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Process as orginal

CHANGE IN ACCOUNTING PERIOD Return of Organization Exempt From Income Tax

n

04B.004

				Page Page
	of Program Service Acc	omplishments		
Briefly describe the orga				
SEE SCHEDULE	0			
Did the organization und	ertake any significant program s	services during the year which were	not listed on	-
the prior Form 990 or 99	n E72			Yes X No
If "Yes," describe these i	new services on Schedule O.			
Did the organization cea	se conducting, or make significa	ant changes in how it conducts, any	program	
condess?			· - •	Yes X No
If "Yes," describe these				, 🗀 \cdots
	•	the organization's three largest pro	gram services by expenses.	
		on 4947(a)(1) trusts are required to	•	
		any, for each program service repo		
-• -		,, pg		
PROMOTE RURAL COMMUNITY INIT RAISE THE RES IMPLEMENTING 1	URBAN CONNECTED FIATIVES KNOW AS OURCES NEEDED TO MEMBERS TO SUPPO	NESS IN THE U.S.	L. IN CS" TO ICB THROUGH L	
	ABLE FOOD SECURI	rmv	••• •• ••••••	
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(Code:) (Exp	enses \$	including grants of \$) (Revenue \$	
(соце) (Еф				
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(Code:) (Exp	enses \$			
	enses \$	uncluding grants of \$		

	· · · · · · · · · · · · · · · · · · ·		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	1	X	l
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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	3_	l	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4_		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	L	
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,"	1	ļ	İ
	complete Schedule D, Part I	6	1	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			Г
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Oid 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,"		ŀ	1
	complete Schedule D, Part IV	9		X
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	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		1	
	VII, VIII, IX, or X as applicable	11	_x_	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	1995	10.2	130
	Schedule D, Part VI.	(1 to 10 to	(8)30 7975	37
	 Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more 	2.2	[/ · · · .	3
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	2000	3000	₹ ? (*
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	388		[`;
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	977.55%	See	100
	 Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets 	8800	37 - 1	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		Ĩ	1.3
	 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	100		260
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1988.,	88.
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		Lor	1884
12	, , ,	(4)		1000
	Schedule D, Parts XI, XII, and XIII.	12	X	ļ
12	A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	₩		(* 3
	1f "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	—	X
14		14a	├	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1	1	
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		1	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	 	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1	!	
	If "Yes," complete Schedule G, Part III	19	 	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	000	X (2000)
				4 / WWW)

	it W. 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	21	x	
2	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
3	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	23		X
la	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	1		
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	l —	
-	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		_
•		240		
_	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		 -
а	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	1		3.5
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	1		Ì
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	1		i
	990-EZ? If "Yes," complete Schedule L, Part I	25b	L	X
,	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	1		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1		
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	Į.		
	if "Yes," complete Schedule L, Part III	27		X
1	Was the organization a party to a business transaction with one of the following parties (see Schedule L.,	86		8.02
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	mic in:		w
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	1	İ	1
	Part IV	28c		X
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	X
,)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1	 	
,	conservation contributions? If "Yes," complete Schedule M	30	į	x
	***************************************	130	 	-
•	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1	1	x
	Part I	31	┢	
?	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		ŀ	v
	Schedule N, Part II	32	ļ	X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	i	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	L	X
•	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		ļ	l
	III, IV, and V, line 1	34		X
,	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		1	i
	Schedule R, Part V, line 2	35		X
,	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1		ŀ
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
,	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	Į
	Part VI	37		x
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<u> </u>	1	
•	19? Note. All Form 990 filers are required to complete Schedule O.	38	х	
	TO EXPERIMENTAL PROPERTY OF THE PROPERTY OF TH			

<u> P</u> e	ist.Vii Statements Regarding Other IRS Filings and Tax Compliance					
				[Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittat of	- 1	1			
	U.S. Information Returns. Enter -0- if not applicable	1a	11			
Þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_1b		- Valent	200	77 (6 33 2 4 4 4 5
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportab	le	1000		
_	gaming (gambling) winnings to prize winners?	,		1c	X	
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	Ì		133		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	12		1000	(NO)
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax re			2b	X	3 7 3
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	ee		300		8.4
	instructions)			(1000) (1000)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross income of \$1,000 or more during the year covered to the organization have unrelated business gross grown and the organization have the organization of the organizat	ered by		Staž.		M.
	this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	├—	├
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			
	over, a financial account in a foreign country (such as a bank account, securities account, or other	financial		1.		N.P.
_	account)?			4a	V500	X
Ь	If "Yes," enter the name of the foreign country: ▶	. <u>.</u>				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Forex	jn Bank				N.
E-	and Financial Accounts.			2 25	W 15 8	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			5a	 	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b	 	 ^
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reprohibited Tax Shelter Transaction?	egarding				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and dic			5c	├	₩
va	organization solicit any contributions that were not tax deductible?	ıne		6a	1	x
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or		104	 	<u> </u>
_	gifts were not tay deductible?	MONS OF		6Ь	i	
7	Organizations that may receive deductible contributions under section 170(c).				5	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	ar noods		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	S	ļ.,
_	and services provided to the payor?	, goods		7a	† '	! ′′``
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•• •		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	 was		<u> </u>		一
_	required to file Form 8282?			7c		ŀ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		130	52	1000
0	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on		<u>'</u>			
	benefit contract?			7e	.	ľ `
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co	ntract?		7 f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as require			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 109					
	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			ديلاني	54.3	365
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsori	ng				1800 š
	organization, have excess business holdings at any time during the year?			8	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.			344	Signa,	
а	Did the organization make any taxable distributions under section 4966?			9a		
Þ	Did the organization make a distribution to a donor, donor advisor, or related person?			9Ъ	<u> </u>	<u> </u>
10	Section 501(c)(7) organizations. Enter.			1		Line 8
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			K ji:	# 3
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	L		180	
11	Section 501(c)(12) organizations. Enter:				鹶	
а	Gross income from members or shareholders	11a			Bian.	100
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			100	¥ 3	
	amounts due or received from them.)	116	<u> </u>		32.0	103
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	m 10411	,	12a		<u> </u>
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		aftil is	# (C.)	1 40
				_	000	

