781
19 Revenue less expenses. Subtract line 18 from line 12 67,995 166,577	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 1,874,902 2,132,745
	21 Total liabilities (Part X, line 26) 34,859 16,521
	22 Net assets or fund balances. Subtract line 21 from line 20 1,840,043 2,116,224

Part II Signature Block

Sign Here	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.	
	Signature of officer <i>Jo D. Houston</i> Jo D. Houston, Executive Director	Date 8-9-10
Paid Preparer's Use Only	Preparer's signature <i>Becky Roberts, CPA</i>	Date 5-27-10
	Firm's name (or yours if self-employed), address, and ZIP + 4 Becky Roberts, CPA 104 Pine Street, Suite 611, Abilene, TX 79601	Check if self-employed <input checked="" type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ : 665-5239 Phone no ▶ (325)

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2009)

SCANNED SEP 01 2010

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Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission
To procure and distribute nutritional food to qualified agencies that feed the hungry of West Central Texas.
-
- 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 ☒ No
 If "Yes," describe these new services on Schedule O
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 4,440,308 including grants of \$ 4,028,987) (Revenue \$ 589,067)
The Food Bank of West Central Texas distributes more than 3 million pounds of food and grocery products each year. These items serve more than 200 non-profit agencies, including soup kitchens, church food pantries, neighborhood centers, halfway houses, family crisis shelters, daycares, and many others in Abilene and the surrounding West Texas Counties.

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

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

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

4e Total program service expenses ► 4,440,308

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		✓
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		N/A
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		✓
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		✓
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		✓
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	✓	
<ul style="list-style-type: none"> 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 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 		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	✓	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Yes	No
	12A	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		✓
14a Did the organization maintain an office, employees, or agents outside of the United States?		✓
b 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		✓
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	✓	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	✓	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		✓
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		✓

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	✓	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II		✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		✓
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		✓
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		✓
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		✓
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		✓
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		✓
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		✓
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		✓
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	22	
b Enter the number of voting members that are independent	22	
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?		✓
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?		✓
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		✓
5 Did the organization become aware during the year of a material diversion of the organization's assets?		✓
6 Does the organization have members or stockholders?		✓
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		✓
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	✓	
b Each committee with authority to act on behalf of the governing body?	✓	
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		✓

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		✓
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?		N/A
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	✓	
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	✓	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	✓	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	✓	
13 Does the organization have a written whistleblower policy?	✓	
14 Does the organization have a written document retention and destruction policy?	✓	
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?		
a The organization's CEO, Executive Director, or top management official	✓	
b Other officers or key employees of the organization	✓	
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?		✓
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		N/A

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **None**

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **Jo D Houston, 5505 N. First Street, Abilene, TX**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Jo D Houston Executive Director	40			✓				60,754	-0-	6,121
Greg Allen Director	1	✓						-0-	-0-	-0-
Barbara Bridges Director	1	✓						-0-	-0-	-0-
Tom Ceniglis Director	1	✓						-0-	-0-	-0-
Douglas W. Eichorst Director	1	✓						-0-	-0-	-0-
Corby Flanagan Director	1	✓						-0-	-0-	-0-
Maureen Huffman Director	1	✓						-0-	-0-	-0-
Ronnie Kidd Chair	1	✓						-0-	-0-	-0-
Pamel Mann Director	1	✓						-0-	-0-	-0-
Chris Montoya Treasurer	1	✓						-0-	-0-	-0-
Dan Nasser Director	1	✓						-0-	-0-	-0-
Phil Nichols Director	1	✓						-0-	-0-	-0-
Wes Ratliff Director	1	✓						-0-	-0-	-0-
Richard Rolison Director	1	✓						-0-	-0-	-0-
Ron Smith Director	1	✓						-0-	-0-	-0-
Dean Taggart Director	1	✓						-0-	-0-	-0-

