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## 990

#### Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning and ending D Employer identification number Check if applicable C Name of organization WEST TEXAS FOOD BANK use IRS Address change Doing Business As label or print or Name change Number and street (or P O box if mail is not delivered to street address) E Telephone number type. (432) 580-6333 Initial return P O BOX 4242 Specific Terminated City or town, state or country, and ZIP + 4 Instruc-79760-4242 G Gross receipts \$ 11,813,116 Amended return ODESSA <u>TX</u> Yes X No Name and address of principal officer Application pending H(a) Is this a group return for affiliates? YTA FOLSOM PO BOX 4242, ODESSA, TX 79760 H(b) Are all affiliates included? If "No," attach a list (see instructions) 527 Tax-exempt status X 501(c) ( 3) ◀ (insert no) 4947(a)(1) or Website: ► www wtxfoodbank org H(c) Group exemption number X Corporation Association Other ▶ L Year of formation M State of legal domicile K Form of organization 1985 TX Part I Summarv Briefly describe the organization's mission or most significant activities To alleviate hunger in West Texas by distributing food to those in need Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 51 Total number of employees (Part V, line 2a) 6 200 Total number of volunteers (estimate if necessary) 7a 0 Total gross unrelated business revenue from Part VIII, column (C), line 12 7b 0 Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 9,295,242 10,992,679 Contributions and grants (Part VIII, line 1h) 8 716,348 9 Program service revenue (Part VIII, line 2q) 579,417 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7.843 -22.014 10 51.863 34.552 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,934,365 11,721,565 12 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 1.039.631 1.181.536 172,945 189,413 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ b 9,587,594 17 Other expenses (PERILLY COLLINALIZATE) lines 11a-11d, 11f-24f) 7,927,478 Total expenses, Add lines 13-17 (must equal Part IX. column (A), line 25) 9,140,054 10,958,543 18 Revenue less expenses Subtract line 18 from line 12 794,311 763,022 19 APR 08 2010 Beginning of Current Year **End of Year** 5 8 Total assets (Part X, line 16) 20 3,341,385 5,089,567 Total liabilities (Part X, Ime 26 153,285 1,105,833 21 Net assets or fund Dalarces Subtract line 21 from line 20 3,188,100 3,983,734 22 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct Sign Signature of officer Here EXECUTIVE DIRECTOR **HYTA FOLSOM** Type or print name and title Preparer's identifying number Check if Preparer's selfsignature Paid **▶** X employed 3/13/2010 Preparer's Firm's name (or yours RANDY SILHAN, CPA, CFE EIN Use Only ıf self-employed), Phone no ► (432) 580-0204 2817 JBS PARKWAY, C-202, ODESSA, TX 79762 address, and ZIP + 4 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

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

Form **990** (2009)

Form	990`(2009)		AS FOOD BANK				7	5-2057692	Page <b>2</b>
.Pa	art III	Statement o	f Program Ser	vice Accomplisi	nments				
1	Briefly d	escribe the orga	nızatıon's mıssıoı	า					
	To allevi	ate hunger in W	est Texas by dist	ributing food to the	se in need				
2				cant program serv	ices during the	year which we	re not listed on	<u></u>	_
		Form 990 or 99						Yes	X No
	-		new services on						
3	Did the	organization cea	se conducting, or	make significant o	hanges in how	it conducts, ar	ny program	_	_
	services							Yes	X No
			changes on Sche						
4				nts for each of the					
				ions and section 4				nt of grants a	nd
	allocatio	ns to others, the	total expenses,	and revenue, if any	, for each progr	ram service rej	ported		
		<del> </del>							
4a	(Code	)	(Expenses \$	10,360,138 inclu	ding grants of \$		0 ) (Revenue \$	716	,348)
	Distribut	on of food to ch	arıtable agencies	and churches who	provide food				
	to the po	oor and needy /	Agencies are cha	rged a service fee	based on pound	ds			
	of food o	distributed							
									- <b></b>
						<del></del>	<del> </del>	<del></del>	
4b	(Code	)	(Expenses \$	0 ınclu	ding grants of \$	·	<u>0</u> )(Revenue \$		<u> </u>
4c	(Code		/Evpansos \$	0 ınclu	ding grants of \$		0 ) (Poyonus \$		0.)
46	(Code	/	(Expenses #	"	unig grants or 4	·	0) (Iveveline a		
4d	Other n	rogram services	(Describe in Sci	nedule O )		<del></del>			
ŦŪ	(Expens	_		ding grants of \$	ı	0)(Revenue	\$	0)	
4e		rogram service		10,360,			*		

business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I

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

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

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.

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

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Form 9	990'(2009) WEST TEXAS FOOD BANK	75-2057692	Р	age 4
Par	t 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 organization	s		l
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1 1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ł
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			(
	24b through 24d and complete Schedule K. If "No," go to line 25	. 24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) 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	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	1		<u> </u>
•	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	1 1	l	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		х
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	26	[	x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		1	1
	If "Yes," complete Schedule L, Part III .	27	}	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	* ; *	Z	* *
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		in the	[ ` ;
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200	<b> </b> -	<del>  ^</del>
U	Schedule L, Part IV	28b		Х
•	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	100	1-	<del>  ^</del>
·	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,		ł	ł
	Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<del>  ^-</del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	-23	<del>  ^</del> -	<del>                                     </del>
30	conservation contributions? If "Yes," complete Schedule M	30	1	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		<del>  ^</del>
J 1	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	13.	├──	<del>  ^</del>
42	If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		<del> </del>	<del>  ^</del>
00	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	[	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	- 00	<del>                                     </del>	<del>  ^</del>
04	III, IV, and V, line 1	34	1	x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	•••	<del> </del>	<del>  ^</del>
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		<del>                                     </del>	<del>  ^</del>
	organization? If "Yes," complete Schedule R, Part V, line 2	36	1	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		<u> </u>	<del>  ^</del>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		]	1
	VI	37	1	X

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

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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.