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

	LON A. COVERING BODY and Management		V 1	No.
1a	Enter the number of voting members of the governing body 1a 22	మణిం	Yes	No No
ь	Enter the number of voting members that are independent 1b 22	1972W	76 (2) 26 (2)	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	**************************************	300	
_	and the office of the state of	2	``	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the amenination become given divisor the year of a metalial decorate of the amenination's assets?	5		X
6		6	X	
7a	Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members	H	-	
7 a			x	
_	of the governing body?	7a 7b	X	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	*	-	77. 77
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			\$ \$85.5
_	the year by the following:			1999
a	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8ь	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			v
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Key	renue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	l l		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		w	
	form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		40	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		17	
	rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			40
	describe in Schedule O how this is done	12c		X
13	Does the organization have a written whistleblower policy?	13	X	<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			2.3
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	أحملنا أ	100	ત. ઢ
a	The organization's CEO, Executive Director, or top management official	15a	<u>X</u>	
þ	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)		12.3	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1800		န် သိ
	with a taxable entity during the year?	16a		X
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1800 - 1 1800 - 1		1/1
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	2000	ews w	3.5
	the organization's exempt status with respect to such arrangements?	16b	L	L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed IL, KS, KY, MD, MI, MN, NY, OH, OR, PA, WI			<i></i> .
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	X Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, 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 ► FOODS RESOURCE BANK 4479 CENTRAL AVE.			
W		-61	2-1	939

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."

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

- 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.

(A) Name and Title	(B) Average	(B) (C)		-)			(D) Reportable	(E) Reportable	(F) Estimated	
•	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1098-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DOUG HARFORD DIRECTOR		x						0	0	0
BILL ADAMS TREASURER		x		x				0	0	0
JUNE KIM SECRETARY		x		x				0	0	0
KEN FLEMMER DIRECTOR		x						0	0	0
DAVID ERICKSON CHAIRMAN OF BOARD		x		x				0	0	0
HOWARD ROYER DIRECTOR		x						0	0	0
VERNON SLOAN DIRECTOR		x			_			0	0	0
CAROL SLOAN DIRECTOR		x						0	0	0
SUSAN SANDERS DIRECTOR		x						0	0	0
AMY GOPP DIRECTOR		x						0	0	0
PRAN TROXLER DIRECTOR		x						0	0	0
ORION SAMUELSON DIRECTOR		x						0	0	0
ARLYN SCHIPPER DIRECTOR		x			L			0	0	0
DAVID DETHMERS DIRECTOR		x			_			0	0	0
HARLEY BUYS DIRECTOR		x			L			0	0	0
GARY COOK DIRECTOR		x						0	0	0
DIRECTOR		x		<u> </u>				0	0	0 Form 990 (2009)

	990 (2009) FOODS RES								54-194		Page 8
Pai	t VII Section A. Officers	, Directors, Tru	stee	s, Ke	y Er	nplo	yees	s, ar	d Highest Compensated	Employees (continued)	
	(A) Name and Title	(B) Average hours per	—		chec		that a		compensation	(E) Reportable compensation	(F) Estimated amount of
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	from the organization (W-2/10 99-M ISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	MES ACKLEY ECTOR		x						0	0	0
	ARRIN YODER ECTOR		Х						0	0	0
	RIAN BACKE		x						0	0	0
	ONNA DERR ECTOR		x						0	0	0
DIR	AVID HUSBY ECTOR		х						0	0	0
DIR	HERWIN RULLODA ECTOR		x					_	0	0	0
• •	. Marvin Baldwii s./ceo	60.00			x		1		31,558	o	0
• • • • •											
· · · · ·	···· ··· ·· ··· ··· ··· ··· ·		_		_		_	_			
			<u> </u>		_	ļ		<u> </u>			
45	T1	<u> </u>	_					Ĺ	31,558		
1b 2	Total	ncluding but not	imite	ed to	thos	e lis	ted a	bov	•		
	reportable compensation from	•		_						•	Yes No
3	Did the organization list any for employee on line 1a? If "Yes,								• • •		3 X
4	For any individual listed on line the organization and related of	e 1a, is the sum	of re	port	able	con	npens	satic	on and other compensation	from	
5	individual Did any person listed on line services rendered to the organic	1a receive or acc	crue	com	pens	atio		n ar	ny unrelated organization fo		4 X 5 X
Sec	tion B. Independent Contract	tors									
.1	Complete this table for your fi compensation from the organ		ensa	ited	inde	pend	dent (cont			
	Name and	(A) d business address						L	Descrip	(B) tion of services	(C) Compensation
	===					· · · · · · · · · · · · · · · · · · ·			<u> </u>		
				_				_			
								L			
								_			
											X1 X X X X X X X X X X X X X X X X X X
2	Total number of independent more than \$100,000 in compe	=					ed to	tho	se listed above) who recen	red 	0 5 990 (2000