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Bill Tate Director	1	<input checked="" type="checkbox"/>						-0-	-0-	-0-
Cale Thielen Director	1	<input checked="" type="checkbox"/>						-0-	-0-	-0-
Randy Wilkerson Secretary	1	<input checked="" type="checkbox"/>						-0-	-0-	-0-
Ronica Worgull Vice Chair	1	<input checked="" type="checkbox"/>						-0-	-0-	-0-
Richard Young Didirector	1	<input checked="" type="checkbox"/>						-0-	-0-	-0-
Robert Valdez Director	1	<input checked="" type="checkbox"/>						-0-	-0-	-0-
Pete Beretta Director	1	<input checked="" type="checkbox"/>						-0-	-0-	-0-
1b Total								60,574	-0-	6,121

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

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		<input checked="" type="checkbox"/>
4		<input checked="" type="checkbox"/>
5		<input checked="" type="checkbox"/>

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
None		

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

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	21,810			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,436,489			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,829,309			
	g	Noncash contributions included in lines 1a-1f \$		3,653,042			
	h	Total. Add lines 1a-1f		4,287,608			
Program Service Revenue	2a Shared Maintenance Fees		Business Code				
	b			589,067	589,067		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		589,067			
	3	Investment income (including dividends, interest, and other similar amounts)		15,510			15,510
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
Other Revenue	6a Gross Rents		(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)			(24,015)		(24,015)
	8a Gross income from fundraising events (not including \$ 21,810 of contributions reported on line 1c) See Part IV, line 18		a	12,515			
	b	Less: direct expenses	b	4,975			
	c	Net income or (loss) from fundraising events		7,540	7,540		
	9a Gross income from gaming activities See Part IV, line 19		a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances		a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue		Business Code				
11a	Other Income		11,648	11,648			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		11,648				
12	Total revenue. See instructions		4,887,358	608,255		(8,505)	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4,028,987	4,028,987		
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, trustees, and key employees	60,754	20,271	30,377	10,106
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	247,250	171,832	50,610	24,808
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	50,045	31,247	13,208	5,590
10	Payroll taxes	24,416	15,138	6,348	2,930
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	49,008			49,008
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	38,073		36,478	1,595
14	Information technology				
15	Royalties				
16	Occupancy	39,660	26,785	12,875	
17	Travel	15,019	136	14,883	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,923		11,923	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	63,271	60,128	3,143	
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.)				
a	Truck, Trailer & Motor Vehicle Expenses	47,341	47,341		
b	Warehouse Expense	38,351	38,351		
c	Support Services and Training	6,416		6,416	
d	Other	267	92	175	
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	4,720,781	4,440,308	186,436	94,037
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

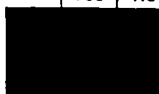
Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	304,120	1	547,476
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	69,754	3	79,086
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	409,551	8	385,129
	9 Prepaid expenses and deferred charges	2,712	9	1,925
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	1,346,307		
	b Less: accumulated depreciation	742,721	10c	603,586
	11 Investments—publicly traded securities	426,030	11	515,543
	12 Investments—other securities. See Part IV, line 11.		12	
	13 Investments—program-related. See Part IV, line 11.		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11.		15	
16 Total assets. Add lines 1 through 15 (must equal line 34).	1,874,902	16	2,132,745	
Liabilities	17 Accounts payable and accrued expenses	34,859	17	16,521
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D.		25	
	26 Total liabilities. Add lines 17 through 25.	34,859	26	16,521
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,831,744	27	2,081,563
	28 Temporarily restricted net assets	8,299	28	34,661
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,840,043	33	2,116,224
34 Total liabilities and net assets/fund balances	1,874,902	34	2,132,745	

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Yes No



2a Yes No

2b Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

2c Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Food Bank of West Central Texas, Inc.

Employer identification number

75 : 1888192

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s)

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

Total

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.)

