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Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2009

Open to Public  
Inspection

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

## A For the 2009 calendar year, or tax year beginning

7/1/2009

, and ending

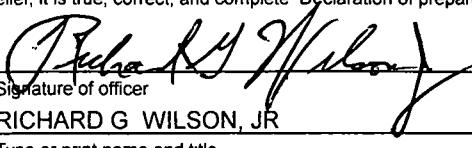
6/30/2010

B Check if applicable		C Name of organization		Farmers & Hunters Feeding the Hungry, Inc		D Employer identification number	
<input type="checkbox"/> Address change		Doing Business As				52-2151919	
<input type="checkbox"/> Name change		Number and street (or P O box if mail is not delivered to street address)		Room/suite		E Telephone number	
<input type="checkbox"/> Initial return		PO Box 323				301-739-3000	
<input type="checkbox"/> Terminated		City or town, state or country, and ZIP + 4					
<input type="checkbox"/> Amended return		Williamsport		MD	21795	G Gross receipts \$	
<input type="checkbox"/> Application pending		F Name and address of principal officer		RICHARD G WILSON, JR 8988 LIGHT ST, WILLIAMSPORT, MD 21795		1,565,050	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ► (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: ► www.fhfh.org		H(b) Are all affiliates included?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		H(c) Group exemption number ► N/A					
		L Year of formation 1999		M State of legal domicile MD			

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. Farmers & Hunters Feeding the Hungry, Inc. develops and maintains local programs in states nationwide to compensate meat-processing facilities to process deer and other game animals donated by hunters and landowners into packages of nutritious meat. The packaged meat is then distributed free of charge to food banks, pantries and ministries that serve the needy.			
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3	11	
	3 Number of voting members of the governing body (Part VI, line 1a)	4	8	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	8	
	5 Total number of employees (Part V, line 2a)	6	300	
	6 Total number of volunteers (estimate if necessary)	7a	0	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7b	0	
	b Net unrelated business taxable income from Form 990-T, line 34			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,479,229 Current Year 1,523,182		
	9 Program service revenue (Part VIII, line 2g)	0 0		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,599 4,088		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,069 33,203		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,487,897 1,560,473		
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	672,462 862,915		
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0 0		
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	201,000 186,144		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0 0		
	b Total fundraising expenses (Part IX, column (D), line 25) ► 43,002			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	418,781 543,379		
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,292,243 1,592,438		
	19 Revenue less expenses Subtract line 18 from line 12	195,654 -31,965		
	20 Total assets (Part X, line 16)	Beginning of Current Year 413,065 End of Year 379,878		
21 Total liabilities (Part X, line 26)	3,331 2,109			
22 Net assets or fund balances Subtract line 21 from line 20	409,734 377,769			

## Part II Signature Block

Sign Here  SCANNED	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	 Signature of officer RICHARD G. WILSON, JR Type or print name and title			
	Date 11/2/10			

Paid Preparer's Use Only	Preparer's signature ► 	Date 11/2/2010	Check if self- employed ► <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions) P00608551
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► NY T CERTIFIED PUBLIC ACCOUNTANTS, LLC 864 JEFFERSON BLVD, HAGERSTOWN, MD 21740	EIN ►	Phone no ► (301) 797-6609	

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

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

(HTA)

Form 990 (2009)

G13 17

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission

FARMERS AND HUNTERS FEEDING THE HUNGRY IS AN OUTREACH MINISTRY OF THE PEOPLE OF GOD CALLED UPON TO FEED VENISON TO THE HUNGRY AMONG US NATIONWIDE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code ..... ) (Expenses \$ 1,464,425 including grants of \$ 0 ) (Revenue \$ 0 )

Farmers & Hunters Feeding the Hungry, Inc. establishes and maintains local programs in states nationwide. Developmental resources, training and support are provided to volunteers who coordinate the program locally in their state. The Organization compensates licensed, health inspected, meat-processing facilities to process deer and other game animals donated by hunters and landowners into frozen packages of nutritious red meat. The packaged meat is then distributed free of charge to food banks, pantries, and ministries that serve the needy. Approximately 214 tons of meat was provided this year yielding 1.72 million meals. Just one deer can provide up to 200 servings of meat for hungry men, women and children. This is significant given that one in five American children go to bed hungry on any given night. Farmers & Hunters Feeding the Hungry, Inc. is comprised of a national headquarters along with numerous local and state programs nationwide. Details regarding program activities, income and expenses are available upon request