	(2009) FOODS RES		BAN	<u> </u>		54-1940516	<u> </u>	Page
art V	III Statement of Re	venue	> 30, 220, 127 A	400 00 1.00.00 150		(B)	T (0)	(D)
					(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
						exempt function	business revenue	excluded from tax under sections
4-	Federated campaigns	MONTO CONTROL	80000 (Y.)	elite constants	260 1 6 2 mm 200 00 4 1 2 2 6 0 0	revenue	402 / 548 (F 548 60) 1990	512, 513, or 514
4	Membership dues	1a 1b						
1 _	Fundraising events	1c						
يّ ا	Related organizations	1d						
٦	Government grants (contributions)	10 1e						
,	All other contributions, galls, grants,				San San San San San San San San San San	Comment of the Comment		
•	and similar amounts not included above	• 11		906,600				
def	Noncash contributions included in line		S	200,000				Store to Britaining
, b	Total. Add lines 1a-1f		•	•	906,600			
'''	TOWNS THE TO			Busn, Code	1000 0 750 75 75 7	131. ANY 1/2 (6A.)		**************************************
2a				Busn, Code	A 88 *8 11 0.003.3 (1.10)	v 1995; II. 1. 16./m stirele?c	10. 11 2 1 CO	· · · · · · · · · · · · · · · · · · ·
	• • • • • • • • • • • • • • • • • • • •						 	
ءَ ا	• • • • • • • • • • • • • • • • • • • •							
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	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	• • • • • • •				 	-
•	All other program service n	· ·· ·	.,	——			 	
	Total. Add lines 2a-2f					733343586	ASDO-STRUCK	
3	Investment income (includi							X 2 X X X X X X X X X X X X X X X X X X
-	other similar amounts)	ing cirrico	100, 111001	bot, and	4,506			4,50
4	Income from investment of	tax-exem	nt bond o	mceeds >	3,000			
5	Royalties		p. 555 p			t		
_	(i) Re		<u> </u>	Personal	\$35 8 000000000000000000000000000000000000	1989 (NACO 1983)		<u> </u>
6a	Gross Rents							Carlo San
b	Less: rental exps							Barry Comment
c	Rental inc. or (loss)							
d	Net rental income or (loss)				an and the art of the art of the area.	mans state also a	· · · · · · · · · · · · · · · · · · ·	diida xubdaya .
7a	Gross amount from (i) Securi	nties	Cúi	Other	The Royal Control of the Control	X2.13%-1966.1		ATTACON CONTRACTOR
	sales of assets other than inventory		 					1060% ZX
ь	Less: cost or other		<u> </u>					1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
-	basis & sales exps				K-3870 738			
_ c	Gain or (loss)		 			Marie Victoria		
١.	Net gain or (loss)			•	D(7:2886 \ 50 1, 50.	See Sharmasa	the wild out assisted a work.	
	Gross income from fundraising		' 	<u> </u>		28 1 NAC 861 15	2.2200000 3000	SSS 40 1 40 2
	of contributions reported on line	 (1c)						
	See Part IV, line 18	u,. a						
ь	Less. direct expenses	b						12 Sec. 1884
	Net income or (loss) from f	undraising	events	<u> </u>	So my sumite better come			1,30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Gross income from garning acti		, 5:55		1. 46 FAN 3.240.	[15] BEYLDOM	12 2 2 2 2 Ca.	5.782823
	See Part IV, line 19	ه				Programme Silver		
Ь	Less: direct expenses	🍒						
	Net income or (loss) from g	amino ac	tivities	•		Į.		
	Gross sales of inventory, to			<u>,,,,,</u>			. Garaga	225 S\$52825
	returns and allowances	a.					Constitution of the Consti	
ь	Less: cost of goods sold	<u>-</u>						
L	Net income or (loss) from s	ات Rales of in	ventory	▶		\$155.00 - 1.00.000.00.00.00 MIN	1 2002 - 1 2000 - 1 2000	40. (M.M. 100 5 MAP OF A
<u> </u>	Miscellaneous Reve			Busn. Code	Salatina di Cale	80286211374		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
11a				1	41			10000
Ь			• • • • •			1		
ء ا	***************************************		• ••••		 		† · -	
ď	All other revenue					 		
	Total. Add lines 11a-11d				41	Sec. 2011 (1990) (1990)	1. 2. J. j. 29. 144 (2. 15. j. 20. 14	2/11/2/2013/2013
42	Total Pevenue See instru		· · · · ·		911 147			4 50

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).

	All other organizations must o		are not required to compi	iete columns (B), (C), and	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	1,204,085	1,204,085		
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				2000 Time 100 100
5	Compensation of current officers, directors,				
	trustees, and key employees	31,558	16,998	10,192	4,368
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				1
7	Other salaries and wages	72,378	54,216	13,383	4,779
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)				
9	Other employee benefits	2,348	1,817	531	<u> </u>
10	Payroll taxes	7,951	5,448		700
11	Fees for services (non-employees):	.,			
а	Management				
b	l amal	6,133	131	6,002	
-	Accounting	8,605		8,605	
d	Lobbying	0,005		0,000	-
-	Professional fundraising services See Part IV, line 17		1 12 12 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
f	Investment management fees			<i>0</i> , 7,7,0,7,3,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,	
9					
12	Other Advertising and promotion				
13	Office expenses	2,651	1,714	747	190
14	Office expenses	2,031	1//12	· · · · · · · · · · · · · · · · · · ·	
15	Information technology				
16	Royalties	4,426	2,213	1,328	885
17	Occupancy	29,060			
18	Travel Payments of travel or entertainment expenses	23,000	23,133	3,000	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20				<u> </u>	
	Interest Payments to affiliates	····			
21	Depreciation, depletion, and amortization	7,844		7,844	
22 23		1,096		1,096	
43	Insurance	1,096	140 19 60 320 Comer 320 636 386000	1,030	1 1 mg 7 mg 2 Ca 2 Ca
24	Other expenses. Itemize expenses not				
24	•				
	covered above. (Expenses grouped together	Barrell Comment			
	and labeled miscellaneous may not exceed	1. 1950 4 Siddle (17, 7 am 34)			
_	5% of total expenses shown on line 25 below.) MISCELLANEOUS	7,145		7,065	80
a	PHONE	1,962	1,152	616	
D	MEETING				
C _		1,876		1,082	÷
đ	EQUIPMENT	1,491	1,199		
8	SUPPLIES	1,015		468	
1	All other expenses	975			11 201
25	Total functional expenses. Add lines 1 through 24f	1,392,599	1,315,488	65,740	11,371
26	Joint costs. Check here ▶ if following SOP 98-2. Complete this line only if the				ļ
	organization reported in column (B) joint costs				1
	from a combined educational campaign and				1
DÃA	fundraising solicitation		l		
DAA					Form 990 (2009)