Sect	ion A. Governing Body and Management						
			,			Yes	No
1a	Enter the number of voting members of the governing body	<u>1a</u>	<b></b>	15	,		
b	Enter the number of voting members that are independent	1b	ــــــــــــــــــــــــــــــــــــــ	15	,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ations	nip with				أحيحا
	any other officer, director, trustee, or key employee?				_ 2		_X_
3	Did the organization delegate control over management duties customarily performed by or u				_		
_	supervision of officers, directors or trustees, or key employees to a management company or				3_		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form				4		X
5	Did the organization become aware during the year of a material diversion of the organization	rs ass	ets		<u>5</u>		X
6	Does the organization have members or stockholders?  Does the organization have members, stockholders, or other persons who may elect one or it.	more n	sembers		_ 6		
7a	of the governing body?	noie n	ICITIOCIS		7a	х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or of	her ne	rsons?	•	7b	_^_	_X_
8	Did the organization contemporaneously document the meetings held or written actions under				W 7407	c 30.	W. 1
•	the year by the following					7.4	100
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	ot be re	ached				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedu	le O			9a		X
Sect	ion B. Policies (This Section B requests information about policies not required by the	he Inte	ernal				-
Reve	enue Code.)						
				,		Yes	No
_	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 affiliates, and branches to ensure their operations are consistent with those of the organization.		chapters,		10b	х	
11	Has the organization provided a copy of this Form 990 to all members of its governing body	oefore	filing the				
	form?				11	Х	ļ
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	)	•		: J., .js		7 %
12a					12a	X	<b> </b>
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests	that co	uid give			]	Ì
	rise to conflicts?		£ 115.4 11	,	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the podescribe in Schedule O how this is done	ilicy / i	T Yes,		420	x	}
12	Does the organization have a written whistleblower policy?				12c	-^-	X
13 14	Does the organization have a written whistleblower policy?				14	X	-^-
15	Did the process for determining compensation of the following persons include a review and	annrov	al hv		100	*	7
10	independent persons, comparability data, and contemporaneous substantiation of the delibe	ration a	and decision	on?	100	× 15.	
а	The organization's CEO, Executive Director, or top management official				15a	X	لك باستدا
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)				8 5	" «'	, w , )
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	arrang	ement		· '* /		× , ii
	with a taxable entity during the year?				16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization	n to ev	aluate				
	its participation in joint venture arrangements under applicable federal tax law, and taken ste	ps to s	afeguard				
	the organization's exempt status with respect to such arrangements?				16b	<u></u>	L X
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed		T (E04)-1	· · · · · · ·			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	na 99(	(5) FUC) 1-1	)(3)S Of	ııy)		
	available for public inspection. Indicate how you make these available. Check all that apply.						
10	Own website X Another's website X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing docu	mente	conflict o	funtara	cŧ		
19	policy, and financial statements available to the public	menis,	COMMICE O	ı ıntere	<b>J</b> l		
20	State the name, physical address, and telephone number of the person who possesses the	oooke :	and record	ls of th	e		
40				580-63			
	organization CINDY RICE		1792)	200-00	,	- <b></b>	

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compensated employees, and former such persons

#### 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

Check this box if the organization did not compensate any current officer, director, or trustee (B) (D) (E) (F) Position (check all that apply) Reportable Name and Title Average Reportable Estimated compensation compensation amount of hours per Highest compensated employee Officer Cer Individual institutional trustee from from related other compensation from the employee the organizations (W-2/1099-MISC) (W-2/1099-MISC) organization and related trustee organizations Sam Rodriguez Past Pres 0 David Dowd Х Director 0 Don Bennett X Sec Wade Kuehler VΡ 2 X 0 0 Andy Pochatko Х Х 0 Tres Anibal Olague Χ 0 0 Pres Kenneth Winkles 2 X 0 0 Director Raymond Chavez Χ 0 0 Director Jim Volk X 0 0 Director Brenda Bell X 0 0 0 Director Tanny Berg Х 2 0 0 Director Lance Holland X 0 Director Emma Acosta Х 0 0 0 Director Tom Anderson Director 0 0 0 Mike Dipp 2 Х 0 Director Hyta Folsom X 50 85,860 Executive director

more than \$100,000 in compensation from the organization

Į d	t VII Section A. Officers, Directors, Tru (A)	(B)	y	ee3,		C)	111631	. 501	(D)	(E)	(F)	
	Name and title	Average					hat ap		Reportable	Reportable	Estimat	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	amount other compensa from th organiza and rela organizat	ation ne tion ted
						L						
											ļ	
						<u> </u>	_	_			<u> </u>	
								_			ļ	
				_				_		ļ		
				_		_						
			_			_		_				
		<u></u>					<u> </u>					
1b	Total							<u> </u>	85,860	<del></del>	<u>ol</u>	
2	Total number of individuals (including but no reportable compensation from the organizat		e list	ed a	bove 0	e) wh	no red	ceive	ed more than \$1	00,000 in		
3	Did the organization list any <b>former</b> officer, employee on line 1a? <i>If "Yes," complete Sci.</i>					yee,	, or h	ighe:	st compensated	-	Yes 3	No X
4	For any individual listed on line 1a, is the su the organization and related organizations of individual	m of reportable preater than \$15	com 0,00	pens 0? //	atior F"Ye	n and s," c	d other	er co lete S	empensation from Schedule J for s	m uch	4	****** *******************************
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Y								ganization for		5	X
Sec	tion B. Independent Contractors											
1	Complete this table for your five highest corcompensation from the organization	npensated inde	pend	ent c	ontr	acto	rs tha	at red	ceived more tha	n \$100,000 of		
	(A) Name and business :	address							(B) Description of ser	vices (	(C) Compensation	
		<del></del>						├-				
								├				
	<del></del>							<del>                                     </del>	<del></del> .			
				_								
2	Total number of independent contractors (in	cluding but not	limite	ed to	thos	e lis	ted a	bove	e) who received			