4b (Code ..... ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4c (Code ..... ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4d Other program services (Describe in Schedule O )

(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses ► 1,464,425

**Part IV Checklist of Required Schedules**

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

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 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

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 X

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 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 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 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, 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 Schedule D, Part VI
- Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part XI

12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. 12 X

12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X

14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X

  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 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 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 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 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? If "Yes," complete Schedule G, Part III 19 X

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

**1a** Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable **1a** 0 **1b** 0 **1c** X

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

**c** Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

**2a** Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 8 **2b** X

**b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? *Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)*

**3a** Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

**b** If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*

**4a** At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

**b** If "Yes," enter the name of the foreign country **4a** X  
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts

**5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **5a** X

**b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

**c** If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?

**6a** Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? **6a** X

**b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

**7** **Organizations that may receive deductible contributions under section 170(c).**

**a** Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? **7a** X

**b** If "Yes," did the organization notify the donor of the value of the goods or services provided? **7b** X

**c** Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? **7c** X

**d** If "Yes," indicate the number of Forms 8282 filed during the year **7d**

**e** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **7e** X

**f** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7f** X

**g** For all contributions of qualified intellectual property, did the organization file Form 8899 as required? **7g** X

**h** For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? **7h** X

**8** **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

**9** **Sponsoring organizations maintaining donor advised funds.**

**a** Did the organization make any taxable distributions under section 4966? **9a**

**b** Did the organization make a distribution to a donor, donor advisor, or related person? **9b**

**10** **Section 501(c)(7) organizations.** Enter

**a** Initiation fees and capital contributions included on Part VIII, line 12 **10a**

**b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**

**11** **Section 501(c)(12) organizations.** Enter

**a** Gross income from members or shareholders **11a**

**b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**

**12a** **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? **12a**

**b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**

**Part VI**

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

**Section A. Governing Body and Management**

1a Enter the number of voting members of the governing body . . . . . 1a 11  
 b Enter the number of voting members that are independent . . . . . 1b 8

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . 2 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 organization become aware during the year of a material diversion of the organization's assets? . . . . . 5 X

6 Does the organization have members or stockholders? . . . . . 6 X

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . . 7a X  
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . . 7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: . . . . .

a The governing body? . . . . . 8a X  
 b Each committee with authority to act on behalf of the governing body? . . . . . 8b X

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . 9a X

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

10a Does the organization have local chapters, branches, or affiliates? . . . . . 10a X  
 b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . . 10b X

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . . 11 X

11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .

12a Does the organization have a written conflict of interest policy? If "No," go to line 13. . . . .  
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .

13 Does the organization have a written whistleblower policy? . . . . .

14 Does the organization have a written document retention and destruction policy? . . . . .

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . .  
 a The organization's CEO, Executive Director, or top management official.  
 b Other officers or key employees of the organization . . . . .  
 If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) . . . . .

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  
 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .

	Yes	No
10a	X	
10b	X	
11	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a	X	
16b	X	

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► See Attached Statement

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► JOSHUA WILSON 301-739-3000  
 1016 SPRUCE ST, HAGERSTOWN, MD 21740

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

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

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

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

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

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

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

**1b Total**

43,890

1

0

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

0

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

## **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		0
		0
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## Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f	1a 50,903 1b 0 1c 1,900 1d 0 1e 112,000 1f 1,358,379 g 859,700 h ► 1,523,182			
Program Service Revenue	2a b c d e f All other program service revenue g Total. Add lines 2a-2f		Business Code		
	2a b c d e f All other program service revenue g Total. Add lines 2a-2f			0	
	3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties			4,088	
	6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 1,900 of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19. b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory		(i) Real (ii) Personal	0	
	6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 1,900 of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19. b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory		(i) Securities (ii) Other	0	
Other Revenue	8a Gross income from fundraising events (not including \$ 1,900 of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19. b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory		a 32,181 b 4,577 ► 27,604		
	8a Gross income from fundraising events (not including \$ 1,900 of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19. b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory		a 0 b 0 ► 0		
	11a UNREALIZED GAIN ON INVESTMENTS b SPECIAL EVENTS c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions		Miscellaneous Revenue Business Code	900099 778 900099 4,821 0 0 ► 5,599 ► 1,560,473	0 0

