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Form 990

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

Open to Public Inspection

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2012 calendar year, or tax year beginning and ending D Employer identification number Check if applicable C Name of organization Montgomery County Food Bank Address change Doing Business As 76-0153892 Number and street (or PO box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 936-539-6686 111 South 2nd Street City, town or post office, state, and ZIP code Terminated Amended return TX 77301 G Gross receipts \$ F Name and address of principal officer Application pending H(a) Is this a group return for affiliates? Dale Brunswick PO Box 2691, Conroe, TX 77305 H(b) Are all affiliates included? If "No," attach a list (see instructions) 501(c)(3) 501(c)) **(**insert no) 4947(a)(1) or 527 Tax-exempt status J Website: ► N/A H(c) Group exemption number ▶ lx۱ L Year of formation K Form of organization Corporation Trust Association Other > 1985 M State of legal domicile TΧ Part I Summary Briefly describe the organization's mission or most significant activities Collect and purchase food and distribute food to those in need in Montgomery County Activities & Governance Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 14 4 47 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 10,628,684 12,243,125 9 Program service revenue (Part VIII, line 2g) O 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,736 2,738 11 Other revenue (Part VIII, column (A), lines 5, 6d 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A) In 8 12 12 10,635,420 12,245,863 Grants and similar amounts paid (Part IX, column A) lines 113) 13 0 14 Benefits paid to or for members (Part IX, column (A); line 4)-0 15 Salaries, other compensation, employee benefits (Part\X, column (A)\lines 555,814 691,068 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 中心经历的自然的 9,537,739 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,496,751 10,093,553 12,187,819 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 541,867 58,044 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 2,508,512 2,613,851 21 Total liabilities (Part X, line 26) 42,942 86,443 22 Net assets or fund balances Subtract line 21 from line 20 2,465,570 2,527,408 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here June 17, 2013 Sean-Michael Hazuda President/CEO Type or print name and title PTIN Print/Type preparer's name Preparer's signature **Paid** Michael Sloan, CPA 6/16/2013 self-employed P01420490 Preparer Firm's EIN ► 76-0245076 Firm's name Michael D Sloan, PC Use Only Firm's address ► 10515 Saddlehorn Trail, Houston, TX 77064 281-890-3042 Phone no

For Paperwork Reduction Act Notice, see the separate instructions.

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

Form 990 (2012)

No

X Yes

| Form 9 | 90 (2012 <u>)</u> | Montgomery County Food Bank | 76-0153892 | Page Z |
|--------|-------------------|--|------------|-------------|
| Pa | rt III | Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III | | |
| 1 | | describe the organization's mission t and purchase food and distribute food to those in need in Montgomery County | | |
| | | tana paranasa nood dha disabata lood to dhasa in need in Markgoniery Godnity | | |
| | | | | |
| 2 | Did the | e organization undertake any significant program services during the year which were not listed on | | |
| | • | or Form 990 or 990-EZ? | Yes | X No |
| 3 | | " describe these new services on Schedule O erganization cease conducts, any program | | |
| | service | | Yes | X No |
| | | ," describe these changes on Schedule O | | |
| 4 | expens | be the organization's program service accomplishments for each of its three largest program services ses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloal expenses, and revenue, if any, for each program service reported. | | |
| 4a | (Code |) (Expenses \$ including grants of \$) (Revenu | e \$ |) |
| | | t and purchase food and distribute food to those in need in Montgomery County | | |
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| 4b | (Code |) (Expenses \$ including grants of \$) (Revenu | e\$ |) |
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| 4c | (Code |) (Expenses \$ including grants of \$) (Revenu | e\$ |) |
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| 4d | | program services (Describe in Schedule O) | | |
| | | nses \$ 0 including grants of \$ 0) (Revenue \$ | 0) | |
| 40 | loto! - | NEGRESON | | |

| Part IV | Checklist of I | Required Schedules | |
|---------|----------------|--------------------|--|
| | | | |

| | | | Yes | No |
|------|--|------------|-----|-------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A . | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| 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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which 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> |
| 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 | | х |
| 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, for escrow or custodial account liability, 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 temporarily restricted | | | |
| . • | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | х | |
| b | 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 | 11b | | Χ |
| С | 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 . | 11c | | X |
| d | 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 | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | 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 (ASC 740)? If "Yes," complete Schedule D, Part X . | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | x | |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," | | | |
| | and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 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, Parts II and IV | 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, Parts III and IV | 16 | | <u> </u> |
| 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 (see instructions) | 17 | | х |
| 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 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| 20 - | If "Yes," complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes," to line 200, did the organization attach a copy of its pudited financial statements to this return? | 20a 20b | | Х |
| D | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 200 | | |

