

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

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



Form **990** (2009)

untern	141 LOAC	nue Service	E The organization may have to use a copy of this fettant to satisfy sta	te reporting requirem	SALO SECONO SERVICE				
<u>A F</u>	or the	e 2009 ca	lendar year, or tax year beginning OCT 1, 2009 and ending	<u>SEP 30, 20</u>	10				
B c	heck if	Please	C Name of organization	D Employer ide	ntification number				
a		use ins		!					
	Addre chang	print or	ST. LOUIS AREA FOOD BANK, INC.						
	Name chang	type	Doing Business As	43	-1253102				
$\overline{}$	Initial return	See	Number and street (or P.O. box if mail is not delivered to street address) Room/st						
\vdash	Termir		70 CORPORATE WOODS DRIVE	(314) 292-6262					
	Jated Amend	ded tions	City or town, state or country, and ZIP + 4	G Gross receipts \$	43,949,713.				
\vdash	_return]Applic tion		ST. LOUIS, MO 63044	H(a) Is this a grou					
_	⊒tion pendir	~	ne and address of principal officer FRANK FINNEGAN	for affiliates?	. — —				
			·						
			IE AS C ABOVE	i i	s included? Yes No				
			us X 501(c) (3) ◀ (insert no.)		ch a list (see instructions)				
			W.STLFOODBANK.ORG	H(c) Group exem					
				ear of formation: 198	0 M State of legal domicile; MO				
: Pe		Summ							
gy.			scribe the organization's mission or most significant activities: TO FEED 1						
2			RING AND DISTRIBUTING FOOD THROUGH OFR-	*					
Activities & Governance	2	Check this	s box if the organization discontinued its operations or disposed of the continued its operations.	ofethan 25% of its ne	et assets				
Š			of voting members of the governing body (Part VI, line 1a)	၂၀၂	3 16				
9	4	Number o	f independent voting members of the governing body (Part 如中 thx R 22	2011 8	4 16				
တ္ဆ			iber of employees (Part V, line 2a)	RS-	5 47				
₽			ther of volunteers (estimate if necessary)		6 12217				
: 둜			is unrelated business revenue from Part VIII, column (C), line 12	. UT I	7a 0.				
₹		-	ated business taxable income from Form 990-T, line 34	1	7b 0.				
\exists		140t drilloid	acce dedinion taxable meeting water orm occ 1, into 04	Prior Year	Current Year				
	8	Contributi	ions and grants (Part VIII, line 1h)	27,154,65					
Revenue			· · · · · · · · · · · · · · · · · · ·	434,86					
Ş		-	service revenue (Part VIII, line 2g)						
æ			nt income (Part VIII, column (A), lines 3, 4, and 7d)	<u>24,07</u>					
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,23					
-			nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,626,83	0. 43,949,713.				
			d similar amounts paid (Part IX, column (A), lines 1·3)						
	14	Benefits p	paid to or for members (Part IX, column (A), line 4)						
es	15	Salanes, c	other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,089,49					
Expenses	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)		282,317.				
۶	b	Total fund	traising expenses (Part IX, column (D), line 25) 569,492.						
ш	17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24f)	24,216,02	9. 38,049,731.				
	18	Total expe	enses Add lines 13-17 (must equal Part IX, column (A), line 25)	26,305,52	3. 40,575,943.				
	19	Revenue I	less expenses. Subtract line 18 from line 12	1,321,30	7. 3,373,770.				
5 S S				Beginning of Current Ye					
Net Assets or Fund Balances	20	Total asse	ets (Part X, line 16)	12,388,82					
₩ 			lities (Part X, line 26)	3,775,68					
ള			s or fund balances Subtract line 21 from line 20	8,613,13					
Pe			ture Block						
19772		Under pena	Ities of persury. Vocalize that I have examined this return, including accompanying schedules and statemen	its, and to the best of my kno	wledge and belief, it is true, correct,				
		and comple	the Declaration of preparer (other tran officer) is based on all information of which preparer has any knowled	ige	. 1				
⇒ Ş igr		► X	Willy the North Town	X 2/	i5/11				
giyi Here		Sign	ature of officer	Date					
r me re 7	8	•							
5			CKY DE LOS SANTOS, TREASURER e or print name and title						
		· · · ·	Deta	Check if Pr	reparer's identifying number				
Paid		Preparer's		self- employed >	eparer s identifying number ee instructions)				
	arer's	Signature Firm's name							
Use		yours if	ANDERS MINKUER & DIEND DUP	EIN ▶	[
,	- ,	self-employ address, an	de la contra del la contra de la contra del la contra del la contra del la contra de la contra del la con		·				
5 1——		ZIP + 4	ST. LOUIS, MO 63101-2298	Phone no.	(314)655-5500				
May	the IF	25 diecite	s this return with the preparer shown above? (see instructions)		Y Ves No				

Form	990 (2009)	ST. LOUIS A			INC.		43-125	3102	_Page 2
Pe		Program Service				_			_
1	Bnefly describe the orga				FOR CONTI				
	TO FEED HUNG								R
	MEMBER AGENC				•				
	SOLUTIONS TO				WE GATHER				
	MILLIONS OF						YEAR I	<u>'HANKS</u>	TO
2	Did the organization und		rogram services i	dunng the ye	ear which were not	t listed on			
	the prior Form 990 or 99	90-EZ?						L Yes	X No
	If "Yes," describe these	new services on Sched	ule O.						
3	Did the organization cea	ise conducting, or make	significant chang	ges in how it	conducts, any pro	ogram services?		Yes	X No
	If "Yes," describe these	changes on Schedule C)						
4	Describe the exempt pu	rpose achievements for	each of the organ	nization's th	ree largest prograr	m services by ex	penses		
	Section 501(c)(3) and 50	01(c)(4) organizations an	d section 4947(a)	(1) trusts are	e required to repor	t the amount of	grants and		
	allocations to others, the	e total expenses, and re	venue, if any, for	each progra	m service reported	d.			
4a	(Code		538065. ın			, ,	evenue \$		L21.)
	FOOD DISTRIB							BUTED	
	OVER 20,263,								
	<u>APPROXIMATEL</u>								
	SOUTHEASTERN	MISSOURI AN	D 12 COU	NTIES :	IN SOUTHW	<u>ESTERN II</u>	LLINOIS	•	
			·			, . ,		-	
									
4b	(Code.) (Expenses \$	ın	cluding gran	nts of \$	\ /B	evenue \$		
70	(COGE.) (Expenses #	""	ciddii iy gi ai	its Oi ψ) (116	evenue φ		,
		 							