N/A

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

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

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,821,483	3,283,304	3,459,723	3,460,773	4,287,608	17,312,891
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	393,469	405,936	447,351	570,339	589,067	2,406,162
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	3,214,952	3,689,240	3,907,074	4,031,112	4,876,675	19,719,053
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)						19,719,053

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	3,214,952	3,689,240	3,907,074	4,031,112	4,876,675	19,719,053
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,519	17,830	40,402	(9,804)	15,510	79,457
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	15,519	17,830	40,402	(9,804)	15,510	79,457
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)		16,042	14,316	16,824	19,188	66,370
13 Total support. (Add lines 9, 10c, 11, and 12)	3,230,471	3,723,112	3,961,792	4,038,132	4,911,373	19,864,880
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.266 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	96.975 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.4000 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.3753 %

- 19a 33⅓ % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☒
- b 33⅓ % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

Part III - Line 12 - Other Income

Miscellaneous Income for years 2006-2009

**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.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Food Bank of West Central Texas, Inc.

Employer identification number

75 : 1888192

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. **N/A**

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ 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? ☐ Yes ☐ No

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

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

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

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

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

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ %

b Permanent endowment ▶ %

c Term endowment ▶ %

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

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,215		2,215
b Buildings		990,016	496,390	493,626
c Leasehold improvements				
d Equipment		354,076	246,331	107,745
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				603,586

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,887,358
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,720,781
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	166,577
4	Net unrealized gains (losses) on investments	4	109,604
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	109,604
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	276,181

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	5,001,937
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	109,604
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	4,975
e	Add lines 2a through 2d	2e	114,579
3	Subtract line 2e from line 1	3	4,887,358
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	4,887,358

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	4,725,756
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	4,975
e	Add lines 2a through 2d	2e	4,975
3	Subtract line 2e from line 1	3	4,720,781
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	4,720,781

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XII and Part XIII - Line 2d - Fundraising event expenses reclassified for 990 purposes.

Part XIV Supplemental Information (continued)

This image shows a full page of a handwriting practice worksheet. It consists of approximately 20 horizontal dashed lines spaced evenly down the page, providing a guide for letter height and placement. The background is plain white, and there are no other markings or text present.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

Food Bank of West Central Texas, Inc.

Employer identification number

75 : 1888192

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Russ Reid	Direct Mail		<input checked="" type="checkbox"/>	217,720	49,008	168,712
Total				217,720	49,008	168,712

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

N/A - State of Texas does not require registration

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

		(a) Event #1 <u>Tour de Gap</u> (event type)	(b) Event #2 <u>Share Christmas</u> (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	12,515	21,810		34,325
	2 Less Charitable contributions		21,810		21,810
	3 Gross income (line 1 minus line 2)	12,515	-0-		12,515
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	4,975			4,975
	10 Direct expense summary Add lines 4 through 9 in column (d)				(4,975)
	11 Net income summary Combine line 3, column (d), and line 10				7,540

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. N/A

		(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 Combine line 1, column d, and line 7				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," explain.		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," explain		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

Yes No

13 Indicate the percentage of gaming activity operated in**a** The organization's facility

13a %

b An outside facility

13b %

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

Name ▶

Address ▶

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

15a

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$**c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

continue in compliance with the requirements of the Food Bank of West Central Texas.

1 (a) Name and address	(b) EIN	(c) IRC section	(e) Amount of non-cash assistance	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Eastland County Food Pantry 710 South Ammerman Eastland, Texas 76448	75-2270217	501(c)(3)	66,560	A	Food	B
City Light Community Ministries 336 Hickory Street Abilene, Texas 79601	75-2733264	Church	30,201	A	Food	B
Glo Day Care Center P.O. Box 85 Abilene, Texas 79601	75-1295177	Church	7,422	A	Food	B
Good Samaritan Ministries P.O. Box 1136 Brownwood, Texas 76804	75-2500908	Church	431,048	A	Food	B
Love and Care Ministries 233 Fannin Street Abilene, Texas 79603	75-2668227	501(c)(3)	104,703	A	Food	B
Northside Baptist Church 1328 Avenue L Anson, Texas 79501	53-0557255	Church	29,518	A	Food	B
Pioneer Drive Baptist Church 701 South Pioneer Drive Abilene, Texas 79605	75-6004469	Church	34,640	A	Food	B
Trinity Chapel Church P.O. Box 3246 Early, Texas 76803	75-1944815	Church	9,890	A	Food	B
Cross Plains Food Pantry P.O. Box 64 Cross Plains, Texas 76443	75-1617309	Church	16,646	A	Food	B
Jones County Aging Services 508 East Gould Street Stamford, Texas 79553	75-2101229	501(c)(3)	19,639	A	Food	B
Nolan County Min. All. Brown Bag 502 Locust Street Sweetwater, Texas 79556	75-0971121	Church	39,954	A	Food	B
Salvation Army- Comanche P.O. Box 783 Comanche, Texas 76442	75-0800678	501(c)(3)	49,541	A	Food	B
Daugherty Street Church of Christ P.O. Box 842 Eastland, Texas 76448	75-2152445	Church	16,302	A	Food	B
Disability Resources P.O. Box 1880 Abilene, Texas 79604	75-2157839	501(c)(3)	44,695	A	Food	B