				(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing			3,544,538	1	3,197,898
2	Savings and temporary cash investments				2	
3	Piedges and grants receivable, net			36,600	3	10,350
4	Accounts receivable, net			102,238		
5	Receivables from current and former officers, directors,					
	employees, and highest compensated employees. Comp	plete Part II of				
	Schedule L				5	3.2. 20. 30000 CC 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.
6	Receivables from other disqualified persons (as defined	under section				
	4958(f)(1)) and persons described in section 4958(c)(3)(Six	
1	Part II of Schedule L				6	7.3.4070007 U.S. 77C10X360 007N0
7	Notes and toans receivable, net				7	
8	Inventories for sale or use	• • • • • • • • • • • • • • • • • • • •			8	
7 8 9	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment, cost or	Jl	• • • • • • • • • • • • • • • • • • • •	136/14/5/2000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200	William Branch Comb
	other basis. Complete Part VI of Schedule D	102	117.447		23	
Ь	Less: accumulated depreciation	10b	67,710		10c	
11	Investments—publicly traded securities			507.00	11	257.5.
12	Investments—other securities. See Part IV, line 11				12	
13	Investments—program-related See Part IV, line 11	•••••			13	
14	lateracible access				14	
15	Other access One Day Mr. de		· ·		15	
16	Total assets. Add lines 1 through 15 (must equal line 34			3,740,109		3,257,985
17				28,673		28,001
18	Accounts payable and accrued expenses		••••	20,073	18	2.0,002
19	Grants payable	•••• ••• •			19	
20	Deferred revenue	· · · · · · · · · · · · · · · ·			 -	
	Tax-exempt bond liabilities	forbadula o			20	
21	Escrow or custodial account liability. Complete Part IV o			95 v. 2.55	41	
22	Payables to current and former officers, directors, truste	•			~~~ `````	ligaich an 1960 Rightin Bai
	employees, highest compensated employees, and disqu	raimed			ಡಿ.ಬಿ.ಐ	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
					22	
23	Secured mortgages and notes payable to unrelated third	parties			23	
24	Unsecured notes and loans payable to unrelated third pa	arties			24	
25	Other liabilities. Complete Part X of Schedule D			28,673	25	20 001
26				20,013	-	28,001
	Organizations that follow SFAS 117, check here					
l	complete lines 27 through 29, and lines 33 and 34.				28.7	470 417
27	Unrestricted net assets	• • • • • • • • • • • • • • • • • • • •		496,192		478,417
28	Temporarily restricted net assets			3,215,244	7	2,751,567
29	Permanently restricted net assets			700.00	29	3880 m/65 N.S. 20 17 July 27 S. J. 1907 J.
1	Permanently restricted net assets Organizations that do not follow SFAS 117, check her	re 🕨 🔛				
	and complete inles so alrough 54.			Pilate (12 / 12 / 12 / 12 / 12 / 12 / 12 / 12		
30	Capital stock or trust principal, or current funds				30	-
31	Paid-in or capital surplus, or land, building, or equipment	t fund			31	
32	Retained earnings, endowment, accumulated income, o	r other funds			32	
33	Total net assets or fund balances			3,711,436		3,229,984
27 28 29 30 31 32 33 34	Total liabilities and net assets/fund balances			3,740,109	34	3,257,985

om	990 (2009)' FOODS RESOURCE BANK	54-1940516		Pa	ge 12
Pa	rt:Xt: Financial Statements and Reporting				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash	Accrual Other		SELVE,	
	If the organization changed its method of accounting from a prior year of	er checked "Other," explain in		200	
	Schedule O.		الراشق	200	7. 20°
2a	Were the organization's financial statements compiled or reviewed by a	n independent accountant?	2a		X
	Were the organization's financial statements audited by an Independen	***************************************	2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that as				
	the audit, review, or compilation of its financial statements and selection	n of an independent accountant?	2c	X	Ĺ
	If the organization changed either its oversight process or selection pro-	cess during the tax year, explain in	(\$0.00)	(20)	3855
	Schedule O.				E.S.
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the finar	icial statements for the year were			
	issued on a consolidated basis, separate basis, or both:		53		226
	Separate basis Consolidated basis Both consolidated	and separate basis		Ž.73	77 (6)
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?		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 st	and taken to underso such audite	2h	Y	j .

SCHEDULE A (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

			FOODS	RESOUR	CE	BANK					54	-194(0516			
Pa	ut l	🗯 Reas	on for Pub	lic Charity	State	us (All organization	s must o	complet	e this	part.)	See ir	nstructi	ions.			
he	orga					: (For lines 1 through 11,										
1						on of churches described		•								
2	П	A school des	cribed in sect	Jon 170(b)(1)(AXii).	(Attach Schedule E.)										
3	П					anization described in se	ction 170	(БИ1ЖАН	ii).							
4	П				-	onjunction with a hospital			•	MAMAM	ii). Ente	er the ho	spital's n	ame		
	_	city, and stat				,,				· // · // · // ·	,			,		
5	\Box	• .		or the benefit	of a co	ollege or university owner	or operat	ed by a o		 ental uni	 t descri	ihed in	• • • • • • •	• • •	٠.	•••
	ш	-	b)(1)(A)(iv). ((о ороло.	J. J, L g		J. 1607 G.1.1	. 0000					
6	\Box	•		•	•	mental unit described in	tection 17	OCHVAVA	N/w1							
7	X			_		antial part of its support fi				from the		al aublia				
•		-	section 170(b	' -			on a gove	en in item (a)	Will Of	110111 016	gener	ai public				
8	\Box		-		•	(1)(A)(vi). (Complete Par	• 11 \									
9	Н					re than 33 1/3 % of its su		contributi			in food	0.04				
•	ш				_							_	122			
						nctions—subject to certai related business taxable i	•		•							
							-			x) iroiti c	wsines	ses				
10	\Box		_			75. See section 509(a)(2) sively to test for public sa			•							
11	H					sively to test for public sa sively for the benefit of, to						_				
••	ш					ganizations described in s				-						
						e of supporting organization					•	20 CUUII				
		a Type	_	Type II		c Type III-Function		•	1C3 11C	_ T	- 111. e III-0:	lhar				
e			_			tion is not controlled direct										
	Ш			-		other than one or more pu	-				•					
		•	section 509(a)	_		unci man one or more pe	Diay Sup	Joiled Org	amzauc	A13 0630	HOCU III	3ECCOII				
f				• •	emina	ition from the IRS that it i	a Tyna I	Type II	or Time	III supp	adina					
•			check this bo		211111111111111111111111111111111111111		sa type i	i ype ii, t	Ji Type	iii suppi	Jung					\Box
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9		following per	_	3 tilo Diganiza	uon B	coepied any girt of contin	Julion non	t any or u	10							
		• •		or indirectly o	antrala	s, either alone or together	with nom	one decer	ihad in i	/i.x				ſ	Yes	No
								0112 062CI	inea iii i	(II)			[a		169	NO
						supported organization?		• • • •	• •			• • • • • •		1g(l)		-
			member of a	•		***	• • • • •	• • • • •					· · · · · · · · · · · · · · · · · · ·	1g(II)		├
_						bed in (i) or (ii) above?						• • • • • • •	, L	1g(iii)		L
_ <u>n</u>					T	pported organization(s).	Challe the		AL DA		L.0	10 800	4.4			
(1)		e of supported anization	""	EIN		(iii) Type of organization (described on lines 1-9	1 ' '	organization isted in your		you notify nization in		is the too in coi	(A):	suppi	unt of ort	
	_					above or IRC section		document?		of your		ized in the S?		• • •		
					ļ	(see instructions))	Yes	No	Yes	port?	Yes	No				
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Sche	dule A (Form 990 or 990-EZ) 2009 FOC	DS RESOUR	CE BANK		54	-1940516	Page 2
Pa	rt.ii Support Schedule for O	rganizations D	escribed in S	ections 170(b)	(1)(A)(iv) and	170(b)(1)(A)(vi)	
	(Complete only if you ch	ecked the box	on line 5, 7, or	8 of Part I.)			
Sec	tion A. Public Support	2006	. 2007	2008	2009	SY 2010	
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Cife and application and				, ,		
•	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	3,026,204	3,652,585	3,025,471	3,207,965	906,600	13,818,825
•	Tourseless beded for the annulations						
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	3,026,204	3,652,585	3,025,471	3,207,965	906,600	13,818,825
5	The portion of total contributions by each		1463 8 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	person (other than a governmental unit or publicly supported organization) included					ri (filia di in	
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from fine 4			i cikina ay	\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	FURL 2017 100 100 100 100 100 100 100 100 100	13,818.825
Sec	tion B. Total Support						
Cal	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total.
7	Amounts from line 4	3,026,204	3,652,585	3,025,471	3,207,965	906,600	13,818,825
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	Sources	70,642	134,309	107,884	52,470	4,506	369,811
9	Net income from unrelated business						
3	activities, whether or not the business is				•		
	regularly carned on					0	
10	Other income. Do not include gain or						
10	loss from the sale of capital assets	1				1	
	(Explain in Part IV.)			784	500	41	1,325
11	Total support. Add lines 7 through 10	\$1.01.86(Jun #84\$\$	~(~?\s#***\`}	panji Promisis		was a salah da karangan da karangan da karangan da karangan da karangan da karangan da karangan da karangan da	14,189,961
12	Gross receipts from related activities, etc.	(see instructions)				12	41
13	First five years. If the Form 990 is for the	organization's first	, second, third, foi	urth, or fifth tax yea	r as a section 501	(c)(3)	
	organization, check this box and stop her		<u> </u>		<u> </u>		<u> ▶ </u>
Sec	tion C. Computation of Public S	upport Percen	tage				
14	Public support percentage for 2009 (line 6	i, column (f) divide	d by line 11, colum	ın (f))		14	97.38%
15	Public support percentage from 2008 Sch	edule A, Part II, lin	e 14			15	97.80%
16a							
	and stop here. The organization qualifies	as a publicly supp	orted organization				▶ 🕱
b	33 1/3 % support test—2008. If the organ						
	box and stop here. The organization qual	ifies as a publicty s	supported organiza	ition			▶ 📙
17a	10%-facts-and-circumstances test-200	9. If the organizati	on did not check a				
	more, and if the organization meets the "f	acts-and-circumsta	inces" test, check	this box and stop	here. Explain in Pa	irt IV how the	
	organization meets the "facts-and-circum:	stances" test. The	organization qualif	ies as a publicly su	ipported organizati	on	▶ 🔲
b	10%-facts-and-circumstances test-200	98. If the organizati	on did not check a	box on line 13, 16	ia, 16b, or 17a, an	d line 15 is 10% or	
	more, and if the organization meets the "f	acts-and-circumsta	inces" test, check	this box and stop	here. Explain in Pa	art IV how the	
	organization meets the facts-and-circums	stances" test. The	nroanization qualif	ies as a publicly su	poorted organizat	ion	▶ [1]