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#### 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). (D) Fundraising Do not include amounts reported on lines 6b. Total expenses Program service Management and 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 0 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 64,395 trustees, and key employees 85,860 12.879 8.586 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 796,557 732,394 56,388 7,775 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 8,530 7,203 1,166 161 9 Other employee benefits 213,902 180,659 29,280 3,963 76,687 64,724 10.506 10 Payroll taxes 1,457 Fees for services (non-employees) 11 Management 0 0 b Legal 7,200 9,000 1,800 Accounting C n d Lobbying Professional fundraising services See Part IV, line 17 189,413 189,413 Investment management fees 0 2,416 Other 12,077 9,661 g 45,402 45,402 12 Advertising and promotion 152,034 121,628 23,738 6,668 13 Office expenses 0 Information technology 14 0 Royalties 15 Occupancy 246,458 197,166 49,292 16 238,845 191,076 47,769 Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 2,735 2,188 547 19 28,858 23,086 5,772 20 Interest Payments to affiliates 11,343 9.074 2,269 21 112.381 89.906 22,475 0 22 Depreciation, depletion, and amortization 67,942 54,354 13,588 23 Insurance Other expenses Itemize expenses not 24 covered above (Expenses grouped together ý and labeled miscellaneous may not exceed F. W. 125. 5% of total expenses shown on line 25 below ) 8,616,267 8,616,267 COST OF FOOD DISTRIBUTED 15,410 12,328 3,082 DUES, FEES, SUBSCRIPTIONS 26,358 26,358 SPECIAL FOOD EDUCATION & GRANT PRO 2,484 1,987 497 MISCELLANEOUS All other expenses 10,958,543 334,980 Total functional expenses. Add lines 1 through 24f 10,360,138 263,425 25 Joint costs. Check here ▶ if following 26 SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Pa	art X	Balance Sheet							
					(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing .			212,572		155,566		
	2	Savings and temporary cash investments		•	551,525	2	501,907		
	3	Pledges and grants receivable, net			46,378	3	110,911		
	4	Accounts receivable, net		•	67,281	4	56,811		
	5	Receivables from current and former officers,	directors,	trustees, key			_		
			employees, and highest compensated employees. Complete Part II of Schedule L.						
	6	Receivables from other disqualified persons (a 4958(f)(1)) and persons described in section 4			0	5			
		Part II of Schedule L			0	6	<u> </u>		
ets	7	Notes and loans receivable, net			0	<u> </u>	0		
Assets	8	Inventories for sale or use			1,359,218		2,094,174		
⋖	9	Prepaid expenses and deferred charges			12,739	9	11,834		
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a	2,117,765					
	h	Less: accumulated depreciation	10b	1,400,224		10c	1,887,769		
	11	Investments—publicly traded securities	100		299,250		270,595		
	12	Investments—other securities See Part IV, Iir	ne 11		255,250		270,000		
	13	Investments—program-related See Part IV, III		•	0		0		
	14	Intangible assets			0		0		
	15	Other assets See Part IV, line 11	0		0				
	16	Total assets. Add lines 1 through 15 (must ed	3,341,385		5,089,567				
	17	Accounts payable and accrued expenses	<u></u>		64,877		60,949		
	18	Grants payable .				18			
	19	Deferred revenue .				19			
	20	Tax-exempt bond liabilities	•	0	20				
Ś	21	Escrow or custodial account liability Complete	e Part IV o		21				
Liabilities	22	Payables to current and former officers, direct employees, highest compensated employees,	tors, truste	es, key					
	[	persons Complete Part II of Schedule L			0		1011001		
	23	Secured mortgages and notes payable to unre		•	88,408		1,044,884		
	24	Unsecured notes and loans payable to unrela	-	arties	0		0		
	25	Other liabilities Complete Part X of Schedule	ט		153,285		1 105 933		
ces	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check complete lines 27 through 29, and lines 33	here ► and 34.	X and	153,263	26	1,105,833		
ā	27	Unrestricted net assets			2,829,236	27	3,654,308		
Bal	28	Temporarily restricted net assets			158,864	28	129,426		
Ē	29	Permanently restricted net assets			200,000	29	200,000		
Net Assets or Fund Balan		Organizations that do not follow SFAS 117 and complete lines 30 through 34.	, check h	ere ▶					
ë	30	Capital stock or trust principal, or current fund	is			30			
88	31	Paid-in or capital surplus, or land, building, or	equipmen	nt fund		31	<u> </u>		
et /	32	Retained earnings, endowment, accumulated	Income, c	or other funds		32			
Ž	33	Total net assets or fund balances			3,188,100		3,983,734		
	34	Total liabilities and net assets/fund balances			3,341,385	34	5,089,567		
							Form 990 (2009)		

rom:	990 (2009) WEST TEXAS FOOD BANK	73-2037692	P	age IZ
Par	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			ĺ
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	Х	
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?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O	۰ .	,	ļ
ď	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 X Consolidated basis Both consolidated and separate basis			
_		} }		1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			Į.
	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	3b	X	
		Fo	m 990	J (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

#### **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 Open to Public

Inspection Internal Revenue Service Name of the organization **Employer identification number** WEST TEXAS FOOD BANK 75-2057692 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 c Type III-Functionally integrated a | Type I **b** Type II d Type III-Other 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes 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?

No

(ii) A famıl	y member of a	person described in (i	) above?		•				11g(ii)	
(iii) A 35%	controlled entit	y of a person describe	ed in (i) or	(II) above	7				11g(iii)	
h Provide the fo	ollowing informa	ation about the suppor	ted organ	ızatıon(s)						
(i) Name of supported organization	(II) EIN (described on lines above or IRC secti		described on lines 1-9   in col (i) listed in your   the		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		ne	
			Yes	No	Yes	No	Yes	No	ļ	
			<u> </u>		· <del>-</del>	<u> </u>	<u></u>			
						<u> </u>				
Total										