1 (a) Name and address	(b) EIN	(c) IRC section	(e) Amount of non-cash assistance	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Shackelford Co Community Res Care P.O. Box 2435 Albany, Texas 76430	75-2541970	501(c)(3)	28,693	A	Food	B
Fisher County Senior Citizens P.O. Box 494 Roby, Texas 79543	75-0939930	Church	10,326	A	Food	B
First United Methodist Pantry 309 Cedar Street Sweetwater, Texas 79556	75-0971121	Church	42,266	A	Food	B
Windmill Food Pantry P.O. Box 399 Merkel, Texas 79536	75-0966887	Church	18,859	A	Food	B
Elmcrest Baptist Church 517 North Pioneer Drive Abilene, Texas 79603	75-1362338	Church	6,153	A	Food	B
River of Life Food Pantry P.O. Box 811 Eastland, Texas 76448	75-2842975	Church	28,650	A	Food	B
Ben Richey Boys Ranch 501 Ben Richey Drive Abilene, Texas 79608	75-0948921	501(c)(3)	34,270	A	Food	B
Crescent Heights Baptist Church 1902 North Mockingbird Street Abilene, Texas 79603	75-6004885	Church	8,649	A	Food	B
Day Nursery of Abilene - Ash 702 Cedar Street Site 1 Abilene, Texas 79601	75-1399924	501(c)(3)	15,241	A	Food	B
Noah Project, Inc. P.O. Box 875 Abilene, Texas 79604	75-1704926	501(c)(3)	13,055	A	Food	B
Salvation Army 1726 Butternut Street Abilene, Texas 79602	75-0800678	501(c)(3)	67,399	A	Food	B
Serenty House 150 Orange Street Abilene, Texas 79601	75-1571205	501(c)(3)	97,220	A	Food	B
DeLeon Ministerial Alliance P.O. Box 349 DeLeon, Texas 76444	73-1638793	Church	14,384	A	Food	B
Winters Aging Service 601 Wood Street Winters, Texas 79567	75-6001131	Church	22,008	A	Food	B

1 (a) Name and address	(b) EIN	(c) IRC section	(e) Amount of non-cash assistance	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Salvation Army of Brownwood P.O. Box 911 Brownwood, Texas 76804	75-0800678	501(c)(3)	34,548	A	Food	B
First United Methodist Church 1360 County Road 216 Santa Anna, Texas 76876	75-1920896	Church	29,131	A	Food	B
St. John's Church P.O. Box 26 Brownwood, Texas 76804	75-2170403	Church	12,911	A	Food	B
Abilene Baptist Assoc Soc Ministry P.O. Box 5226 Abilene, Texas 79602	75-2264823	501(c)(3)	89,302	A	Food	B
Lakeview Baptist Church Pantry 8315 FM 2125 North Brownwood, Texas 76801	75-2721157	Church	19,949	A	Food	B
Christian Ministries of Abilene 701 Walnut Street Abilene, Texas 79601	75-0808793	Church	67,221	A	Food	B
Gorman United Meth Com F.B. P.O. Box 127 Gorman, Texas 76454	75-2848448	Church	20,250	A	Food	B
Lawn Senior Citizens P.O. Box 14 Lawn, Texas 79530	75-1371815	Church	6,252	A	Food	B
Hendrick Home for Children P.O. Box 5195 Abilene, Texas 79608	75-0818165	501(c)(3)	10,438	A	Food	B
Victory Life Church P.O. Box 940 Brownwood, Texas 76801	75-1675841	Church	9,817	A	Food	B
Beltway Park Baptist Church 4009 Beltway South Abilene, Texas 79606	75-2077730	Church	15,904	A	Food	B
Rising Star Community Food Bank P.O. Box 61 Rising Star, Texas 76471	75-2439202	501(c)(3)	13,770	A	Food	B
Elliott Street Church of Christ 1701 West Elliott Breckenridge, Texas 76424	75-6026610	Church	23,483	A	Food	B
Bangs Texas Food Pantry 404 Lisa Lane Bangs, Texas 76823	75-1225814	Govt	25,855	A	Food	B