**Part IX Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	862,915	862,915		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	43,690	30,224	8,156	5,510
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	107,343	67,344	32,242	7,757
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	23,224	14,983	6,204	2,037
10 Payroll taxes	11,687	7,540	3,122	1,025
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	3,500		3,500	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	1,615		1,615	
g Other	649		649	
12 Advertising and promotion	8,054			8,054
13 Office expenses	7,076	4,565	1,890	621
14 Information technology	396	318	39	39
15 Royalties	0			
16 Occupancy	1,360		1,360	
17 Travel	3,274	3,274		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	2,323	0	2,323	0
23 Insurance	5,352		5,352	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a SEE ATTACHED LISTING #1	509,780	473,262	18,559	17,959
b	0			
c	0			
d	0			
e	0			
f All other expenses	0			
25 Total functional expenses. Add lines 1 through 24f	1,592,438	1,464,425	85,011	43,002
26 Joint costs. Check here ► <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	394,389	1	292,883
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	10,791	4	3,999
	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 (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			
	7 Notes and loans receivable, net		0	0
	8 Inventories for sale or use		5	
Liabilities	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 22,628		
	b Less accumulated depreciation	10b 15,570	7,885	10c 7,058
	11 Investments—publicly traded securities		0	11
	12 Investments—other securities. See Part IV, line 11		0	12
	13 Investments—program-related See Part IV, line 11		0	13
	14 Intangible assets		0	14
	15 Other assets See Part IV, line 11		0	15
	16 Total assets. Add lines 1 through 15 (must equal line 34)		413,065	16 379,878
	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		0	20
	21 Escrow or custodial account liability Complete Part IV of Schedule D			21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			0 22
	23 Secured mortgages and notes payable to unrelated third parties		0	23
	24 Unsecured notes and loans payable to unrelated third parties		0	24
	25 Other liabilities Complete Part X of Schedule D		3,331	25 2,109
	26 Total liabilities. Add lines 17 through 25		3,331	26 2,109
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	409,734	27	377,769
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	409,734	33	377,769
	34 Total liabilities and net assets/fund balances	413,065	34	379,878

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a	X	
2b	X	
2c	X	
3a	X	
3b		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

Farmers & Hunters Feeding the Hungry, Inc

Employer identification number

52-2151919

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 

a <input type="checkbox"/> Type I	b <input type="checkbox"/> Type II	c <input type="checkbox"/> Type III—Functionally integrated	d <input type="checkbox"/> Type III—Other
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- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	<input type="checkbox"/>
(ii) A family member of a person described in (i) above?	<input type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	<input type="checkbox"/>
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
<b>Total</b>									0

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	907,171	1,181,481	1,284,965	1,495,663	1,523,180	6,392,460
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 Total. Add lines 1 through 3	907,171	1,181,481	1,284,965	1,495,663	1,523,180	6,392,460
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						6,392,460

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	907,171	1,181,481	1,284,965	1,495,663	1,523,180	6,392,460
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	773	4,732	5,679	2,599	4,090	17,873
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0			0
11 Total support. Add lines 7 through 10						6,410,333
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99 72%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99 74%
16a 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>	
b 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions	► <input type="checkbox"/>	

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

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	0	0				0
2 Gross receipts from admissions merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0				0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
<b>6 Total.</b> Add lines 1 through 5	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6 )						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
<b>c</b> Add lines 10a and 10b	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0				0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12 )	0	0	0	0	0	0
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00%

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00%
<b>19a 33 1/3% support tests—2009.</b> 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		► <input type="checkbox"/>
<b>b 33 1/3% support tests—2008.</b> 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		► <input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		► <input type="checkbox"/>

**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

Farmers &amp; Hunters Feeding the Hungry, Inc

Employer identification number

52-2151919

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

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

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

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

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

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

	Amount
1c	0
1d	
1e	
1f	0

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0				
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0			

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

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Term endowment ► %

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		0	0		0
b Buildings		0	0	0	0
c Leasehold improvements		0	0	0	0
d Equipment		18,121	0	14,650	3,471
e Other		4,507	0	920	3,587

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ►

7,058

**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 valuation Cost or end-of-year market value
Financial derivatives	0	
Closely-held equity interests	0	
Other	0	
	0	
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**Part VIII Investments—Program Related. See Form 990, Part X, line 13**

**Part IX Other Assets. See Form 990, Part X, line 15**

(a) Description	(b) Book value
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**Part X Other Liabilities. See Form 990, Part X, 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.