Part					1)(A)(iv) and	170(b)(1)(A)	(vi)		
	(Complete only if you checked	the box on line	e 5, 7, or 8 of	Part I.)					
	ion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and	1							
	membership fees received (Do not	1							
	include any "unusual grants")	6,184,611	6,560,685	6,584,855	9,347,105	11,709,027	40,386,283		
2	Tax revenues levied for the organization's	]							
	benefit and either paid to or expended on	}							
	its behalf		0				0		
3	The value of services or facilities	}							
	furnished by a governmental unit to the	1							
	organization without charge	0	0	<u> </u>			0		
4	Total. Add lines 1 through 3	6,184,611	6,560,685	6,584,855	9,347,105	11,709,027	40,386,283		
5	The portion of total contributions by each	wy , " " " " " " " " " " " " " " " " " "	138 70 190 14						
	person (other than a governmental unit		e Maria	· · ·	* ^	· ** **			
	or publicly supported organization)								
	included on line 1 that exceeds 2% of the								
6	amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	5				40,386,283		
	ion B. Total Support	140 × 2 × 2 2 2	7 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	2 1 1 3			40,000,200		
	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4	6,184,611	6,560,685	6,584,855			40,386,283		
8	Gross income from interest, dividends,	0,104,011	0,300,003	0,364,633	9,347,103	11,709,027	40,300,203		
Ū	payments received on securities loans,	1							
	rents, royalties and income from similar	1	;						
	sources .	13,334	26,300	41,538	7,843	4,327	93,342		
9	Net income from unrelated business								
	activities, whether or not the business is	}				ł			
	regularly carried on			<del></del>			0		
10	Other income Do not include gain or								
	loss from the sale of capital assets (Explain in Part IV)		0				0		
11	Total support. Add lines 7 through 10		# N N P N 2 / E		S 10 8 2 18 2 2	*/ 1×19 12	40,479,625		
12	Gross receipts from related activities, etc. (s			11 & 18 18 18 18 18 18 18 18 18 18 18 18 18	<u> </u>	12	40,473,023		
13	First five years. If the Form 990 is for the o			rd fourth or fift	h tay year as a		1(3)		
,,,	organization, check this box and <b>stop here</b>	•	st, scoma, tim	G, 1001th, 01 hh	in tax year as e	1 30011011 00 1(0)	<b>▶</b>		
Sect	ion C. Computation of Public Suppor				<del></del>				
14	Public support percentage for 2009 (line 6,			column (fl)		14	99 77%		
15	Public support percentage from 2008 Sched		-	JOIGH (1))		15	99 70%		
16a	33 1/3% support test-2009. If the organiza			line 13, and lin	e 14 is 33 1/39				
	and <b>stop here</b> . The organization qualifies a						<b>X X</b>		
b	33 1/3% support test-2008. If the organiza				nd line 15 is 33	3 1/3% or more.			
-	box and stop here. The organization qualifi						▶		
17a									
	or more, and if the organization meets the "								
	the organization meets the "facts-and-circur								
b	10%-facts-and-circumstances test-2008.	If the organiza	tion did not che	eck a box on lir	ne 13, 16a, 16b	o, or 17a, and h	ne 15 is 10%		
	or more, and if the organization meets the "	facts-and-circur	mstances" test	, check this box	cand <b>stop he</b>	<b>re.</b> Explain in F	Part IV how		
	the organization meets the "facts-and-circur	mstances" test	The organizati	on qualifies as	a publicly supp	ported organiza	ition 🕨 🗀		
18	Private foundation. If the organization did not cl	heck a box on line	e 13, 16a, 16b. 1	7a ,or 17b, chec	k this box and se	ee instructions	▶ [		
	<del>-</del>						-		

Page 3

Support Schedule for Organizations Described in Section 509(a)(2)

Soci	(Complete only if you checked to A. Public Support	he box on line	9 of Part I.)					
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	0	0					0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished							
3	in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an	0	0					0
4	unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on					 		0
5	its behalf The value of services or facilities furnished by a governmental unit to the organization without charge.	0	0 0					0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0		0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
c 8	amount on line 13 for the year Add lines 7a and 7b Public support (Subtract line 7c from line 6)	0	0	0	0		0	0 0
Sec	tion B. Total Support	1 7 7 7 2 2 2 8 9 9 1	******	<u> </u>		L #17	-2777, 201	
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2	2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans,	0	0	0	0		0	0
b	rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses							0
c 11	acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,	0	0	0	0		0	0
12	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets							0
13	(Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)	0	0		0			0
14	First five years. If the Form 990 is for the organization, check this box and stop here.	ganization's firs				section		
Sec	tion C. Computation of Public Support					15		
15 16								0 00% 0 00%
<u>3ec</u> 17	Investment income percentage for 2009 (line			e 13 column (	<u></u>	17		0 00%
18	Investment income percentage from 2008 So 33 1/3% support tests-2009. If the organiza	chedule A, Part ation did not che	III, line 17 eck the box on	line 14, and lin	ne 15 is more th	18 nan 33		0 00%
b	not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <b>b</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 <b>stop here</b> . The organization qualifies as a publicly supported organization							
20	Private foundation. If the organization did n	·=	-			-		▶Ħ

Schedule A (Form	990 or 990-EZ) 2009	WEST TEXAS	FOOD BANK			75-2057692	Page 4
Part IV	Supplemental	Information. C	omplete this p	art to provide t	he explanations required	by Part II, line	10;
					er additional information		
	Tarri, inc 17a	or tro, and ta	1111, 1110 12.1	TOTICO GITY OUT	or additional information	. Occ mondone	<del></del>
				<b></b>			
				٠			
*							
						~	

#### 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

Employer identification number Name of the organization WEST TEXAS FOOD BANK 75-2057692 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) 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 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 2a Total number of conservation easements 2b Total acreage restricted by conservation easements 2¢ C Number of conservation easements on a certified historic structure included in (a) 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 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items 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 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 Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X. \$