									
			- .						
4c	(Code:) (Expenses \$	ın	cluding gran	its of \$) (Re	venue \$		
									•
				-					
					·				-
			-						
									
						·			
	-								
									
4d	Other program services	(Describe in Schedule C))						
	(Expenses \$	including g) (Revenue \$)		
4e_	Total program service	expenses ▶\$ 3	9,538,065	5					
								Form 99	0 (2009)
32002 12-04-									

	1990 (2009) ST. LOUIS AREA FOOD BANK, INC. 43-1253	102	<u> </u>	age
<u>ئ</u> ،	Checklist of Required Schedules			T
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
1	If "Yes," complete Schedule A		x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	┢
2		 		 -
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3	- T	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X	1
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	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		
	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	ļ	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?		1	
	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			i
	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	i		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	:		
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-17	^	
.0		40	_v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	

Form **990** (2009)

19

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

complete Schedule G, Part III

Form 990 (2009) ST. LOUIS AREA FOO Checklist of Required Schedules (continued)

	rganization report more than \$5,000 of grants and other assistance to governments and organizations in the			
United St		1	l	l
	ates on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
	rganization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		}	
•	A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
	rganization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current er officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
Schedule			x	
	ganization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	 	<u> </u>
	of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
-	K. If "No", go to line 25	240	x	
	ganization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		x
	ganization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		A
	kempt bonds?	24c		x
	ganization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	601(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	270		
	ed person during the year? If "Yes," complete Schedule L, Part I	25a		x
	anization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	2.56		
ŭ	ransaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
Schedule	·	25b	}	х
	n to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	rtstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
	ganization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
contribute	or, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
Schedule		27		X
28 Was the d	organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			- ·
ınstructio	ns for applicable filing thresholds, conditions, and exceptions):	i		
a A current	or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b A family n	nember 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, Part IV	28c		<u>X</u>
29 Did the or	ganization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	
30 Did the or	ganization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
contributi	ons? If "Yes," complete Schedule M	30		<u> </u>
31 Did the oi	ganization liquidate, terminate, or dissolve and cease operations?			
•	omplete Schedule N, Part I	31		<u>X</u>
	ganization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
Schedule		32		<u>_x</u> _
	ganization own 100% of an entity disregarded as separate from the organization under Regulations			
	301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
	organization related to any tax-exempt or taxable entity?	_		77
	omplete Schedule R, Parts II, III, IV, and V, line 1	34		<u>_x</u> _
•	ated organization a controlled entity within the meaning of section 512(b)(13)?	ا م۔ ا		v
	omplete Schedule R, Part V, line 2 iO1(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35		<u> </u>
	omplete Schedule R, Part V, line 2	26		_ X _
	ganization conduct more than 5% of its activities through an entity that is not a related organization	36		
	s treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	ganization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	5,		
	Form 990 filers are required to complete Schedule O.	38	\mathbf{x}	
		Form		2009)

e	990 (2009) ST. LOUIS AREA FOOD BANK, INC.		43-125	3102	<u> </u>	Page 5
Pc	Statements Regarding Other IRS Filings and Tax Compliance				_	т —
	5	ı	Ī		Yes	No
та	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		<u>6</u> 0		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b		U		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	еропа	ble garning	40	Х	
0-	(gambling) winnings to prize winners?	1		1c	Λ	
28	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	20	4	7.		
	If at least one is reported on line 2a, did the organization file all required federal employment tax retuing	<u>2a</u>	<u> </u>	/ 2b	X	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		ctions)	20	Α	
32	Did the organization have unrelated business gross income of \$1,000 or more during the year covered		•	3a	i	Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	u by t	ilis return:	3b		_ <u>^</u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over a	30	-	
70	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		X
h	If "Yes," enter the name of the foreign country:	accoun	ity	40		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Rank a	nnd			
	Financial Accounts.	Dai IN E	n id			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega			30		
Ŭ	Tax Shelter Transaction?	July 1	TOTABAGG	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne oraz	enization solicit			
oa	any contributions that were not tax deductible?	io oige	a neation solicit	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r aifts	Ju		
_	were not tax deductible?		, g	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	and services			
	provided to the payor?			7a		X
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	as requ	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	erson	al			
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		•	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	-				
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceeding	ess bu	siness holdings			
	at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			_9a		<u> </u>
þ	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	1				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1				
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					
40	amounts due or received from them)	11b	,	4.5		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		,	12a		
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		_	900	0000;

Form **990** (2009)

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

<u>sec</u>	tion A. Governing Body and Management				
		1 1		Yes	No
1a	Enter the number of voting members of the governing body	_1a	16		
b	Enter the number of voting members that are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o 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	e 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 pnor Fo		4	-	X
5	Did the organization become aware during the year of a material diversion of the organization's asset	s?	5	-	X
6	Does the organization have members or stockholders?		_6_	<u> </u>	X
7a		mbers of the		ĺ	,,
	governing body?		7a		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other per		7b	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year			
	by the following.			7.5	
	The governing body?		8a	X	
	Each committee with authority to act on behalf of the governing body?		<u>8b</u>	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the		:	
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Coae.)			
40-	Describe experience have local chapters branches as affiliates?		40-	Yes	No X
	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such	abantara affiliatas	10a	1	
D	and branches to ensure their operations are consistent with those of the organization?	criapters, ariillates,	106		
4.4	Has the organization provided a copy of this Form 990 to all members of its governing body before file	ing the form?	10b	X	
11		ing the form?	_11		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld awa nea	120		\vdash
D	to conflicts?	iid give rise	12b	x	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If '	Yes " describe	120		
·	In Schedule O how this is done	res, describe	12c	x	
13	Does the organization have a written whistleblower policy?		13	X	
14	Does the organization have a written document retention and destruction policy?		14	x	
15	Did the process for determining compensation of the following persons include a review and approva	Il by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	J,upa			
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization		15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a			
	taxable entity during the year?		16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval	uate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organic	inization's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶MO, IL	<u> </u>			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)(3)s only) avail	lable for		
	public inspection Indicate how you make these available Check all that apply.				
	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, c	onflict of interest poli	cy, and fina	ıncıal	
	statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the books are	_	anization 🕽	-	
	THOMAS RICHTER, DIRECTOR OF FINANCE - (314)292-626	2			
	70 CORPORATE WOODS DRIVE, ST. LOUIS, MO 63044				
			Form	990 ((2009)