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

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,560,473
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	1,592,438
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	-31,965
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	0
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-31,965

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

1 Total revenue, gains, and other support per audited financial statements	1	1,564,272
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	4,577
e Add lines 2a through 2d	2e	4,577
3 Subtract line 2e from line 1	3	1,559,695
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	778
c Add lines 4a and 4b	4c	778
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,560,473

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

1 Total expenses and losses per audited financial statements	1	1,596,237
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV)	2d	4,577
e Add lines 2a through 2d	2e	4,577
3 Subtract line 2e from line 1	3	1,591,660
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	778
c Add lines 4a and 4b	4c	778
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,592,438

**Part XIV Supplemental Information**

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

Part XII Line 2d DIRECT FUNDRAISING EXPENSES

Part XII Line 4b UNREALIZED GAIN ON INVESTMENTS

Part VIII Line 2d DIRECT FUNDRAISING EXPENSES

Part VIII Line 4b UNREALIZED GAIN ON INVESTMENTS

**Part XIV** **Supplemental Information (continued)**

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**2009**

Open To Public  
Inspection

Name of the organization

Farmers & Hunters Feeding the Hungry, Inc

Employer identification number

52-2151919

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

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

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

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

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		
				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
				0	0
<b>Total</b>				<b>0</b>	<b>0</b>

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

Alabama, Arizona, Arkansas, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Illinois, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, New Hampshire, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Utah, Washington, West Virginia

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		IA-01 BANQUET (event type)	MD-01 BANQUET (event type)	2 (total number)	
Revenue	1 Gross receipts	6,345	10,023	17,733	34,101
	2 Less Charitable contributions	0	1,900	0	1,900
	3 Gross income (line 1 minus line 2)	6,345	8,123	17,733	32,201
	4 Cash prizes	0	0	0	0
Direct Expenses	5 Noncash prizes	3,483	0	0	3,483
	6 Rent/facility costs	0	250	800	1,050
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	0	0	44	44
	10 Direct expense summary. Add lines 4 through 9 in column (d)				► ( 4,577)
	11 Net income summary. Combine line 3, column (d), and line 10				► 27,624

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				► ( 0)
	8 Net gaming income summary. Combine line 1, column d, and line 7				► 0

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states?  
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

		Yes	No
13	Indicate the percentage of gaming activity operated in:	13a	%
a	The organization's facility	13b	%
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____ Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address of the third party		
Name ► _____ Address ► _____			
16	Gaming manager information		
Name ► _____ Gaming manager compensation ► \$ _____ 0 Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions	17a	
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		
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 ► \$ _____		

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Farmers & Hunters Feeding the Hungry, Inc

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

**2009**

Open to Public  
Inspection

Name of the organization

52-2151919

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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 Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	1 (b) EIN	1 (c) IRC section if applicable	1 (d) Amount of cash grant	1 (e) Amount of non-cash assistance	1 (f) Method of valuation (book, FMV, appraisal, other)	1 (g) Description of non-cash assistance	1 (h) Purpose of grant or assistance
NORTHERN ARIZONA FOOD BANK 3805 EAST HUNTINGTON AVE F	73-1330955	501C(3)	0	6,272	Other	FROZEN MEAT	HUNGER RELIEF
DENVER RESCUE MISSION PO BOX 5206 DENVER, CO 802	98-0071600	501C(3)	0	7,700	Other	FROZEN MEAT	HUNGER RELIEF
MIDDLE GEORGIA FOOD BANK 4490 OCMULGEE EAST BLVD M	58-2484086	501C(3)	0	8,000	Other	FROZEN MEAT	HUNGER RELIEF
FIRST CHURCH UNITED 1100 N CALHOUN ST LIBERTY,	42-0990026	501C(3)	0	5,200	Other	FROZEN MEAT	HUNGER RELIEF
PEARL CITY OUTREACH 509 MULBERRY AVE MUSCATIN	42-1461110	501C(3)	0	10,400	Other	FROZEN MEAT	HUNGER RELIEF
COMMUNITY HARVEST FOOD B PO BOX 10967 FT WAYNE, IN 46	31-1100607	501C(3)	0	62,020	Other	FROZEN MEAT	HUNGER RELIEF
FOOD BANK OF NORTHERN IND PO BOX 11365 SOUTH BEND, IN	35-1898055	501C(3)	0	13,468	Other	FROZEN MEAT	HUNGER RELIEF
FOOD RESOURCES, INC. 20 MCGRAN COURT HAGERSTO	52-1653250	501C(3)	0	17,774	Other	FROZEN MEAT	HUNGER RELIEF
FREDERICK COMMUNITY ACTIV 100 SOUTH MARKET ST FREDER	52-1036628	501C(3)	0	5,721	Other	FROZEN MEAT	HUNGER RELIEF
MARYLAND FOOD BANK 2200 HAILETHORPE FARMS RD	52-1135690	501C(3)	0	3,556	Other	FROZEN MEAT	HUNGER RELIEF
SECOND HARVEST FOOD BANK 7445 DEER TRAIL LANE LORAIN	34-1446685	501C(3)	0	5,700	Other	FROZEN MEAT	HUNGER RELIEF
COMMUNITY ACTION AGENCY 7880 LINCOLN PL LISBON, OH 4	34-6565185	501C(3)	0	5,448	Other	FROZEN MEAT	HUNGER RELIEF