Part	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures,	or Oth	er Similar A	ssets (continued)		
3	Using the organization's acquisition,	accession, and ot	her reco	rds, check	k any of the f	followir	ng that are a si	gnificant		
-	use of its collection items (check all				•		•	-		
а	Public exhibition		d [	Loan	or exchange	progra	ms			
b	Scholarly research		е 🔲	Other						
С	Preservation for future genera	ations								
4	Provide a description of the organization Part XIV	ation's collections a	and expla	ain how th	ney further th	e orga	nızatıon's exer	mpt purpose in		
5	During the year, did the organization assets to be sold to raise funds rath							r Yes No		
Part	IV Escrow and Custodial Ar IV, line 9, or reported an ar					inswei	red "Yes" to F	Form 990, Part		
1a	Is the organization an agent, trustee included on Form 990, Part X?	e, custodian or othe	er interme	ediary for	contribution	s or oth	ner assets not	Yes No		
b	If "Yes," explain the arrangement in	Part XIV and comp	plete the	following	table					
	· · · · · · · · · · · · · · · · · · ·							Amount		
C	Beginning balance	•				1c	1	0		
ď	Additions during the year					1d	<del> </del>			
е	Distributions during the year					1e	<b></b>			
f	Ending balance					11	<del></del>			
2a	Did the organization include an amo		Part X, III	ne 217				Yes X No		
b										
Part										
	_	(a) Current year			(c) Two years		(d) Three years ba	ck (e) Four years back		
1a	Beginning of year balance	299,250		364,742		100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>ar 20 de 20 1 de ar 2</u> 6, 20 de ar 20 de 20 de ar 20			
b	Contributions									
С	Net investment earnings, gains,	25 400		-61,605						
d	and losses Grants or scholarships	35,409		-01,003		734	NA STATE			
e	Other expenditures for facilities				\$ 15 K 3 15 S	**************************************	IN AN KAR			
·	and programs	61,268			3.44					
f	Administrative expenses	2,796		3,887	147 548	60	****			
g	End of year balance	270,595			12.82.83		TYNAMI.			
2	Provide the estimated percentage of	f the year end bala	ance held	as						
а	Board designated or quasi-endowm	-	26%							
b	Permanent endowment	74%								
C	Term endowment ▶	%								
3a	Are there endowment funds not in t	he possession of t	he organ	zation th	at are held a	nd adn	ninistered for t			
	organization by							Yes No		
	(i) unrelated organizations	•						3a(i) X		
_	(ii) related organizations							3a(ii) X		
b	If "Yes" to 3a(n), are the related org		-					3b		
4 Part	Describe in Part XIV the intended u VI Investments—Land, Buil					t Y Ju	20 10	<del></del>		
u ell	Description of investment	(a) Cost or ot			st or other		Accumulated	(d) Book value		
	Description of investment	(a) Cost of oil			s (other)		epreciation	(d) Book value		
1a	Land		0		7,700			7,700		
b	Buildings	<b> </b>	0		706,281		0	1,811,429		
C	Leasehold improvements	ļ	0		226,425		0	240,447		
d	Equipment		0	<del></del>	1,177,359		0	1,228,417		
<u>e</u>	Other .	(4)	0 000		0 (0)	10/-1	1,400,224	-1,400,224		
rota	I. Add lines 1a through 1e. (Column	a) must equal For	m 990, P	aπ X, col	umn (B), line	; 1U(C)	<u> </u>	1,887,769		

<ul> <li>WEST TEXAS FOOD BANK</li> </ul>	75-2057692		
Schedule D (Form 990) 2009			Page 3
Part VII Investments—Other Securities	. See Form 990, Part X,	line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
Financial derivatives .	0		
Closely-held equity interests	0	<del></del>	
Other	0	<del></del>	
	0		
	0		
	0		<del></del>
	0		
	0		
	0		
	0		
	0		<del></del>
Total (Column (b) must equal Form 990 Part X, col (B) line 12 )	0		* *
Part VIII Investments—Program Related	. See Form 990, Part X,	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of value	ation
		Cost or end-of-year ma	rket value
	0	<u></u>	
	0		
	0	<del></del>	
	0	<del></del>	<del></del>
	0	<del></del>	
	0		<del></del>
	0	<del></del>	<del></del>
	<u>_</u> 0		· <del>····</del>
	0		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		175427468	
Part IX Other Assets. See Form 990, Part IX		<del> </del>	
	) Description		(b) Book value
			0
			0
			<u> </u>
			9
			0
			0
		<del></del>	0
			0
	<del></del>		0
Total. (Column (b) must equal Form 990, Part X, c	ol (B) line 15 )	<b>•</b>	0
Part X Other Liabilities. See Form 990			<del></del>
1. (a) Description of liability	(b) Amount		
Federal income taxes			
		0 / / / / / / / / /	
	. <u></u>	<u> </u>	y a state til
		<u> </u>	
		_0	
	<del> </del>	_0	,,,,
	·	<u>- 0</u>	

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

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

designated portion is also used for operations and food program, but can be used for

capital asset purchases also

# WEST TEXAS FOOD BANK 75-2057692 Schedule D (Form 990) 2009 Page 5 Supplemental Information (continued)

#### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047
2009

Department of the Treasury Internal Revenue Service

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.

Open To Public Inspection

Name of the organization Employer identification number WEST TEXAS FOOD BANK 75-2057692 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply e X Solicitation of non-government grants Mail solicitations Internet and email solicitations f X Solicitation of government grants b  $\mathbf{q} \mid \mathbf{X} \mid$ Special fundraising events Phone solicitations C In-person solicitations d 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? X 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 (v) Amount paid to (iii) Did fundraiser have (i) Name of individual (ii) Activity (iv) Gross receipts (vi) Amount paid to (or retained by) or entity (fundraiser) custody or control of from activity (or retained by) fundraiser listed in organization contributions? col (i) Yes No DIRECT MAIL X **RUSS REID** 593,956 437,718 DIRECT MAIL Х 125,707 33,176 **BRAD CECIL** 92,531 0 0 0 0 0 0 719,663 530,249 Total 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

<sup>°</sup> Pa	rt II		s. Complete if the orga on Form 990-EZ, line 6										
		more than \$10,000	(a) Event #1  CULINARY CANVAS  (event type)	(b) Event #2 (event type)	(c) Other events  NONE  (total number)	(d) Total events (add col (a) through col (c))							
Revenue	1 2	Gross receipts Less Charitable	63,602	0	0	63,602							
<b></b>	3	contributions Gross income (line 1 minus line 2)	63,602	0	0	63,602							
	4	Cash prizes	0	0	0	0							
	5	Noncash prizes	0	0	0	0							
enses	6	Rent/facility costs	0	0	0	0							
Direct Expenses	7	Food and beverages	0	0									
Dire	8	Entertainment	20.050	0									
!	9	Other direct expenses  Direct expense summary	29,050 Add lines 4 through 9 in a		<u></u>	( 29,050)							
Pa	11 rt	Net income summary Cor	mbine line 3, column (d), if the organization ans	and line 10	90, Part IV, line 19, or r	34,552							
enne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))							
	1	Gross revenue				0							
enses Revenue	2	Cash prizes				<u> </u>							
Expen	3	Noncash prizes				0							
Direct Expenses	4	Rent/facility costs				0							
	6	Other direct expenses  Volunteer labor	Yes %	Yes%	Yes%	0							
	7	Direct expense summary	irect expense summary Add lines 2 through 5 in column (d)										
	8	Net gaming income summ	nary Combine line 1, colu	ımn d, and line 7	<u></u>	Yes No							
ı	a Is	nter the state(s) in which the the organization licensed to "No," explain dere any of the organization	o operate gaming activitie	es in each of these states		9a 10a							
	b If 	"Yes," explain											
12	: is	the organization a grantor, med to administer charitat											