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 FOODS RESOURCE BANK 54-1940516 Page 3 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 (d) 2008 (b) 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose

Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

Gross receipts from activities that are not an unrelated trade or business under section 513

The value of services or facilities furnished by a governmental unit to the organization without charge

Total. Add lines 1 through 5

7a Amounts included on lines 1, 2, and 3 received from disqualified persons

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

Public support (Subtract line 7c from

Sec	tion B. Total Support		•				
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,				1		-

and 12.) 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) 14

	organization, check this box and stop here		<u> ▶ L</u>
ec	tion C. Computation of Public Support Percentage		
5	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15_	%
6	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) ... 17 17 18

Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see

Schedule A (Form					
e instructions	 		•	<u>. </u>	_]
apported organization	 			1	_

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
P	OODS RESOURCE BANK			54-1940516
Pa	irt : Organizations Maintaining Donor Advised Fu	ınds c	or Other Similar Funds or	
	the organization answered "Yes" to Form 990, t	Part I	IV, line 6.	
		L	(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		ssets held in donor advised	
	funds are the organization's property, subject to the organization's excl	dusive l	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	or dono	r advisor, or for any other	
	purpose conferring impermissible private benefit?	<i>.</i>		Yes No
Pa	ift 11 Conservation Easements. Complete if the orga			m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check	k all tha	n ''''	
	Preservation of land for public use (e.g., recreation or pleasure)		Preservation of an historically in	•
	Protection of natural habitat	L	Preservation of certified historic	structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conseined easement on the last day of the tax year.	ervation	ontribution in the form of a consi	ervation
	Case Month of the last day of the tax year.			Held at the End of the Tax Year
a	Total number of conservation easements			
b				2b
c		duded is	n (a)	
d	Number of conservation easements included in (c) acquired after 8/17/			2d
3	Number of conservation easements modified, transferred, released, ex			ation during
	the taxable year	•		•
4	Number of states where property subject to conservation easement is it	located	≠▶	
5	Does the organization have a written policy regarding the periodic monitoring	nitoring,	, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?			
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ang co	enservation easements during the y	rear ear
_	Y			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of \$\infty\$ \$	conser	vation easements during the year	•
8	Does each conservation easement reported on line 2(d) above satisfy t	the rec	uirements of section	
•		-	direments of section	Yes No
9	In Part XIV, describe how the organization reports conservation easem			— —
	balance sheet, and include, if applicable, the text of the footnote to the		•	•
	the organization's accounting for conservation easements.			
Pa	Organizations Maintaining Collections of Art,	, Histo	orical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to			
1a	If the organization elected, as permitted under SFAS 116, not to report			
	art, historical treasures, or other similar assets held for public exhibition			t public service,
h	provide, in Part XIV, the text of the footnote to its financial statements to if the organization elected, as permitted under SFAS 116, to report in it			works of ort
•	historical treasures, or other similar assets held for public exhibition, ed			
	provide the following amounts relating to these items:	Jucaso	m, or research in futurerance of pu	DIIO GGI TIOO,
	(i) Revenues included in Form 990, Part VIII, line 1			▶ s
	III) Assets reducted in Earth 200 Doct V			> \$
2	If the organization received or held works of art, historical treasures, or			ovide the
	following amounts required to be reported under SFAS 116 relating to t	these it	tems:	
а	Revenues included in Form 990, Part VIII, line 1			> \$
þ				. > \$
	·			