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

(HTA)

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22

**Grants and Other Assistance to Individuals in the United States.** Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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



**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

► Complete if the organization 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

Farmers & Hunters Feeding the Hungry, Inc

Employer identification number

52-2151919

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (859,700 pounds.)	X	8,590	859,700	Estimated FMV
26 Other ► (.....)		0	0	based on average beef
27 Other ► (.....)		0	0	prices
28 Other ► (.....)		0	0	

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

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

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  
b If "Yes," describe in Part II

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

	Yes	No
30a	X	
31	X	
32a	X	

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

---

**SCHEDULE O  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

Farmers &amp; Hunters Feeding the Hungry, Inc.

Employer identification number

52-2151919

Form 990 Part PART VI Section A Line 2 The founder is a member of the Board of Directors and is also

the Executive Director. His wife serves on the Board of Directors and on the staff as the

Administrative Assistant. One of their sons serves on the Board of Directors and on the staff as the

Maryland Program Director. The founder's other son is the Operations Director for the organization,

however, does not serve on the Board of Directors

Form 990 Part PART VI Section B Line 11A The Form 990 is distributed electronically to the

organization's governing body for review and comment prior to filing.

Form 990 Part PART VI Section A Line 9 Officer, director or trustee, or key employee listed on Part

VII, Section A, who cannot be reached at the organization's mailing address Rev. Raymond Shriner,

901 E Main St, Waynesboro, PA 17268 / Harry Cosey, 16303 Wishard Road, Hagerstown, MD 21740 / Rick

Ellis, 5575 Linesboro Road East, Millers, MD 21102 / Andrew Koontz, 7704 River Rock Ct,

Williamsport, MD 21795 / Allen Schlotterbeck, 19809 Evelyn Avenue, Hagerstown, MD 21742 / Richard

Wilson, 1111 Virginia Avenue, Hagerstown, MD 21740 / Kerry Henson 9809 Summerlin Ct, Hagerstown, MD

21740

Form 990 Part PART VI Section B Line 15a &amp; 15b The compensation of all staff members including the

Executive Director is based on that of similar positions in the local school system. The proposed

figures are prepared by the Treasurer and reviewed and voted upon by the independent members of the

Board of Directors

**4797**

Form

**Sales of Business Property**

OMB No 1545-0184

Department of the Treasury  
Internal Revenue Service (99)**(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))****2009**

Attachment

Sequence No **27**

► Attach to your tax return. ► See separate instructions.

Name(s) shown on return

Farmers &amp; Hunters Feeding the Hungry, Inc.