1 (a) Name and address	(b) EIN	(c) IRC section	(e) Amount of non-cash assistance	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Freedom Fellowship C/O 425 Highland Avenue Abilene, Texas 79605	75-0808793	Church	26,064	A	Food	B
Trinity Covenant Fellowship P O. Box 635 Albany, Texas 76430	74-3096125	Church	8,796	A	Food	B
Misson of Miracles of Baird, Tx P O. Box 774 Baird, Texas 79504	75-1955316	Church	19,697	A	Food	B
Boys & Girls Club of Abilene P.O. Box 2013 Abilene, Texas 79604	75-1001991	501(c)(3)	8,283	A	Food	B
Christian Service Center 901 Mesquite Abilene, Texas 79601	75-0859661	Church	39,746	A	Food	B
The Windsor Nutrition Pantry 401 Pine Street Abilene, Texas 79601	13-3754463	501(c)(3)	30,783	A	Food	B
Overflow Worship Center 2026 Green Street Abilene, Texas 79603	20-4643939	Church	7,575	A	Food	B
Community Mission P.O. Box 160 Colorado City, Texas 79512	75-2354953	501(c)(3)	113,223	A	Food	B
Abilene Hope Haven, Inc. 801 South Treadaway Abilene, Texas 79602	75-2518820	501(c)(3)	7,699	A	Food	B
180 House 2102 Amy Lynn Avenue Abilene, Texas 79603	75-2467370	501(c)(3)	107,197	A	Food	B
Eula United Methodist Church 9776 County Road 258 Clyde, Texas 79510	75-2302449	Church	7,292	A	Food	B
Coleman Senior Center P.O. Box 785 Coleman, Texas 76834	75-1615124	501(c)(3)	12,921	A	Food	B
Aldersgate Enrichment Center P.O. Box 1406 Brownwood, Texas 76804	75-2213280	501(c)(3)	10,689	A	Food	B
Experienced Citizen Center 1401 South 1st Street Haskell, Texas 79521	75-6000991	501(c)(3)	15,649	A	Food	B

1 (a) Name and address	(b) EIN	(c) IRC section	(e) Amount of non-cash assistance	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Eastland Seniors Food Bank 1308 South Lamar Eastland, Texas 76448	75-2961843	501(c)(3)	12,264	A	Food	B
Promise Helpers/The Haven P.O. Box 1104 Clyde, Texas 79510	75-2736945	501(c)(3)	6,509	A	Food	B
First Assembly of God 1018 Cypress Street Abilene, Texas 79601	44-0577787	Church	7,205	A	Food	B
First United Methodist Anson P.O. Box 744 Anson, Texas 79501	75-0939924	Church	8,914	A	Food	B
Cisco Food Pantry 700 East 21st Street Cisco, Texas 76437	75-0945893	501(c)(3)	17,682	A	Food	B
Grace Tabernacle Church P.O. Box 5392 Abilene, Texas 79608	Not Available	Church	7,607	A	Food	B
Bethany Baptist Church P.O. Box 109 Breckenridge, Texas 76424	75-0966881	Church	9,585	A	Food	B
St. Mary Star of the Sea Church 608 North 4th Street Ballinger, Texas 76821	75-2648450	Church	39,605	A	Food	B
Abilene Jubilee House 433 Reading Abilene, Texas 79603	75-2842080	501(c)(3)	7,246	A	Food	B
Gateway Baptist Church P.O. Box 384 Tuscola, Texas 79562	75-2800366	Church	22,623	A	Food	B
Communities in Schools Region 14 ESC Abilene, Texas 79601	75-2945230	501(c)(3)	11,387	A	Food	B
Kingdom Builders Family Ministry 841 North Judge Ely Blvd. Abilene, Texas 79602	35-2357191	Church	17,860	A	Food	B
Common Ground Youth Ministries 219 South Swenson Street Stamford, Texas 79553	75-0904011	501(c)(3)	13,116	A	Food	B
Presbyterian Food Pantry 2201 River Oaks Circle Abilene, Texas 79605	75-1330538	Church	39,643	A	Food	B