Sche	dule D (Form 990) 2009 POODS RESC		·		40516		Page 2	
3	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):							
а	Public exhibition	d 🗌 Loar	or exchange programs					
b	Scholarly research	e Othe	• • •					
c	Preservation for future generations		· ·			_		
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.							
5	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?							
Pa	rt.IV Escrow and Custodial Arrai			on answered	"Yes" to For	m 990, Part		
1a	Is the organization an agent, trustee, custodiar			assets not				
		•				Yes	No	
ь	included on Form 990, Part X? D If "Yes," explain the arrangement in Part XIV and complete the following table:							
	, ,					Amount		
c	Beginning balance				1c			
	Additions during the year				 	·		
ė	Distributions during the year	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	10			
f	Ending balance	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	11			
	Oid the organization include an amount on For	m 990. Part X. line 21?		• • • • • • • •		Yes	No	
b	2a Ord the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV.							
	rt V Endowment Funds. Comple	ete if organization	answered "Yes" to	Form 990. Pa	rt IV. line 10).		
		(a) Current year		c) Two years back			ars back	
1a	Beginning of year balance		3					
b	Contributions		<u> </u>	S. N. Žinisr	9	320 (32/1)	(*************************************	
c	Net investment earnings, gains,		[7]	J. 4. C. B. B. W.	8 8 3 × 1 × 1 × 1	(8)4 (19) 21	7 - 83 - 4	
•	and leaves		i.e.				en en en en en en en en en en en en en e	
d	Grants or scholarships		*/		<u> </u>		. 1835 (1) 2	
	Other expenditures for facilities		i.e	7.77. 203.a.z 323	1. (1832)	5.68 0.22 /		
·	•						, Budd	
	and programs Administrative expenses			ÀME SONO				
				in the second second				
9 2	End of year balance Provide the estimated percentage of the year of		FES	See alt of Commercial Commercial	bs . wa Ame	**************************************		
		end balance nero as.						
8	Board designated or quasi-endowment	76						
D	Permanent endowment > %							
	Term endowment ▶ %							
3a	Are there endowment funds not in the possess	sion of the organization	that are held and admin	istered for the		<u> </u>	T	
	organization by:						es No	
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii)		
Þ	If "Yes" to 3a(ii), are the related organizations					3b		
4	Describe in Part XIV the intended uses of the							
Pa	it VI Investments—Land, Buildin							
	Description of investment	(a) Cost or other basis	1 ''	1 ''	cumulated	(d) Book val	lue	
		(investment)	basis (other)		eciation			
1a	Land		40,1	080		40	<u>,080</u>	
b	Buildings							
	Leasehold improvements							
đ	Equipment		77,:	367	67,710	9	,657	
	Other							
Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990. Part X o	oluma (B), line 10(c))		N	40	737	

Schedule D (Form 990) 2009 FOODS RESOURCE BANK		54-1940516	Page 3
Part VII Investments—Other Securities. See Form 990), Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of val	
(including name of security)		Cost or end-of-year m	arket value
Financial derivatives	<u> </u>		
Closely-held equity interests	ļ		
Other			
	}		
	ļ		7
	}		
		- 	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		TEDE STANZEN	
Part VIII: Investments—Program Related. See Form 99	0 Part Y line 13	mind (Mind) (See) .	<u> </u>
(a) Description of investment type		1 1000	
(a) besurption of pressure it type	(b) Book value	(c) Method of val Cost or end-of-year m	
	 	Cost of End-on-year in	MIKEL VAIGE
	 		
			
			
	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)		256 (25 mon 26 mon 27 m	<u>. 34 - 7 - 34 - 6</u>
Part IX Other Assets. See Form 990, Part X, line 15.	<u> </u>	I was a second s	
(a) Description			(b) Book value
	······································		
			
	· · · · · · · · · · · · · · · · · · ·		
	-		
		_	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			
	5		
1. (a) Description of liability	(b) Amount		
Federal income taxes			
			ANG SANG SANG SANG SANG SANG SANG SANG S
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 organ	nization's financial state	ments that reports the	
organization's liability for uncertain tax positions under FIN 48.			

	dule D (Form 990) 2009 FOODS RESOURCE BANK 54-19405.		Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stater	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	911,147
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	_1,392,599
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-481,452
4	Net unrealized gains (losses) on investments	4	
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	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-481,452
Pa	在XII 🦟 Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements	1	911,147
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	10 m	
a	Net unrealized gains on investments		
b			
c	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2е	
3	Subtract line 2e from line 1	3	911,147
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
þ	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b	4c	
5		5	911,147
Pi	rt:XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
1	Total expenses and losses per audited financial statements	1	1,392,599
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a	[66]	
þ	Prior year adjustments 2b 2b		
C	Other losses 2c	18/4	
d	Other (Describe in Part XIV.)	Para Lat	
8	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,392,599
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	Mag (1)	
2	Investment expenses not included on Form 990, Part VIII, line 7b	47.sl	
Ь	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b	4c	1 200 500
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,392,599
	rt XIV: Supplemental Information		
	plete 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		
	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		
his (part to provide any additional information.		
			 -
- · - ·			
- · - ·		·	

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SCHEDULE (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

Open to Public OMB No 1545-0047 Inspection 2009

² _ OVERSEAS PROGRAMS OVERSEAS PROGRAMS OVERSEAS PROGRAMS OVERSEAS PROGRAMS OVERSEAS PROGRAMS OVERSEAS PROGRAMS OVERSEAS PROGRAMS OVERSEAS PROGRAMS OVERSEAS PROGRAMS Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (h) Purpose of grant or assistance 80 |X| Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" **Employer Identification number** non-cash assistance (g) Description of 54-1940516 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisa, other) (d) Amount of cash grant (e) Amount of non-cash assistance 142,369 168,977 178,325 59,650 125,522 102,000 342,626 58,000 23,917 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC secton f applicable m m m m m m m m 38-1708140 MD 21201-3443 13-5563422 13-2574963 13-5562279 PA 17501-0500 23-6002702 36-2167026 13-4080201 36-1557840 44-0552034 General Information on Grants and Assistance (p) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? FOODS RESOURCE BANK MD 21230-3850 CHURCH OF THE BRETHREN GENERAL BOAR CHRISTIAN REPORMED WORLD RELIEF COM UNITED METHODIST COMMITTEE ON RELIE IL 60120 NAZARENE COMPASSIONATE MINISTRIES NY 10115 IL 60625 MI 49560 KS 66220 NY 10115 (a) Name and address of organization 475 RIVERSIDE DRIVE SUITE 700 475 RIVERSIDE DRIVE, RM. 330 MENNONITE CENTRAL COMMITTEE EVANGELICAL COVENANT CHURCH 17001 PRAIRIE STAR PARKWAY CATHOLIC RELIEF SERVICES 209 WEST FAYETTE STREET or government 2850 KALAMAZOO AVE. SE 5101 N. FRANCISCO AVE. LUTHERAN WORLD RELIEF CHURCH WORLD SERVICES 21 SOUTH 12TH STREET 1451 DUNDER AVENUE 700 LIGHT STREET Department of the Treasury Internal Revenue Service Name of the organization GRAND RAPIDS BALTIMORE BALTIMORE NEW YORK NEW YORK CHICAGO Part LENEXA AKRON ELGIN

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

Enter total number of other organizations

Schedule I (Form 990) 2009

:

:

........