932006 02-04-10

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)						Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	nstitutional trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
FRANK FINNEGAN		゠	E	5	×	主る	8		-	
PRESIDENT & CEO	44.00	$ \mathbf{x} $		х		X		141,023.	0.	20,649
RICK BOSWORTH						<u> </u>				20,015
DIRECTOR	1.00	x						0.	0.	0
MARY CRONIN-DOYLE									•	
PRESIDENT	2.00	x		x	1			0.	0.	0
CHRISTOPHER MCDONOUGH										
DIRECTOR	1.00	X				İ		0.	0.	0
JOHN VAN GELS										
DIRECTOR	1.00	X						0.	0.	0
ANDREE WALLGREN										
SECRETARY	2.00	X						0.	0.	0
JASON ARNOLD										
DIRECTOR	1.00	X						0.	0.	0 .
LEO ASARO										
VICE PRESIDENT	2.00	X				<u> </u>		0.	0.	0
SEAN FITZGERALD										
EXECUTIVE VICE PRESIDENT	2.00	X				<u> </u>		0.	0.	0
VICKY DE LOS SANTOS									_	
TREASURER	2.00	X				ļ_	L.	0.	0.	0
R. DAVID BRAY									_	_
VICE PRESIDENT	2.00	X	<u> </u>	Х		<u> </u>		0.	0.	0
BRIAN WATKINS	1									
DIRECTOR	1.00	X	├-		_	<u> </u>		0.	0.	0
GERALD SCHMIDT	1 00	7,								•
DIRECTOR	1.00	X	<u> </u>					0.	0.	0.
TOM KING	1 00	7.7								0
DIRECTOR	1.00	Δ.		-		<u> </u>		0.	0.	0
JESSICA PORTIS	1 00					ŀ			0	0
DIRECTOR	1.00	12	-	\vdash			 	0.	0.	0 .
DAVID YOUNG	1.00	v						0.	0.	^
DIRECTOR	1.00	^	 	\vdash	-		\vdash	<u> </u>		0.
BARBARA BUNNING-STEVENS	1.00	v						0.	0.	0.
DIRECTOR 932007 02-04-10	1 1.00	ΙΔ.	Щ.				Ц			Form 990 (2009)

Section A. Officers, Directors, True	<u>ustees, Key E</u>	mplo	yee	s, a	<u>nd l</u>	High	est	Compensated Employ	ees (continued)	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	l	Positio					Reportable	Reportable	Estimated
	hours	(CI	(check all that a			apply)		_	compensation	amount of
	per week	ector						from the	from related organizations	other compensation
	""	声	, e			ated		organization	(W-2/1099-MISC)	from the
		Individual trustee or director	institutional trustee		8	Highest compensated employee	1	(W·2/1099·MISC)	,	organization
		dual tr	tional	_	nploy	st con				and related
		Ng Ng	Institu	Officer	Key employee	E E	Рог шег			organizations
										
-										
								-		1
		ļ								
				-						-
_										
-										
1b Total	l		l					141,023.	0.	20,649.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	,000 ın reportable	
compensation from the organization										1
										Yes No
3 Did the organization list any former officer,		stee	, key	em	ploy	/ee,	or h	ighest compensated em	nployee on	
line 1a? If "Yes," complete Schedule J for s		ı			4.		الديد ا		h	3 X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	-		-						ne organization	4 X

Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
. –		
4	Х	
5		Х

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
	FREIGHT OF DONATED FOOD	561,687.
L.W. ROBBINS ASSOCIATES, 201 SUMMER STREET, PO BOX 5838, HOLLISTON, MA	DIRECT MAILING	282,317.
	PURCHASE OF FOOD	273,734.
HOGAN MOTOR LEASING, INC. PO BOX 7521, ST. LOUIS, MO 63106	TRUCK RENTAL, MAINTENANCE, AND FUE	248,117.

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

Form 990 (2009)

Part IX | Statement of Functional Expenses

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

_	All other organizations must comp		e not required to comple (B)		```
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members .				
5	Compensation of current officers, directors,	II.			
	trustees, and key employees	652,357.	355,067.	189,566.	107,724
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 165 000	1 005 055	00 654	50 252
7	Other salanes and wages	1,167,889.	1,005,857.	89,654.	72,378.
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	259,431.	212,539.	20 624	10 250
9	Other employee benefits Payroll taxes	164,218.		28,634. 24,309.	18,258. 15,663.
10 11	Fees for services (non-employees)	104,210.	124,240.	24,303.	15,005.
	Management				
b	Legal				
c	Accounting				
	Lobbying				
e	Professional fundraising services. See Part IV, line 17	282,317.			282,317.
f	Investment management fees	,			
g	Other	55,233.	17,220.	28,440.	9,573.
12	Advertising and promotion		,		
13	Office expenses				
14	Information technology				•
15	Royalties	<u> </u>			
16	Occupancy	327,151.	314,244.	7,744.	5,163.
17	Travel	39,736.	29,595.	6,167.	3,974.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,796.	17,723.	3,693.	2,380.
20	Interest	147,586.	140,206.	4,428.	2,952.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	355,977.	338,354.	11,055.	6,568.
23	Insurance	52,338.	33,269.	14,602.	4,467.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	TOOD AND DRODUCE DICERT	36,018,642.	36,018,642.		
b	TRANSPORTATION	559,417.			
С	SUPPLIES	112,632.		4,377.	2,820.
d	PRINTING & PUBLICATIONS	95,148.	60,339.	9,110.	25,699.
е	AWARDS & GRANTS	55,598.	55,598.		
f	All other expenses	206,477.	150,314.	46,607.	9,556.
25	Total functional expenses. Add lines 1 through 24f	40,575,943.	39,538,065.	468,386.	569,492.
26	Joint costs. Check here If following]		
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			j	
	educational campaign and fundraising solicitation				

Form **990** (2009)

Part X Balance Sheet (A) Beginning of year End of year 300. 300. 1 Cash - non-interest-bearing 1,974,917. 3,781,<u>868</u>. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 902,583. 233,467. 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 2,413,759. 3,107,074. 8 Inventories for sale or use 40,187. 40,918. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 8,825,701. 10a basis Complete Part VI of Schedule D 1,321,454. 7,393,221. b Less: accumulated depreciation 10b 10c 7,504,247. Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 332,969. 291,146. 15 Other assets See Part IV, line 11 15 12,388,820. 15,628,136. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 166,601. 194,930. Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 3,591,682. 3,443,548. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 17,403. 2,754. 25 Other liabilities Complete Part X of Schedule D 25 3,641,232. Total liabilities. Add lines 17 through 25 3,775,686. Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 8,305,001. 11,780,038. 27 27 Unrestricted net assets 308,133. 206,866. 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 11,986,904. 8,613,134. 33 33 Total net assets or fund balances 12,388,820. 15,628,136.