Identifying number

52-2151919

1 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)

1

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From  
Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)**

2	(a) Description of property	(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	CANON ALL IN ONE PRINTER	6/30/2002	6/30/2010	0	365	365	0
	COMPUTER	8/1/1999	6/30/2010	0	1,360	1,360	0
	COMPUTER - GWEN	2/21/2007	6/30/2010	0	516	785	269

3 Gain, if any, from Form 4684, line 43

3

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37

4

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824

5

6 Gain, if any, from line 32, from other than casualty or theft

6

7 Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows

7

**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

8 Nonrecaptured net section 1231 losses from prior years (see instructions)

8

9 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)

9

0

**Part II Ordinary Gains and Losses (see instructions)**

10 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

( 269)

12 Gain, if any, from line 7 or amount from line 8, if applicable

12

13 Gain, if any, from line 31

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

-269

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

18a

a 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

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14

18b

0

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2009)

(HTA)

Part I, Line 2 Continuation (4797)

**Name(s) shown on Form 1040**

## Names shown on Form 1040

Your social security number

52-2151919

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year**

**Part VI, Line 17 (990) - States with Which a Copy of this Form 990 is Required to be Filed**

<input type="checkbox"/> Armed Forces the Americas	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Palau
<input type="checkbox"/> Armed Forces Europe	<input type="checkbox"/> Massachusetts	<input checked="" type="checkbox"/> Rhode Island
<input type="checkbox"/> Alaska	<input checked="" type="checkbox"/> Maryland	<input checked="" type="checkbox"/> South Carolina
<input checked="" type="checkbox"/> Alabama	<input type="checkbox"/> Maine	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Armed Forces Pacific	<input type="checkbox"/> Marshall Islands	<input checked="" type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Arkansas	<input checked="" type="checkbox"/> Michigan	<input type="checkbox"/> Texas
<input type="checkbox"/> American Samoa	<input checked="" type="checkbox"/> Minnesota	<input checked="" type="checkbox"/> Utah
<input checked="" type="checkbox"/> Arizona	<input type="checkbox"/> Missouri	<input type="checkbox"/> Virginia
<input type="checkbox"/> California	<input type="checkbox"/> Commonwealth of the Northern Mariana Islands	<input type="checkbox"/> U S Virgin Islands
<input checked="" type="checkbox"/> Colorado	<input checked="" type="checkbox"/> Mississippi	<input type="checkbox"/> Vermont
<input checked="" type="checkbox"/> Connecticut	<input type="checkbox"/> Montana	<input checked="" type="checkbox"/> Washington
<input type="checkbox"/> District of Columbia	<input checked="" type="checkbox"/> North Carolina	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Delaware	<input type="checkbox"/> North Dakota	<input checked="" type="checkbox"/> West Virginia
<input checked="" type="checkbox"/> Florida	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Federated States of Micronesia	<input checked="" type="checkbox"/> New Hampshire	
<input checked="" type="checkbox"/> Georgia	<input type="checkbox"/> New Jersey	
<input type="checkbox"/> Guam	<input type="checkbox"/> New Mexico	
<input type="checkbox"/> Hawaii	<input type="checkbox"/> Nevada	
<input type="checkbox"/> Iowa	<input checked="" type="checkbox"/> New York	
<input type="checkbox"/> Idaho	<input checked="" type="checkbox"/> Ohio	
<input checked="" type="checkbox"/> Illinois	<input checked="" type="checkbox"/> Oklahoma	
<input type="checkbox"/> Indiana	<input checked="" type="checkbox"/> Oregon	
<input checked="" type="checkbox"/> Kansas	<input checked="" type="checkbox"/> Pennsylvania	
<input checked="" type="checkbox"/> Kentucky	<input type="checkbox"/> Puerto Rico	

**LISTING #1**

**FARMERS & HUNTERS FEEDING THE HUNGRY**  
**52-2151919**

**PART IX STATEMENT OF FUNCTIONAL EXPENSES**  
**LINE 24, OTHER EXPENSES**

	( A ) Total expenses	( B ) Program Service expenses	( C ) Management and general expenses	( D ) Fundraising expenses
a BANK CHARGES	386		386	
b CHARITABLE REGISTRATION FEES	3,002		3,002	
c LOSS ON SCRAPPED ASSETS	269		269	
d MEAT PROCESSING	451,600	451,600		
e MISCELLANEOUS	866		866	
f POSTAGE	5,314	4,251	266	797
g PROMOTIONAL MERCHANDISE	24,122		12,061	12,061
h PRINTING	13,637	10,910	682	2,045
i SMALL EQUIPMENT PURCHASES	2,170	1,400	580	190
j SPECIAL EVENTS AND ACTIVITIES	5,434	2,717		2,717
k TELEPHONE AND ISP	2,980	2,384	447	149
	<b>509,780</b>	<b>473,262</b>	<b>18,559</b>	<b>17,959</b>