Sched	ule G (Form 990 or 990-EZ) 2009			Page 3
			Yes	No
13	Indicate the percentage of gaming activity operated in	•		
а	The organization's facility . 13a %			•
b	An outside facility 13b %			٠ !
14	Enter the name and address of the person who prepares the organization's gaming/special events books	1 '	***	
	and records:	[	° ′	į į
		1		í
	Name ▶	-		
			c ,	·
	Address >			
		· .*.		30 ~
15a	Does the organization have a contract with a third party from whom the organization receives gaming		<u></u>	*
	revenue? .	15a		
ь	If "Yes," enter the amount of gaming revenue received by the organization 🕨 💲	\$ 13 m	~	* 1
	amount of gaming revenue retained by the third party ▶ \$	~ .	y .*	, ,
C	If "Yes," enter name and address of the third party			11.00
		11-11	\$ . Y	
	Name •		* * * * * * * * * * * * * * * * * * *	
			~~~	
	Address •	***	الله الله	,
				145
16	Gaming manager information		¥4	
			X	
	Name ▶	553		
	,			
	Gaming manager compensation ▶ \$ 0	V, 27	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	The second of
	Description of services provided			ST.
		F*#:		
	Director/officer Employee Independent contractor			* * * * * * * * * * * * * * * * * * *
	<del></del>			
17	Mandatory distributions	14 3 4		
а		P.A.B.		
	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 🕒 \$	1793	# 20 8	20 1

#### SCHEDULE M .(Form 990)

#### **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

Department of the Treasury

Internal Revenue Service

WEST TEXAS FOOD BANK

Employer identification number 75-2057692

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Meth	(d) od of det revenu		 ]
1	ArtWorks of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications		, , , , , , , , , , , , , , , , , , , ,					
5	Clothing and household		refired the Carti					
	goods		, , , , , , , , , , , , , , , , , , , ,					
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Secunties—Closely held stock							
11	Securities—Partnership, LLC,	<b></b>						
	or trust interests .	}	}					
12	SecuritiesMiscellaneous							
13	Qualified conservation							
	contribution—Historic	1						
	structures	ł						
14	Qualified conservation					<del></del>		
	contribution—Other	1	1					
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory	X	8,469,000	9,249,818	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	·						
25	Other > ()		0	0				
26	Other ► ()		0	0				
27	Other ► ()		0	0				
28	Other ► ()		0	o	1			
29	Number of Forms 8283 received	t by the a	<del> </del>	<del></del>	T			
23	which the organization complete				29			0
	which the organization complete	o ronn o	203, Fait IV, Donee Acknow	leagement	25		Yes	
30 a	During the year, did the organiz	ation rece	ave by contribution any prope	erty reported in Part I lines 1.	_28	7,000	163	* *
00 a	that it must hold for at least thre				20	* × *	X-15-38	
	required to be used for exempt	•				30a	-4	Χ
h	If "Yes," describe the arrangement		_ ·	•		<del>""</del>	252	<del>  ^^</del>
31	Does the organization have a gi			review of any non-standard				,
Ji	contributions?	ii accepta	ance policy that requires the r	eview or any non-standard		31	X	L
32 2	Does the organization hire or us	e third no	urties or related organizations	to solicit process or sell	•	<b> </b>		
J2 a	noncash contributions?	~ uniu pe	inace of related organizations	to colleit, process, ur sell		32a		х
h	If "Yes," describe in Part II				•	VLU		<del>-^-</del>
33	If the organization did not report	revenue	s in column (c) for a type of n	roperty for which column (a)	ıs			
-	checked describe in Part II		o in column (o) for a type of p	. opolity for which column (a)				

#### SCHEDULE O (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.

OMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

WEST TEXAS FOOD BANK	75-2057692
Form 990 Part VI Section B Line 11A The board reviews annually along with the finance	pal statement
audit	
Form 990 Part VI Section B Line 12c Board members complete a conflict of interest fo	rm upon election
as a board member to disclose their business interests. This is monitored by manager	nent and the
executive committee in their business dealings. An annual questionnaire is sent out du	iring the audit
process which also discloses any conflict of interests	
Form 990 Part VI Section B Line 15C The board evaluates the executive director annu-	ially, normally in
December Evaluation sheets are compiled and summarized This report is presented	to the executive
director by the executive committee in executive session. Compensation is evaluated	for comparable
executive positions in other food banks	•••••
Form 990 Part VI Section C Line 19 Public documents are made available at the Food	Bank's
administrative offices upon request. The Form 990 is also available on Guidestar	
	•