04B.004

Schedule 1 (Form 990) 2009 FOODS RESOURCE BANK	RCE BANK	ın	54-1940516		Q
Part III Grants and Other Assistance to Individuals in the United States. Con Use Part IV and Schedule I-1 (Form 990) if additional space is needed	als Fa	e United States. Cor onal space is needed	nplete if the organiza	In the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Iditional space is needed.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
•					
Part IV. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to	provide the information	on required in Part I,	line 2, and any other additi	onal information.
PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	ES FOR MONITO	RING THE USE	OF GRANT FUND	<u>.</u>	
AFTER AN IMPLEMENTING MEMBER'S PROPOSED OVERSEAS FOOD PROGRAM HAS BEEN	BER'S PROPOSE	D OVERSEAS FO	OD PROGRAM HA	S BEEN	
APPROVED AND THE FUNDING DETERMINED, AN AGREEMENT IS WRITTEN BASED ON A	DETERMINED, A	N AGREEMENT I	S WRITTEN BAS	ED ON A	
BRIEF SUMMARY OF THE PROPOSAL. THE		AGREEMENT INDICATES THE FREQUENCY OF	ATES THE FREQ	UENCY OF	
THE REPORTING AND THAT REPORTS WILL INCLUDE INFORMATION ON FINANCES,	PORTS WILL IN	CLUDE INFORMA	TION ON FINAN	CES,	
ACTIVITIES, PROGRESS TOWARD OBJECTI	RD OBJECTIVES	VES AND PHOTOS. REPORTS SUCH AS ANNUAL	REPORTS SUCH	AS ANNUAL	
REPORTS, INTERIM REPORTS AND FINAL		EVALUATIONS ARE ALSO SHARED WITH FRB.	ALSO SHARED W	ITH FRB.	
REPORTS ARE REVIEWED FOR PROGRESS IN ACCORDANCE WITH THE PLAN AND VARIANCES	PROGRESS IN A	CCORDANCE WIT	H THE PLAN AN	D VARIANCES	
ARE QUESTIONED. REQUIRED REPORTING		IS MONITORED AND REMINDERS ARE SENT FOR	D REMINDERS A	RE SENT FOR	
LATE REPORTS. REPORTS ARE SHARED WITH ALL MEMBERS WHO HAVE SUPPORTED THE	E SHARED WITH	ALL MEMBERS	WHO HAVE SUPP	ORTED THE	

Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in to Use Part IV and Schedule I-1 (Form 990) if addit (a) Type of grant or essistance (b) Number of recipients	als in t	the United States. Cor	nplete if the organiza	he United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22	rm 990, Part IV, line 22.
(a) Type of grant or assistance	Form 990) if additio	DONOL OF COURT IN			•
	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Rait IV: Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	mplete this part to p	rovide the informatic	on required in Part I,	line 2, and any other additi	onal information.
PROGRAM AND APPROPRIATE EXCERPTS DISTILLED FOR	CERPTS DISTII	THE	WEBSITE. CHANGES IN	NGES IN	
PLANS AND BUDGETS OF MORE THAN 10% ARE TO BE REQUESTED IN WRITING PRIOR TO	THAN 10% ARE	TO BE REQUES	TED IN WRITIN	g PRIOR TO	
THEIR HAPPENING. PLANS ARE APPROVED	E APPROVED FO	OR ONE YEAR A	FOR ONE YEAR AT A TIME WITH APPROVAL	APPROVAL	
FOR FUTURE YEARS CONTINGENT ON AVAILABLE FUNDING, PERFORMANCE, REPORTING	T ON AVAILABI	E FUNDING, P	ERFORMANCE, R	EPORTING	
AND APPROPRIATE PLAN. THE	THE EXECUTIVE DI	RECTOR OF OV	DIRECTOR OF OVERSEAS PROGRAMMING	MMING	
PARTICIPATES IN PLANNING AND EVALUATING PROCESSES WITH MEMBER PROGRAM AND	ND EVALUATING	PROCESSES W	ITH MEMBER PR	OGRAM AND	
PARTNER STAFF. FRB STAFF VISITS FROM	VISITS FROM 8	TO 15 PROGR	8 TO 15 PROGRAMS PER YEAR, PROVIDING	PROVIDING	
OPPORTUNITIES FOR GROWING PROJECT PARTICIPANTS TO VISIT THE OVERSEAS	PROJECT PARTI	CIPANTS TO V	ISIT THE OVER	SEAS	
PROGRAMS AS WELL AS ARRANGE MUTUAL CONNECTING AND LEARNING OPPORTUNITIES	E MUTUAL CON	RECTING AND L	EARNING OPPOR	runities	
FOR FRB PARTNERS IN COUNTRIES WHERE THERE ARE A NUMBER OF THEM PRESENT.	IES WHERE THE	RE ARE A NUM	BER OF THEM P	RESENT.	
DAA					Schedule I (Form 990) 2009

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.