1 (a) Name and address	(b) EIN	(c) IRC section	(e) Amount of non-cash assistance	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Loraine Senior Citizens, Inc P.O. Box 307 Loraine, Texas 79532	75-1678264	501(c)(3)	12,394	A	Food	B
Breakfast on Beech Street P O. Box 5911 Abilene, Texas 79608	75-6001515	Church	12,529	A	Food	B
Abilene- FUMC 1478 Westview Abilene, Texas 79603	75-0800644	Church	34,849	A	Food	B
Sacred Heart Church Loaves & Fish 837 Jeanette Abilene, Texas 79602	75-1279152	Church	108,275	A	Food	B
Anson Park Child Care 3050 Old Anson Road Abilene, Texas 79603	20-5210592	Church	22,888	A	Food	B
Kids of Faith Learning Center 5501 Highway 277 South Abilene, Texas 79606	75-2586638	501(c)(3)	6,078	A	Food	B
Center for Life Res. -ICF-MR P.O. Box 250 Brownwood, Texas 76804	75-1294432	501(c)(3)	11,794	A	Food	B
Big Country AIDS Resources 1109 Walnut Abilene, Texas 79601	75-2235135	501(c)(3)	40,611	A	Food	B
Samaritan's House 109 East Dale Street Winters, Texas 79567	75-2375112	Church	34,409	A	Food	B
E. Chambless Hospitality House 13378 FM 3522 Abilene, Texas 79601	75-2637337	501(c)(3)	18,795	A	Food	B
Eastside Baptist Church 321 Mesquite Street Ranger, Texas 76470	75-2671119	Church	6,415	A	Food	B
Hamlin Community Food Bank c/o Linda Cooper Hamlin, Texas 79520	20-5557051	501(c)(3)	17,339	A	Food	B
Woodlawn Church of Christ 3185 North 10th Street Abilene, Texas 79603	75-0999346	Church	24,177	A	Food	B
New Beginnings Pentecostal P.O. Box 1047 Brownwood, Texas 76804	44-0612817	Church	15,663	A	Food	B

1 (a) Name and address	(b) EIN	(c) IRC section	(e) Amount of non-cash assistance	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Christ Community Resource Center P.O. Box 1181 Clyde, Texas 79510	75-1865456	501(c)(3)	62,326	A	Food	B
BHC- MHMR C & A 744 Hickory Street Abilene, Texas 79603	75-1377658	501(c)(3)	33,683	A	Food	B
BHC- HCS Residential 2616 South Clack Street Abilene, Texas 79606	75-1377658	501(c)(3)	5,943	A	Food	B
Day Nursery of Abilene 702 Cedar Street- Site 2 Abilene, Texas 79601	75-13999924	501(c)(3)	10,167	A	Food	B
Day Nursery of Abilene - Vine 702 Cedar Street Abilene, Texas 79602	75-13999924	501(c)(3)	20,011	A	Food	B
Day Nursery of Abilene- Cedar 702 Cedar Street - Site 4 Abilene, Texas 79601	75-13999924	501(c)(3)	20,589	A	Food	B
Abilene Seniors P.O. Box 60 Abilene, Texas 79604	75-1279152	Church	15,744	A	Food	B
Center for Life MHMR Respite P.O. Box 250 Brownwood, Texas 76801	75-1294432	501(c)(3)	8,335	A	Food	B
Abilene Hope Haven Too 801 South Treadaway Abilene, Texas 79602	75-2518820	501(c)(3)	5,398	A	Food	B
City of Abilene 633 Walnut Street Abilene, Texas 79601	75-1279152	Church	5,001	A	Food	B
Meals on Wheels - Pantry P.O. Box 903 Abilene, Texas 79604	51-0148188	501(c)(3)	24,013	A	Food	B
Shackelford County Courthouse P.O. Box 3067 Albany, Texas 76430	75-2541970	501(c)(3)	49,712	A	Food	B
Minda Street Child Develop Center 855 Minda Street Abilene, Texas 79602	75-1723282	Church	9,484	A	Food	B