Form 990 (2009)

Total liabilities and net assets/fund balances

nt,	Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		-	
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule O			
2	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	b Were the organization's financial statements audited by an independent accountant?	2b	X	
	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	L
	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			
3	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a	X	
	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Х	
		orm	990 (2009)

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

©pont to Public Laspection

Name of the organization

Employer identification number

			ST. LO	JIS AREA FOOI	BANK	, INC	•			43	<u>3-12531</u>	.02
Pe	MI	Reason	for Public Cha	rity Status (All organiz	zations mu	st comple	te this par	t) See ins	tructions			
The	organ	ization is not	a private foundation	because it is (For lines	1 through	11, check	only one t	oox)				
1		A church, co	nvention of church	es, or association of chur	ches desc	nbed in se	ection 170)(b)(1)(A)(i).			
2		A school des	scribed in section 1	70(b)(1)(A)(ii). (Attach Sc	hedule E.)							
3		A hospital or	a cooperative hosp	otal service organization	descnbed	ın section	170(b)(1)	(A)(iii).				
4		A medical re	search organization	operated in conjunction	with a hos	pital desc	nbed in se	ection 170	(b)(1)(A)(i	ii). Enter tl	ne hospital's	name,
		city, and stat	te:						<u> </u>			
5		An organizat	ion operated for the	benefit of a college or u	niversity ov	wned or o	perated by	a govern	mental un	rt describe	:d ın	
		section 170	(b)(1)(A)(iv). (Comp	lete Part II)								
6		A federal, sta	ate, or local governn	nent or governmental uni	t described	d in sectio	n 170(b)(1)(A)(v).				
7		An organizat	on that normally re-	ceives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	e general p	ublic describ	ed in
		section 170	(b)(1)(A)(vi). (Compl	ete Part II)								
8	\sqsubseteq	A community	y trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II.)						
9	\mathbf{x}	An organizat	ion that normally re	ceives (1) more than 33	1/3% of its	support f	rom contr	ibutions, n	nembersh	ıp fees, an	d gross rece	ıpts from
		activities rela	ited to its exempt fu	inctions - subject to certa	ain excepti	ons, and (2) no more	than 33 ⁻	1/3% of its	s support f	rom gross in	vestment
		income and i	unrelated business	taxable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anızatıon a	fter June 30,	1975.
			509(a)(2). (Complet	•								
10	Щ	-	-	perated exclusively to te	=	-			-			
11	ш			perated exclusively for the								
				ations described in secti				2) See se e	ction 509(a)(3). Che	ck the box th	ıat
				organization and compl		•						
		a Type		• •	Тур		•	•			Type III · Oth	
е		-	-	at the organization is not		-	•	•		•		
_				than one or more publicly		-				9(a)(1) or s	ection 509(a))(2).
f		_		tten determination from t	the IRS tha	it it is a ly	pe I, Type	II, or Type	e III		(
			rganization, check t					-645-6-0				
g	I	-		organization accepted ar			•		•		r,	
		••	•	directly controls, either al	one or tog	etner with	persons c	iescribea	ın (II) ano (iii) below,		es No
		_		supported organization?	i						11g(i)	
			•	n described in (i) above?		.2					11g(ii)	
		• •		a person described in (i) o							11g(iii)	
h		Flovide the i	Ollowing information	about the supported or	gariizatiori	5)						
			415 FIN	(iii) Type of	(iv) le the o	rganization	(v) Did voi	notify the	(vi) ls	the		
(1)		of supported	(ii) EIN	organization	in col. (i) lis				organizati	on in col. [(vii) Amou	
	urya	inization		(described on lines 1-9 above or IRC section	governing				(i) organiz U.S	.?	suppo	11
				(see instructions))	Yes	No	Yes	No	Yes	No		
				<u> </u>								
	_				<u> </u>					<u> </u>		
										-		
				-	-				 	 		
-												
ota	al											

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants ")						
2 Tax revenues levied for the organ-				İ		
ization's benefit and either paid to						
or expended on its behalf						
The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
Total. Add lines 1 through 3						
The portion of total contributions						
by each person (other than a			}	ľ	ļ	
governmental unit or publicly				-		
supported organization) included on line 1 that exceeds 2% of the						
			ļ			
amount shown on line 11, column (f)		1				
Public support. Subtract line 5 from line 4	· ····································				-	
ection B. Total Support		<u></u>	·	_		
lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Amounts from line 4			\	(-,	107	
Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV)				ļ		
Total support. Add lines 7 through 10				<u> </u>		
Gross receipts from related activities, e	•	•			12	
First five years. If the Form 990 is for t	he organization'	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3)	_
organization, check this box and stop tection C. Computation of Public		rcentage	_		· .	
	• • •		nal (6)		T44	
Public support percentage for 2009 (lin Public support percentage from 2008 S		=	olumn (I))		15	
a 33 1/3% support test - 2009.If the org	•	•	line 13, and line :	14 is 22 1/204 or a		
stop here. The organization qualifies as	•		•	14 15 33 17376 01 1	nore, check this box	Kanu ⊾Г
b 33 1/3% support test - 2008. If the org		•		line 15 is 33 1/39	6 or more check thi	s hov
and stop here. The organization qualific					o or more, cricek tri	5 DOX ▶[
a 10% -facts-and-circumstances test -	•	• • • •		13, 16a, or 16b	and line 14 is 10% a	r more
and if the organization meets the "facts	_					•
meets the "facts-and-circumstances" te			=			 ▶ 「
b 10% -facts-and-circumstances test -	_	•		•	17a, and line 15 is 1	0% or
more, and if the organization meets the	-					
organization meets the "facts-and-circu				•		▶ Г
Private foundation. If the organization		-				. .