2009
Open to Public Inspection

Name of the organization

FOODS RESOURCE BANK	54-1940516							
FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICAN	NT ACTIVITIES							
FOODS RESOURCE BANK IS A CHRISTIAN, NON-GOVERNMENT, HUMANITARIAN								
ORGANIZATION COMMITTED TO PROVIDING SUSTAINABLE FOOD SECURITY IN THE DEVELOPING WORLD THROUGH SMALL-SCALE AGRICULTURAL PRODUCTION,								
DEVELOPING WORLD THROUGH SMALL-SCALE AGRICULTURAL PI	RODUCTION,							
THEREBY ALLOWING HUNGRY PEOPLE TO KNOW THE DIGNITY A	AND HOPE OF FEEDING							
THEMSELVES. IMPLEMENTING MEMBERS ARE CHRISTIAN DENG	OMINATIONS AND THEIR							
AGENCIES. SUPPORTING MEMBERS PROVIDE INPUTS FOR FOO	OD SECURITY AND/OR							
ADVOCACY. REVENUES TO SUPPORT FOOD SECURITY PROGRAM	MS ARE GENERATED THROUGH							
COMMUNITY GROWING PROJECTS INVOLVING LANDOWNERS, FAI	RMERS, AGRIBUSINESSES,							
AND CHURCHES.								
FORM 990, PART I, LINE 6								
MOST VOLUNTEERS ARE INVOLVED IN GROWING PROJECTS AND	D OVERSEAS PROGRAMS.							
······································								
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR ST	TOCKHOLDERS							
ORGANIZED WITH MEMBERS								
FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND	D THEIR RIGHTS							
THE MEMBERS ELECT THE MEMBERS OF THE GOVERNING BODY	t							
FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO A	PPROVAL OF MEMBERS							
MEMBERS APPROVE THE ELECTION AND REMOVAL OF MEMBERS	OF THE GOVERNING BODY.							
FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS	S TO REVIEW FORM 990							

THE ORGANIZATION'S CHIEF FINANCIAL OFFICER (CFO) AND THE CHIEF EXECUTIVE

Schedule O (Form 990) 2009	Page 2
Rame of the organization FOODS RESOURCE BANK	Employer identification number 54-1940516
OFFICER (CEO) REVIEW THE FORM 990 AND COMPARE THE FORM 9	990 TO THE AUDITED
FINANCIAL STATEMENTS BEFORE THE CEO SIGNS THE RETURN. TH	IE TAX RETURN IS
PROVIDED TO THE FINANCE COMMITTEE AND MADE AVAILABLE TO	ALL BOARD MEMBERS.
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR T	OP OFFICIAL
COMPARABLE SALARY INFORMATION IS USED FOR COMPENSATION I	LEVELS FOR ALL
EMPLOYEES, SUCH AS COST OF LIVING ADJUSTMENT DATA.	
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR C	OFFICERS
COMPARABLE SALARY INFORMATION IS USED FOR COMPENSATION I	LEVELS FOR ALL
EMPLOYEES, SUCH AS COST OF LIVING ADJUSTMENT DATA.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOS	SURE EXPLANATION
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AV	ALLABLE TO THE
PUBLIC UPON REQUEST OR ON ITS WEBSITE.	

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Name(s) shown on return

► See separate instructions.

Attach to your tax return.

	FOODS RESOURCE BANK						54-1940516		
Business or activity to which this form relates									
_	NDIRECT DEPRECIA								
	記記 Election To Exp	ense Certain Prop	erty Under Section	179					
_	Movie: If you nave	e any listed proper	ty, complete Part V	before you	u complete P	art I.	. 1		
2	Maximum amount. See the inst	tructions for a higher lim	it for certain businesses			· · · · · -	1	250,000	
3	Total cost of section 179 prope	rry placed in service (se	B instructions)			}-	2	000 000	
4	Threshold cost of section 179 p Reduction in limitation. Subtract	tine 2 from less 2. K ==	in imitation (see instruc	,			3	800,000	
5	Dollar limitation for tax year. Subtract						5		
6		ation of property		ng separately, s st (business use		lected cost	•		
Ť	(7,000	рорску	100 00	31 (00301033 031	, oray, (c) t	. RECUESI CUSI			
									
7	Listed property. Enter the amou	ant from line 29			7				
8	Total elected cost of section 17		s in column (c) lines 6 a	 nd 7			8		
9	Tentative deduction. Enter the	smaller of line 5 or line l				1	9		
10	Carryover of disallowed deducti						10		
11	Business income limitation. Ent	ter the smaller of busine	ss income (not less than	zero) or line	5 (see instruction	ns)	11	····	
12	Section 179 expense deduction	. Add lines 9 and 10, bu	t do not enter more than	line 11		"/ ····	12		
13	Carryover of disallowed deduct	ion to 2010. Add lines 9	and 10, less line 12		13				
Note	Note: Do not use Part II or Part III below for listed property. Instead, use Part V.								
Part: Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)									
14									
	during the tax year (see instruct	tione\				į	14		
15	Property subject to section 168	(8(1) alastina					15		
16	8 Other depreciation (including ACRS) 16 7, 8								
Pa	MACRS Depreci	iation (Do not inclu	ide listed property)	(See instr	uctions.)				
			Section A						
17	MACRS deductions for assets	placed in service in tax y	rears beginning before 2	009			17	0	
18	If you are electing to group any asse					▶ E	<u> 24.)</u>	William Strong St.	
Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System									
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery penod	(e) Convention	(f) Metho	d b	(g) Depreciation deduction	
<u>19a</u>	3-year property								
<u> </u>	5-year property					·			
<u> </u>	7-year property			<u> </u>					
<u>d</u>	10-year property								
e	15-year property			ļ			↓		
f	20-year property	-/ ///////////////////////////////////		<u> </u>					
_ 9				25 yrs.		S/L			
h	Residential rental			27.5 yrs.	MM	S/L	\longrightarrow		
	property			27 5 yrs	MM	S/L			
i	Nonresidential real			39 yrs.	MM	S/L			
	property		 	<u></u>	MM	S/L			
	Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System								
<u>20a</u>	Class life			<u> </u>		S/L	_		
_ь	12-year			12 yrs.		S/L			
	40-year			40 yrs.	MM	S/L			
	at IV Summary (See i								
21	Listed property Enter amount fi					<u> </u> _	21		
22	Total. Add amounts from line 1:					- 1	- 1		
	and on the appropriate lines of	your return. Partnership	s and S corporations—se	e instructions	<u> </u>	<u> </u>	22	7,844	
23	For assets shown above and pl		ne current year, enter the	•	i i				
	portion of the basis attributable	to section 263A costs			23			Martin G. S.	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2009)

THERE ARE NO AMOUNTS FOR PAGE 2

REQUEST FOR DETERMINATION SPECIALIST TO RETURN CALL Multiple Requests Have Been Made

DETERMINATION SPECIALIST NAME: CARLY D YOUNG

DETERMINATION SPECIALIST PHONE: 513-263-5529

ORG NAME: CHRISTIAN WOMEN IN ACTION

ORG EIN: 27-1995546

CONTACT PERSON: WILHELMINA SHANKS

CONTACT PERSON PHONE #: 404-423-0398

PREPARED BY: JOHN REILLY

DATE PREPARED: FEBRUARY 13, 2012