1 (a) Name and address	(b) EIN	(c) IRC section	(e) Amount of non-cash assistance	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Methodist F.P. 1102 North Willis Abilene, Texas 79603	75-0800644	Church	103,533	A	Food	B
Abilene Independent School District 1902 Shelton Abilene, Texas 79603	75-1001991	501(c)(3)	11,995	A	Food	B
Baker Heights Church of Christ 5382 Texas Avenue Abilene, Texas 79605	75-1926020	Church	11,389	A	Food	B
Hillcrest Baptist Church 650 E Ambler Avenue Abilene, Texas 79601	75-1861027	Church	54,015	A	Food	B

A Method of valuation - Valued at the average price per pound

B Purpose of grant or assistance - To provide nutritional food to qualified agencies that feed the hungry of West Central Texas

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

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

Food Bank of West Central Texas, Inc.

Employer identification number

75 : 1888192

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (USDA Commodity)	✓	1,740,401 lbs	1,343,818	See Below
26 Other ► (Donated Food)	✓	1,461,534 lbs	2,309,224	See Below
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

Yes No

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a ☐ Yes ☒ No

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?

31 ☒ Yes ☐ No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a ☐ Yes ☒ No

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Line 25 - USDA Commodities values are determined by the USDA

Line 26 - Value determined by Feeding America

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Food Bank of West Central Texas, Inc.

Employer identification number

75 : 1888192

Part VI - Line 11- The Form 990 is presented to the executive committee and full board for review prior to the filing

Part VI - Line 15 - Feeding America provides an annual Network Activity Report on compensation. This report compares

compensation information provided by the food bank network (Approx. 200 nationwide) by region, number of

employees, number of pounds distributed, and operating budget. The Personnel Committee utilizes this information

during the budget process to determine potential raises. Annual raises are done in June and resulting pay raises

begin in July. The Executive Director must work within the budget constraints when determining raises for staff.

Executive Director and managers conduct reviews of staff. The Board chair conducts a review of the Executive Director.

Part VI - Line 19 - Requests for information can be sent to Jo D Houston at 5505 North First Street, Abilene, TX 79603

Part VI - Line 12 - The conflict of interest statement is provided to the board and the employees of the organization. Any

conflicts of interest would be discussed by the board and corrective action would be taken if necessary.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Food Bank of West Central Texas, Inc.	Employer identification number 75 1888192	
	Number, street, and room or suite no. If a P.O. box, see instructions 5505 N. First Street		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Abilene, Texas 79603-6426		

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **Jo D. Houston**

Telephone No. ► (**325**) **695-6311** FAX No. ► ()

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☒ calendar year 20**09** or
 - ☐ tax year beginning , 20 , and ending , 20

- 2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer identification number : : : For IRS use only
	Number, street, and room or suite no. If a P O box, see instructions	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	

Check type of return to be filed (File a separate application for each return)

- | | | | |
|--------------------------------------|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶
Telephone No ▶ (.....) FAX No ▶ (.....)
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for
- 4 I request an additional 3-month extension of time until, 20.....
- 5 For calendar year, or other tax year beginning, 20....., and ending, 20.....
- 6 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Becky Roberts Title ▶ CPA Date ▶ 5/15/10