Schedule A (Form 990 or 990-EZ) 2009

Sah	edule A (Form 990 or 990 EZ) 2009 S	m iniita	XDEX E00D	רא שאגם	C	/2_12 5	3102 Page 3
<u> </u>	Support Schedule for Cotton A. Public Support	Organizations	Described in	Section 509(a)	(2) (Complete only	if you checked the b	ox on line 9 of Part I.)
	endar 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")	23,346,396.	18,299,608.	14,549,824.	27,137,093,	43,357,951.	126,690,872,
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	348,690.	386,726.	318,045.	425,004.	554,832.	2,033,297,
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					-	
	Total. Add lines 1 through 5	23,695,086,	18,686,334.	14,867,869.	27,562,097.	43,912,783.	128,724,169,
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
l	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.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)						128 724 169
	ction B. Total Support			<u> </u>			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	23,695,086.	18,686,334,	14,867,869,	27,562,097.	43,912,783.	128 724 169.
10a	Gross income from interest,					10,200,.00.	
	dividends, payments received on securities loans, rents, royalties and income from similar sources	134,348.	20,031.	20,390.	24,073.	17,353.	216,195.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	134,348.	20,031.	20,390.	24,073.	17,353.	216,195.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	130,349.	164,590.	16,413.	40,660.	19,577.	371,589.
13	Total support (Add lines 9, 10c, 11, and 12)	23,959,783,	18,870,955.	14 904 672	27,626,830	43,949,713.	129 311 953.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectioi	n 501(c)(3) organız	ation,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2009 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	99.55 %
16	Public support percentage from 2008	Schedule A, Part	III, line 15		í	16	99.43 %
	ction D. Computation of Inves						
17	Investment income percentage for 20	09 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	.17 %
	Investment income percentage from 2				ı	18	.23 %
19a	33 1/3% support tests - 2009. If the	organization did n	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a	ndstop here. The	organization qualif	ies as a publicly su	ipported organiza	tion	. ▶ X

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered	"Yes," to I	Form 990, Part	IV, line 5 (Proxy	Tax), then
------------------------------	-------------	----------------	-------------------	------------

_	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III			
Nar	ne of organization			Emp	loyer identification number
	ST. LOU	IIS AREA FOOD BAN	K, INC.		43-1253102
_P₹	Complete if the org	ganization is exempt und	ler section 501(c	or is a section 527 o	rganization.
1	Provide a description of the organiz	zation's direct and indirect politic	cal campaign activities	in Part IV.	
2	Political expenditures			▶\$	S0.
3	Volunteer hours				0.
				·	·····
્ટિસ્		ganization is exempt und			
1	•	, •			·
2	•			5 ▶\$	·
3		on 4955 tax, did it file Form 4720	for this year?		Yes Mo
	Was a correction made?				☐ Yes ☐ No
	If "Yes," describe in Part IV.				(-)(O)
البرو	Complete if the org	ganization is exempt und	ier section 501(c		
	Enter the amount directly expended		•		
2	Enter the amount of the filing organ	nization's funds contributed to ot	her organizations for s	_	
	exempt function activities				
3	Total exempt function expenditures	s Add lines 1 and 2 Enter here a	ınd on Form 1120-POI		
	line 17b			▶ \$	
	Did the filing organization file Form	•			Yes No
5	Enter the names, addresses and er	• •	•	_	· •
	For each organization listed, enter t	,	•	•	
	that were promptly and directly deli		anization, such as a se	eparate segregated fund or a	a political action committee
	(PAC) If additional space is needed	<u>, , </u>	· · · · · · · · · · · · · · · · · · ·	T	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
				Tanas ir riorie, eriter o	delivered to a separate
				•	political organization
			- 		If none, enter -0-
				·	
			- 		
		-			
					
			<u> </u>		
					

932041 02-04-10

LHA

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990 EZ) 2009	ST.	<u>LOUIS</u>	AREA FOOD I	BANK, INC.	43-	1253102 Page 2
Part II-A Complete if the org	-		mpt under section	on 501(c)(3) and fil	ed Form 5768	
(election under sec						
A Check If the filing organiza		-	- :			
B Check In the filing organization	ition chec	ed box A a	nd "limited control" pr	ovisions apply		T
		bying Expe neans amou	nditures unts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence pub	lic opinion (grass roots lobbying)	·		
b Total lobbying expenditures to infl	uence a le	gislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add I	ines 1a an	d 1b)				
d Other exempt purpose expenditur	es					
e Total exempt purpose expenditure	es (add line	es 1c and 1d	d)			
f Lobbying nontaxable amount Ent	er the amo	unt from th	e following table in bo	th columns		
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable an	nount is:		
Not over \$500,000		20% of	the amount on line 1e	»		
Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the ex	cess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000		00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000		\$1,000,	000.			
					·· · · · · · · · · · · · · · · · · · ·	<u> </u>
g Grassroots nontaxable amount (er		•				
h Subtract line 1g from line 1a. If zer						-
i Subtract line 1f from line 1c. If zero	•			l		
j If there is an amount other than ze		er line 1h or	line 1i, did the organiz	ation file Form 4720	,	
reporting section 4911 tax for this	year?					Yes No
•		nt made a s	• •	Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobi	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2006	(ь) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount		 				
b Lobbying ceiling amount				ı		
(150% of line 2a, column(e))	L					
c Total lobbying expenditures						
d Grassroots nontaxable amount	·					
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 ST. LOUIS AREA FOOD BANK, INC. 43-125310 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

(a)	(b)
No	Am	ount
4		
<u> </u>		
+		
X		
X		
X		
 ^	 	0.
х		<u> </u>
X		
Х		,
		•
		······································
c)(5), or so	ection	
		T 80-
	Yes	No
1	1	
3		
;)(5), or se	ection	
	answered	l
1		
2a		
2b		
2c	<u> </u>	
3		
4		
5		
Line 1. Ale	o, complete	thic part
, 11110 11 743	o, complete	ruis part
TORS F	FOR	
	-	
CONTI	NUED	
_c	ONT	CONTINUED

932043 02-04-10

Schedule D

(Fcrm 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
CERTIFICATION

Name of the organization

Employer identification number

140111	ST. LOUIS AREA FOO	D BANK, INC.	43-1253102
Pe.			
	organization answered "Yes" to Form 990, Part IV, lin	e 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 advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	ımpermissible private benefit?		Yes No
Pe	Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	pleasure) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	_	
Ü	and section 170(h)(4)(B)(i)?	or section in the resident for the section in the	Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expensi	
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		and organization of decoding to
Pa	Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pu	iblic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these $% \left(1\right) =\left(1\right) \left(1\right$	tems	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balar	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	r research in furtherance of public service	e, 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 tre		at gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		▶ \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{\rm 832051}_{\rm 02-01-10}$