***************************************	
	•••••••••••••••••••••••••••••••••••••••

### · Form 4797

Department of the Treasury

Internal Revenue Service

#### Sales of Business Property

#### (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

► See separate instructions.

OMB No 1545-0184

2009

Attachment
Sequence No 27

Name(s) shown on return Identifying number WEST TEXAS FOOD BANK 75-2057692 Enter the gross proceeds from sales or exchanges reported to you for 2009 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Part I Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) 2 (b) Date acquired (c) Date sold (d) Gross allowed or basis nlus (a) Description Subtract (f) from the of property (mo, day, yr) (mo , day, yr ) sales price allowable since improvements and sum of (d) and (e) acquisition expense of sale **BLDG-BIG SPRING** 9/20/1997 1/1/2009 36,160 100.000 26.341 0 Gain, if any, from Form 4684, line 43 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 Gain, if any, from line 32, from other than casualty or theft 6 Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows -26,341 Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below Nonrecaptured net section 1231 losses from prior years (see instructions) 8 Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) 0 Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less) 0 0 0 11 Loss, if any, from line 7 11 26,341) 12 Gain, if any, from line 7 or amount from line 8, if applicable 12 Gain, if any, from line 31 13 13 14 Net gain or (loss) from Form 4684, lines 35 and 42a. 14 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 17 Combine lines 10 through 16 17 -26.341 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below If the loss on line 11 includes a loss from Form 4684, line 39, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a" See instructions 18a Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 18h

Assets by Classification - 990	- 1
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ASS	Assets by Classification	ation - 9	- 990				12/31/2009	WEST TEXAS FOOD BANK	- 1	75-2057692					
ttem	Description of	Date Placed	Asset	Bus Use	Cost or	Sec 179	Special	Salvage	Recovery	Recovery	Method	Conv	Prior Accum	2009	.2009
ž	Property "**" indicates SOLD	In Service		%	Other Basis	_ຍ 1	Allowance	Value	Basis	Period		Code	Deprec , 179, Bonus	Deprec	Accum. Deprec.
5-yr.C	5-yr Computers (not listed)					,	•	•	,		i G			•	
40,	LASER PRINTER-ODI	12/1/1992	r C	100 00%	1,540	0 0	o c	<b>5</b> C	1,540	ດທ	SUGDS SL/GDS	řÌ	749	9 0	749
5 5	HP PRINTER-ODESS		, r	100.00%	568	0	0		568	·ν	SI/GDS	<u>`</u>	568	0	568
107	COMPUTER UPGRAI		F-5	100 00%	3,125	0	0		3,125	က	SL/GDS	¥	3,125	0	3,125
116	COMPUTER UPGRAE	7/20/2000	F-5	100 00%	3,125	0	0		3,125	က	SUGDS	숲	3,125	0	3,125
118	COMPUTER UP GRA		F-5	100 00%	3,125	0	0 (		3,125	ന	SL/GDS	<u></u>	3,125	0 (	3,125
119	COMPUTER UPGRAL		بار دن ر	100.00%	3,125	0 (	0		3,125	m c	SUGDS	<u>}</u>	3,125	9 0	3,125
9 5	2 COMPUTERS-ODE		r G	100.00%	1,520	00	90		1,520	ים כי	SUGUS	ž ž	1,520	<b>&gt;</b> C	1,520
103	S COMPLIER-ODESSA	7/8/2002	יית טיגי	100 00%	4.500	o c	00		4.601	o ro	SL/GDS	Ε≱	4.587	0	4.587
117	COMPUTER NETWR			100.00%	920	0	0		920	, m	SUGDS	≟	920	0	920
Ξ	SOFTWARE-CERES		F-5	100 00%	7,927	0	0		7,927	5	SL/GDS	¥	7,927	0	7,927
112	HP NOTEBOOK ROB!	7/14/2003	F-5	100.00%	1,720	0	0		1,720	το	SUGDS	¥	1,720	0	1,720
113	SERVER TRIPLE C-O	_	F-5	100.00%	1,840	0	0		1,840	וכזו	SL/GDS	<u>}</u>	1,840	0	1,840
41	SOFTWARE UPGRAL		بر ان	100 00%	804	0 (	0 (		804	יטי	SUGDS	<u>}</u>	796	a t	804
115	2 LAPTOP COMPUTE	_	יי קינו	100.00%	1,716	0 0	90		1,716	ט ת	SUGUS	, A	1,395	271	1,567
4 (	DELL COMPUTERS (	//2/200/	ب د د	100.00%	10,443	<b>&gt;</b> c			10,443	ם ע	2000		3,046	1,585	3,133
9 7	DELL COMPUIERS (	2/4/2008	ָרְ הַאַ	100 00%	1,923	<b>&gt;</b> C	9 6		1 958	יא כ	SI /GDS	¥ 2	359	285	751
146	DELL LAPTOPS	5/11/2008	ץ ע	100.00%	1 067	0 0			1.067	, ru	SL/GDS	. <u>.</u>	142	213	355
147	DELL LAPTOP	9/1/2008	다	100 00%	1,019	0	. 0		1,019	. ro	SUGDS	FM	89	204	272
	Total Aur Committee and negatives (not listed negative	and normhera	fe (not t	etad propor	AN 325	6			60 325			{	43 232	4.663	47.895
	rote 1-4-to house	and building		ndoid pair	200/20		<b>)</b>					l			
1 2	121 OFFICE FOURMENT 12/	12/31/1992	д. 6	100.00%	9.155	0	0	0	9,155	ĸ	SUGDS	¥	9,155	0	9,155
122	ITEMS-1996-ODESSA	_	. ų	100,00%	2,981	0	0	0	2,981	S.	SU/GDS	숲	2,981	0	2,981
131	ITEMS 1996-EL PASC		F-6	100.00%	260	0	0	0	260	22	SL/GDS	숲	260	0	260
132	ITEMS 1996-ALPINE	6/1/1996	F-6	100.00%	2,109	0	0		2,109	ς,	SL/GDS	숲	2,109	0	2,109
123	RISO GR1700 COPIE		F-6	100 00%	5,267	0	0		5,267	ιΩ	SL/GDS	숲	5,267	0	5,267
124	TAHOE BOTTLED W/		F-6	100 00%	250	0	0		250	ro i	SUGDS	<u>¥</u> ∶	250	0	250
125	TIME CLOCK		9	100 00%	330	0	0 (		330	ı,	SUGDS	<u>}</u>	330	0 (	330