Schedule D (Form 990) 2009

	edule D (Form 990) 2009 ST LOU rt III Organizations Maintaining O	IS AREA FO				or Othe		3-12531 Assets (co		
3	Using the organization's acquisition, access	_								
_	(check all that apply):		,		g		3 3			
а	Public exhibition		d \square	Loan or e	xchange progr	rams				
ь	Scholarly research	ı	-							
c	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	an how t	hev furthe	r the organizat	ion's exen	not ouroose	ın Part XIV		
5	During the year, did the organization solicit of			-	_					
	to be sold to raise funds rather than to be m						400010	Yes	Г	□No
Pa	rt IV Escrow and Custodial Arran					s" to Forn	n 990. Part I			
	reported an amount on Form 990, Pa			J				. ,		
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contributi	ons or other a	ssets not i	ncluded			
	on Form 990, Part X?		•					☐ Yes		□ No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fe	ollowing	table						
			·					Amoi	unt	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2 a	Did the organization include an amount on F	orm 990, Part X, line	e 21?					Yes		No
	If "Yes," explain the arrangement in Part XIV									
Pai	t V Endowment Funds. Complete	f the organization a	nswered	"Yes" to l	Form 990, Part	IV, line 10)			_
		(a) Current year	(b) F	Prior year	(c) Two year	rs back (d) Three year	s back (e) Fo	ur year:	s back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
đ	Grants or scholarships									
е	Other expenditures for facilities									
	and programs		J							
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held	as:							
а	Board designated or quasi-endowment	<u> </u>	%							
b	Permanent endowment	%								
С	Term endowment >	%								
3a	Are there endowment funds not in the posse	ession of the organiz	zation tha	at are held	l and administe	ered for the	e organizati	on		
	by [.]								Yes	No
	(i) unrelated organizations							3a(i	Щ_	
	(ii) related organizations							3a(ii)	<u> </u>
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	dule R?				3b		<u> </u>
4	Describe in Part XIV the intended uses of the									
Pai	t VI Investments - Land, Building	s, and Equipm	ent. Se	e Form 99	90, Part X, line	10				
	Description of investment	(a) Cost or o			st or other		cumulated	(d) Bo	ok valu	ie
	 	basis (investi	ment)	 	is (other)	depi	reciation			
	Land				22,800.		4 4		22,8	
	Buildings			5,6	33,160.	6	<u>14,423</u>	5,0	<u>18,7</u>	<u>37.</u>
	Leasehold improvements		-	<u> </u>	<u> </u>	=	<u> </u>			
	•				60,986.		29,913		31,0	
	Other				08,755.	2	<u>77,118</u>		31,6	
<u>Total</u>	l. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	t X, colur	mn (B), line	e 10(c).)			$\cdot \mid 7,50$	04,2	47.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

932053 02-01-10

SCHEDULE G (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2009

©pan To Pathing
Inspection

Name of the organization

Department of the Treasury

Employer identification number

ST. LOU	IS AREA FOOD BANK	<u> IN</u>	<u>C.</u>		<u> 43-1253</u>	102
Fundraising Activities required to complete this par	Complete if the organization answ t	ered "	es" t	o Form 990, Part IV,	line 17. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicita f Solicita g Special or oral agreement with any individual rart VII) or entity in connection with prividuals or entities (fundraisers) pure	ition of ition of I fundra I (incluio profess	non-g gover alsing ding o ional f	overnment grants nment grants events fficers, directors, tru- fundraising services?	stees or X Yes	
(i) Name of Individual or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody itrol of utions?	(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
LW ROBBINS ASSOCIATES	DIRECT MAIL	Yes	No X	624,902.	216,852.	407,920.
			-			
Total 3 List all states in which the organization				624,902.		
MO, IL	in is registered of ilicensed to solicit	iulius (JI 1143	Deen notified it is ex	empt nom registrativ	or or licensing
LHA For Privacy Act and Paperwork Re	eduction Act Notice, see the Instru	ıctions	for F	orm 990 or 990-EZ.	Schedule G (Forn	n 990 or 990-EZ) 2009

932081 02-03-10

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 NONE (add col (a) through DINNER EVENT col. (c)) (total number) (event type) (event type) 36,478 36,478. 1 Gross receipts 2 Less Chantable contributions 36,478. 3 Gross income (line 1 minus line 2) 36,478. Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 9,385 Other direct expenses 9,385. 9,385; 10 Direct expense summary Add lines 4 through 9 in column (d) 27.093. Net income summary Combine line 3, column (d), and line 10 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 (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes Yes Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

932082 02-03-10

administer charitable gaming?

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2009 ST. LOUIS AREA FOOD BANK, INC. 43-12	<u>5310</u>	_2 _ Pa	age 3
,			Yes	No
13	Indicate the percentage of gaming activity operated in:			
ē	The organization's facility 13a %	<u>. </u>		
t	An outside facility	_		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		1	i
	Name			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
	If BV = B = A = A = A = A = A = A = A = A = A			
	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
_	of gaming revenue retained by the third party \$ If "Yes," enter name and address of the third party			
C	if res, entername and address of the third party			
	Name >			
	Address ►			
	Address			
16	Gaming manager information:			
	Name >			
	Gaming manager compensation \$			
	Description of services provided			
				.
	□ Director/officer □ Employee □ Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year		1	

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

ીદ્રાષ્ટ્ર છે. મહોલ Little Coston

OMB No 1545-0047

2

X Yes

43-1253102

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

Employer identification number ► Attach to Form 990.

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

INC.

ST. LOUIS AREA FOOD BANK

General Information on Grants and Assistance

Pen 1

criteria used to award the grants or assistance?

Schedule I (Form 990) 2009				for Form 990.	see the Instructions	ction Act Notice,	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
•							
1.					ganizations	nd government or	
			į				
		•					
ASSISTANCE FOR PROGRAM TO ALLOW HUNTERS TO DONATE MEAT TO NEEDY FAMILIES IN MISSOURI,			*0	20,000		44-0606356	SHARE THE HARVEST/MISSOURI CONSERVATION PEDERATION - 728 WEST MAIN STREET - JEPPERSON CITY , MO 65101
(h) Purpose of grant or assistance	(g) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non-cash assistance	(d) Amount of cash grant	(c) IRC section if applicable	(b) EIN	1 (a) Name and address of organization or government
al space is needed	1 (Form 990) if additions	art IV and Schedule I-	an \$5,000 Use P	nt received more th	box if no one recipier	55,000. Check this	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
IV. line 21, for any	e of grant funds in the United States ions in the United States. Complete if the organization answered "Yes" to Form 990. Part IV, line 21, for any	anization answered "	omplete if the org	Tunds in the United Public C	coing the use of grant J Organizations in the	Governments and	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Partium Grants and Other Assistance to Governments and Organizations in the United States. Complete
			States	tunds in the Unite	the use of grant	Cedures for mont	Describe in Part IV the organization's pro

(f) Description of non-cash assistance -43-1253102 (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant ST. LOUIS AREA FOOD BANK, INC. (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 િલ્સ 🔟

Page 2

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

33

932102 02-02-10

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Complete if the organization answered "Yes" to Form 990, Part IV. line 23.

OMB No 1545-0047

Inspection

Employer identification number

43-1253102

Internal Revenue Service Name of the organization ► Attach to Form 990.
See separate instructions.

LOUIS AREA FOOD BANK, INC.

Questions Regarding Compensation No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply. Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization X Receive a severance payment or change-of-control payment? 42 b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of X a The organization? 5a X **b** Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III.

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

initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," describe in Part III

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments

Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

Schedule J (Form 990) 2009

6a

6b

7

8

X

X

X

X

contingent on the net earnings of

Regulations section 53 4958-6(c)?

If "Yes" to line 6a or 6b, describe in Part III

not described in lines 5 and 6? If "Yes," describe in Part III

a The organization?

b Any related organization?

Penul Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	Q.	(E)	(F)
(A) Name	<u> </u>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(î)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	E	129,023.	12,000.	0	0	20.649.	161.672.	158.182.
FRANK FINNEGAN	∷≘		0	0	0	0		0
	ε							
	(ii)							
] (i)							
	Œ							
	()							
	(ii)							:
	<u>(i)</u>							
	(ii)							
	()							
	(E)							
	Ξ							
	(ii)							
	()							
	<u> </u>							
	 			i				
	<u>(ii</u>							
	Ξ							
	▣							
	Ξ.							
	<u> </u>							
	ε							
	<u> </u>							
	Ξ							
	₿							
	Ξ							
	₿							
	ε							
	Œ							
	ε							
	Œ							

Schedule J (Form 990) 2009

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.	

Schedule J (Form 990) 2009

Department of the Treasury Internal Revenue Service SCHEDULEK (Form 990)

Name of the organization

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).
 Attach to Form 990. See separate instructions.

OMB No 1545-0047 2009 (0)27:39 | EDIG (1-11](23)(0):3

Employer identification number

Schedule K (Form 990) 2009 (h) On behalf Ŷ of issuer × 9 N ž ш 43-1253102 (g) Defeased Yes Yes ŝ × Yes £ ž O COSTS Δ (f) Description of purpose Yes Yes 4000000. ACQUISITION FINANCE THE ŝ ŝ O (F) CONTINUATIONS Yes Yes (e) Issue price ŝ ĝ m 8 (d) Date issued 08/31/06 822.12.1 02-03-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Folin 990. Yes Yes SCHEDULE O FOR COLUMN 4,000,000 4,000,000 S ĝ 2006 × × × INC. (c) CUSIP# Yes LOUIS AREA FOOD BANK, Yes 43-1387649N/A × × (b) Issuer EIN 2 Are there any lease arrangements with respect to the financed Was the organization a partner in a partnership, or a member Does the organization maintain adequate books and records Were the bonds issued as part of a current refunding issue? of an LLC, which owned property financed by tax-exempt Were the bonds issued as part of an advance refunding property which may result in private business use? SEE Has the final allocation of proceeds been made? Proceeds in refunding or defeasance escrows Working capital expenditures from proceeds to support the final allocation of proceeds? MISSOURI DEVELOPMENT Capital expenditures from proceeds Gross proceeds in reserve funds ST. Year of substantial completion Issuance costs from proceeds (a) Issuer name Private Business Use Other unspent proceeds A FINANCE BOARD Total proceeds of Issue Bond Issues Partill Proceeds Issue? Per III 11 8 4 2 9 6 9 æ 2 8 7 ပ ۵

Schedule K (Form 990) 2009 ST. LOUIS AREA FO	FOOD BANK,	IK, INC			43-1	43-1253102	ļ			Page 2
	•						6			
3a Are there any management or service contracts with respect	Yes	2	Yes	2	Yes	No	Yes	2	Yes	· c
		×								
b Are there any research agreements with respect to the financed property which may result in private business use?		×								
c Does the organization routinely engage bond counsel or										
other outside counsel to review any management or service contracts or research agreements relating to the financed										
property?		×								
4 Enter the percentage of financed property used in a private										
business use by entitles other than a section 501(c)(3)		6		•				;		:
		»		*		*		%		8
5 Enter the percentage of financed property used in a private bisiness use as a result of intrelated trade or bisiness activity.										
carned on by your organization, another section 501(c)(3)										
organization, or a state or local government		% 00.		%		*		%		8
6 Total of lines 4 and 5		% 00.		%		%		8		8
7 Has the organization adopted management practices and										!
procedures to ensure the post-issuance compliance of its								_		
tax-exempt bond liabilities?	×									
Pentily Arbitrage										
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and		A	8	_	S		۵		В	
Penalty in Leu of Arbitrage Rebate, been filed with respect	Yes	S.	Yes	S.	Yes	No	Yes	No	Yes	No
to the bond issue?		×								
2 Is the bond issue a variable rate issue?		×								
3a Has the organization or the governmental issuer identified										
a hedge with respect to the bond issue on its books and										
records?		×	i							
b Name of provider		-								
c Term of hedge										
		×								
b Name of provider										
c Term of GiC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?			:							
5 Were any gross proceeds invested beyond an available		**			-					
E Did the bend have a male, for an execution to the bend		< >								
63 Uld the bond Issue quality for an exception to repate?		₹								
02-03-10								Sche	Schedule K (Form 990) 2009	n 990) 2009

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

OMB No 1545-0047

ST. LOUIS AREA FOOD BANK, INC. 43-1253102 **Types of Property** (a) (b) (d) (c) Check if Number of Revenues reported on Method of determining contributions applicable Form 990, Part VIII, line 1g revenues Art · Works of art 2 Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods 5 Cars and other vehicles 6 7 Boats and planes 8 Intellectual property Securities - Publicly traded 9 Securities - Closely held stock 10 Securities · Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 36,220,356. ESTIMATED COST PER P Х 19 Food inventory 23.031.656 20 Drugs and medical supplies Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 5,040. CASH VALUE Other > (GIFT CARDS X 25 4,000. ESTIMATED FMV 26 Other > (USED PALLET J) X 27 Other \triangleright 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X the entire holding period? 30a | b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II. 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 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2009

932141 03-12-10

SCHEDULE O

(Ferm 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.



Name of the organization

ST. LOUIS AREA FOOD BANK, INC.