126	COMPUTER PRINTER		φı	100 00%	350	0 0	96		350	o 4	20073	<u>}</u>	330	<b>-</b>	350
127	CAS MACHINE	1/4/2001	۲ u	100 00%	000	<b>o</b> 0			2 814	יא כי	SI (GDS	: }	2 814	<b>-</b>	2 814
97 5	COPIER RIG SPRING		r n	100.00%	875				875	י עי	SL/GDS	: }	875	o 0	875
22	PRO JECTOR-ODESS	_	Б	100.00%	750	0	0		750	ιΩ	SL/GDS	¥	525	150	675
130	2 TON CONDENSING		. φ . μ	100 00%	1,121	0	0		1,121	кo	SL/GDS	¥	609	224	833
	Total 5-yr Office machinery (data-handling equipment,	inery (data-ha	ndling e	equipment,	26,862	0	0	0	26,862			1 1	26,125	374	26,499
Ç	Sur Other (listed)														
4	WIH EQUIPMENT-OD	12/31/1992	F-15	100.00%	39,598	0	0		39,598	52	SUGDS	MM MM	39,598	0	39,598
45	14 PALLETS/2 DOLLII	10/9/1993	F-15	100 00%	2,250	0	0		2,250	ςς	SL/GDS	MM	2,250	0	2,250
43	SUMP PUMP	6/1/1994	F-15	100 00%	367	0	0		367	က	SL/GDS	Σ	367	0	367
4	ST STEEL SINK-ODE	9/15/1995	F-15	100 00%	200	0	Ο (		500	ın ı	SUGDS	Ž.	500	o (	200
45	W/H EQUIPMENT-OD	6/1/1996	F-15	100 00%	6,137	0	00		6,137	ro r	SL/GDS	Ž X	6,137	<b>5</b> C	6,137
55	W/H EQUIPMENT-AL!	6/1/1996	F-15	100.00%	435	0 0	<b>o</b> c	9 6	435	ດແ	SU603	ři	435	<b>-</b>	435
) C	NAME CONTRIGENT-BIC		1-13 14 14	100 00%	15 000	0 0	o c		15,000	י אי	SI /GDS	MM	15 000	<b>&gt;</b> C	15 000
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SE FORKLIFT-BIG SPRIN 2/10/1999 F-15 100.00% STORAGE UNIT-ODE 3/13/1999 F-15 100.00% SE FORKLIFT-ALPINE 8/2/1999 F-15 100.00% SE FORKLIFT-ALPINE 8/2/1900 F-15 100.00% SE STORAGE UNITS-C 5/2/2/2006 F-15 100.00% SE FREIGHT COSTS 1/2/8/2007 F-15 100.00% SE FREIGHT COSTS 3/2/2/2007 F-15 100.00% SE FREIGHT COSTS 3/2/2/2008 F-15 100.00% SE FREIGHT COSTS 3/2/2/2008 F-15 100.00% SE FREEZER & COMBENS 8/2/2/2008 F-15 100.00% SE FREEZER & CONDENS 3/10/2/2008 F-15 100.00% SE FREEZER & CONDENS 6/10/2/2008 F-15 100.00% SE FREEZER CONDENS 6/10/2/2009 F-15 100.00% SE FREEZER CONDENS	Land         1/1/199           120         LAND         1/1/199           Total Land         Land         8/5/200           139         ROOF-EL PASO         8/5/200           Total 15-yr Land improvements         7 oral 15-yr Land improvements	15-yr Qual lassehold Improvement prop.  85 FREEZERCOOLER-( 4/1/1989)  86 FREEZERCOOLER F 4/30/1996  18 SIGNS RENOVATION 6/1/1998  37 SIGNS RENOVATION 6/1/1998  91 FREEZER/COOLER-F 9/1/1999  92 4T A/C UNIT-ODESS/ 2/2/1999  93 WATER HTR-BIG SPF 2/24/1999  94 FREEZER IMPROV-B 3/31/1999  95 FREEZER IMPROV-B 3/31/1999  96 UPGRADE COOLING 5/5/1999
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	. <b></b>	BLDG RENOVATIONS BLDG RENOVATIONS BLDG-EL PASO BLDG-EL PASO BLDG-BIG SPRING COOLERS/FANS REN PAINTING RENOVAT		Total 39-yr Nonresidential and commercial real estate <b>5-yr Haavy duty truck or OTR trailer.</b> 60 1981 FORD 3 TN TRL 6/1/1987 V-4 100 00%  61 1990 INTL REF TRUC 10/1/1989 V-4 100 00%  62 1993 INTL REF TRUC 9/30/1992 V-4 100 00%  63 1994 INTL TRUCK-OF 11/3/1993 V-4 100 00%  64 VAN-ODESSA 4/30/1996 V-4 100 00%  65 1991 TRUCK-ODESS, 5/31/1996 V-4 100 00%  66 1985 3 5 TN FORD RE 12/22/1997 V-4 100 00%  67 TUK-A-WAY LIFT GA 8/1/1998 V-4 100 00%
92 93 94 95 95 95 100 101 103 96 97 88 96 97	8 8 12 13 13 13 13 13 13 13 13 13 13 13 13 13	14 15 17 17 19 20 21	27 10 30 33 33 33 34 49	25 25 25 25 25 25 25 25 25 25 25 25 25 2

,	11,318	2,977	3,379	2,514	2,485	7,527	2,775	53,576	8,000	40,000	6,100	40,226	690'6	29,620	45,330	25,870	5,248	3,379	3,833	503,775	1 437 724		37,499)	1.400.225
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	11,318	2,977	3,379	2,514	2,485	7,527	2,775	53,576	8,000	40,000	6,100	38,247	8,286	22,060	30,504	17,409	3,148	994	0	461,848	1 325 343	0.000	37,499) (	1,287,844
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	11,319	2,977	3,379	2,514	2,485	7,527	2,775	53,576	8,000	40,000	6,100	40,226	690'6	37,801	103,780	59,227	10,500	11,924	23,000	636,728	0000	606, 100,0	100,000)	3,287,989
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	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>V-</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	> 4	<b>&gt;</b>	<b>&gt;</b>	<b>&gt;</b>	> 4	luty truc				
	12/1/1998	1/28/1999	2/9/1999	1/11/2001	1/31/2001	2/7/2001	5/25/2001	6/13/2001	•	10/29/2001	1/24/2003	3/31/2004	6/7/2004	1/16/2006	6/22/2006	6/22/2006	10/2/2006	8/20/2008	3/23/2009	ose heavy-d				
	1989 INTL 1754 TRUC	85 FORD LIFT-ODES:	89 INTL LIFT-ODESS,	ENGINE-91 FORD P/L	BOX 85 FORD-ODES:	REIFER UNIT 89 INTL	OVERHEAD DOOR 8!	2001 FORD F550 SUF	89 REFRIG TRAILER-	97 FORD AEROMAX	1995 FORD WINDSTA	2004 FORD 550 TRUC	ENGINE 91 INTL TRU	2002 FREIGHTLINER	2007 PETERBILT TRA	2007 GREAT DANE R	1995 UTILITY REFRIC	TRANSMISSION-ODE	2001 INT'L TRUCK - E	Total 5-yr General purpose heavy-duty trucks and over		Suprogais	Less Assets Sold	Ending Totals
	89	69	20	7	72	73	74	<b>8</b>	75	92	11	78	62	8	8 2	85	83	143	156					