Employer identification number 43-1253102

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATE THE PUBLIC ABOUT THE NATURE OF AND SOLUTIONS TO THE PROBLEMS OF
HUNGER.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE GENEROUS SUPPORT OF HUNDREDS OF FOOD MANUFACTURERS, RETAILERS,
CORPORATE AND COMMUNITY FOOD DRIVES, AND FINANCIAL SUPPORT RECEIVED
FROM FOUNDATIONS, CORPORATIONS, BUSINESSES, AND INDIVIDUALS.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS DELIVERED
ELECTRONICALLY TO THE PRESIDENT AND THE EXECUTIVE COMMITTEE FOR THEIR
REVIEW PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND OFFICERS MUST
SIGN A CONFLICT OF INTEREST POLICY EACH YEAR AFFIRMING ADHERENCE TO THE
POLICY. BOARD MEMBERS MUST DISCLOSE ANY PERSONAL INTERESTS, DIRECT OR
INDIRECT, SHOULD A POTENTIAL CONFLICT ARISES AND MUST REFRAIN FROM
PARTICIPATING IN A DECISION ON A PENDING MATTER.
FORM 990, PART VI, SECTION B, LINE 15A: THE ORGANIZATION USES INFORMATION
FROM COMPENSATION SURVEYS AND STUDIES TO DETERMINE APPROPRIATE SALARIES.
THE SALARY INFORMATION IS PRESENTED TO THE BOARD FOR APPROVAL AND
DOCUMENTED IN THE MEETING MINUTES.
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT

OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC

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

932211 02-03-10 Schedule O (Form 990) 2009

SCHEDULE O

Supplemental Information to Form 990

(Form 990)

Department of the Treasury Internal Revenue Service

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
2000
2009
German and the contract of the
ا گه چاروترس

Name of the organization ST. LOUIS AREA FOOD BANK, INC.	Employer identification number 43-1253102
UPON REQUEST.	
SCHEDULE K, PART I, BOND ISSUES:	
(A) ISSUER NAME: MISSOURI DEVELOPMENT FINANCE BOARD	
(F) DESCRIPTION OF PURPOSE:	
FINANCE THE ACQUISITION COSTS OF NEW FACILITIES	

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2011)

● If your Do not Electric requirement of time Person visit we A corp Part I All oth	poration required to file Form 990-T and requesting an autor	an automa you need onth extens ception of per format ception of per format ception of per format	complete only Part II (on page 2 of this attic 3-month extension on a previously fia 3-month automatic extension of time to sion of time. You can electronically file Fiferm 8870, Information Return for Transplace (see instructions). For more details on the sion of time to regime (no copies needed).	led Fo o file (form 8 nsfers he elec	orm 8868 6 months for a corpo 868 to request an expensive terms of this form of this form of the form	dension tain		
Туре	or Name of exempt organization			Emp	loyer identification	number		
print	GE LOUIS AND BOOK NAME :	- 110			2 1052100			
due date filing you return S	ST. LOUIS AREA FOOD BANK, INC. Number, street, and room or suite no. If a PO box, see instructions. 70 CORPORATE WOODS DRIVE City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. LOUIS, MO. 63044							
Enter	the Return code for the return that this application is for (file	e a separa	te application for each return)			0 1		
Applic	eation	Return	Application			Return		
<u>ls For</u>		Code	Is For			Code		
Form 9	990	01	Form 990-T (corporation)			07		
Form 9	990-BL	02	Form 1041-A			08		
	990-EZ	03	Form 4720			09		
	990-PF	04	Form 5227			10		
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	990-T (trust other than above)	06	Form 8870			12		
Tele If the lifthe li	e books are in the care of 70 CORPORATE WO ephone No. (314) 292-6262 ne organization does not have an office or place of business his is for a Group Return, enter the organization's four digit of If it is for part of the group, check this box I request an automatic 3-month (6 months for a corporation)	OODS In the Ur Group Exe and atta	FAX No. inted States, check this box emption Number (GEN) If this chall is the state of t	s is foi memb				
	is for the organization's return for: calendar year or X tax year beginning OCT 1, 2009 If the tax year entered in line 1 is for less than 12 months, cl. Change in accounting period	, an	tion return for the organization named a dending SEP 30, 2010	l retur				
!	If this application is for Form 990-BL, 990-PF, 990-T, 4720, on nonrefundable credits. See instructions.		<u> </u>	3a	\$	0.		
:	If this application is for Form 990-PF, 990-T, 4720, or 6069, estimated tax payments made. Include any prior year overp Balance due. Subtract line 3b from line 3a. Include your pa	ayment a	lowed as a credit.	3b	\$	0.		
	by using EFTPS (Electronic Federal Tax Payment System). Son If you are going to make an electronic fund withdrawal w	See ınstru	ctions.	3c	\$	0.		

For Paperwork Reduction Act Notice, see Instructions.

LHA

Application for Extension of Time To File an **Exempt Organization Return**

(Rev January 2011) OMB No. 1545-1709 Department of the Treasury File a separate application for each return. internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-1), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization Employer identification number print ST. LOUIS AREA FOOD BANK, INC. 43-1253102 File by the Number, street, and room or suite no. If a P.O. box, see instructions due date for filing your 70 CORPORATE WOODS DRIVE return See instructions City, town or post office, state, and ZIP code For a foreign address, see instructions ST. LOUIS, MO 63044 0 | 1 Enter the Return code for the return that this application is for (file a separate application for each return) Return Application Return **Application** Is For Code is For Code Form 990 **01** Form 990-T (corporation) 07 Form 1041-A Form 990-BL 02 80 Form 990-EZ 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 6069 Form 990-T (sec 401(a) or 408(a) trust) 05 11 Form 990-T (trust other than above) 06 Form 8870 12 THOMAS RICHTER, DIRECTOR OF FINANCE

• 7	The books are in the care of $ ightharpoonup$ 70 CORPORATE WOODS DRIVE - ST. LOUIS, 1	10 6	3044	
٦	Telephone No ▶ (314)292-6262 FAX No. ▶			
	f the organization does not have an office or place of business in the United States, check this box	_		
• [f this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the		_	
oox	. If it is for part of the group, check this box 🕨 🔛 and attach a list with the names and EINs of all	memb	oers the exten	sion is for.
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time un MAY 15, 2011 , to file the exempt organization return for the organization named is for the organization's return for:		The extension	n
	calendar year or xxx year beginning OCT 1, 2009 and ending SEP 30, 2010		<u> </u>	
2	If the tax year entered in line 1 is for less than 12 months, check reason. Initial return Fin Change in accounting period	al retu	rn	
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0,
С	Balance due. Subtract line 3b from line 3a, Include your payment with this form, if required.			

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

by using EFTPS (Electronic Federal Tax Payment System) See instructions