Form 990 (2012) Montgomery County Food Bank
Checklist of Required Schedules (continued)

| | | | Yes | No |
|----------|---|------|-----|--------------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |
| 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 | | _ <u>X</u> _ |
| 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 | | ŀ | v |
| 04- | employees? If "Yes," complete Schedule J | 23 | | <u>X</u> |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines | | | |
| | 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . | 24b | | <u>X</u> |
| | 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 | | Х |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | X |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | | | |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | _X_ |
| þ | 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 | 25b | - | <u> </u> |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 20 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | 26 | | |
| 21 | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 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) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | _X_ |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | 000 | | v |
| 29 | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 28c | | X |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? It res, complete schedule with the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 23 | | |
| - | conservation contributions? If "Yes," complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? | | | |
| | If "Yes," complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | v |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | х |
| 35a | | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled | 1 | | |
| | entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related | | | |
| | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 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 | | | \ , <i>,</i> |
| | VI . | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | 20 | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | 990 | (2042) |
| | | rorm | 330 | (2012) |

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V

| | Check it Schedule O contains a response to any question in this Part V | <u> </u> | • | |
|----------|---|---------------|-----|----|
| | | $\overline{}$ | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | 4- | | |
| 0- | gaming (gambling) winnings to prize winners? | 1c | X | |
| 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 47 | | | |
| h | | 2b | Х | |
| 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 (see instructions) | 20 | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| _ | If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> | 3b | | _^ |
| b 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | 130 | | |
| 74 | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | | х |
| b | If "Yes," enter the name of the foreign country | - | | _^ |
| - | See instructions for 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 | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 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 as charitable contributions? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 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 | Х | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Χ | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 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? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 9a | | - |
| a b | Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | _ |
| 10 | Section 501(c)(7) organizations. Enter | 30 | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | 1 | | |
| 11 | Section 501(c)(12) organizations. Enter | 1 | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | 1 | | |
| | against amounts due or received from them) | : | | |
| 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 | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | <u> </u> | ļ | _ |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| _ b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

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. Check if Schedule O contains a response to any question in this Part VI

| Soot | ion A. Coverning Rody and Management | | • | | <u> </u> | | | |
|-------------|--|-------------------------|-----------|--------------|-----------------|--|--|--|
| Sect | ion A. Governing Body and Management | | | Yes | No | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a 1 | 4 | | | | | |
| | If there are material differences in voting rights among members of the governing body, or | | 1 | | | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | | | | | |
| | committee, explain in Schedule O | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b 1 | 4 | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relations | hip 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 | r person? . | 3 | <u> </u> | X | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was | as filed? | 4 | ļ | X | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's a | assets? | 5 | <u> </u> | X | | | |
| 6 | | | | | | | | |
| 7a | | | | | | | | |
| | one or more members of the governing body? | | 7a | | X | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members | 1 | ĺ | 1 | | | | |
| | stockholders, or persons other than the governing body? | | 7b | | <u> </u> | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken | n during | 1 | ł | | | | |
| | the year by the following | | - | | | | | |
| а | 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 read the appropriate of the control of | eacned | | 1 | | | | |
| <u>Cast</u> | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | Internal Davanua | 9 | | <u> </u> | | | |
| Sect | ion B. Policies (This Section B requests information about policies not required by the | <u>ınıernai Revenue</u> | Code | .) Yes | No | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | 10a | 163 | X | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such | chanters | 100 | | ^- | | | |
| _ | affiliates, and branches to ensure their operations are consistent with the organization's exempt pu | | 10b | | | | | |
| 11a | | | | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | are many and remain | 11a | X | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | Х | 1 | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could | give rise to conflicts? | 12b | Х | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If | | | | | | | |
| | describe in Schedule O how this was done | | 12c | | Х | | | |
| 13 | Did the organization have a written whistleblower policy? | | 13 | | Х | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | 14 | | Х | | | |
| 15 | Did the process for determining compensation of the following persons include a review and appro | val by | | | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation | and decision? | ļ | ļ | | | | |
| а | The organization's CEO, Executive Director, or top management official | | 15a | X | | | | |
| b | Other officers or key employees of the organization | | 15b | | X | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements. | jement | | <u> </u> | | | | |
| | with a taxable entity during the year? | | 16a | ļ | X | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of evaluation of the organization of the organization follows a written policy or procedure requiring the organization to evaluate the organization of the organiz | | | | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safe | guard | 406 | | | | | |
| Cast | the organization's exempt status with respect to such arrangements? | | 16b | l | <u> </u> | | | |
| 17 | ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed | | | | | | | |
| 18 | List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99 | 0 T (Section 501(c)(| 3/e on! | | | | | |
| 10 | available for public inspection. Indicate how you made these available. Check all that apply | 0-1 (OBOLIOIT 30 I(C)(| اانان درد | y / | | | | |
| | | plaın ın Schedule O |) | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, | • | • | | | | | |
| | policy, and financial statements available to the public during the tax year | 23 | | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books | and records of the | | | | | | |
| • | organization Montgomery County Food Bank | 202 502 2 | 86 | | | | | |
| | P O Box 2691, Conroe, TX 77305 | | | | | | | |

| , | | | | | | | | | | | |
|------------------------|---|-------------------------------|--------------------------------|-----------------------|----------|--------------|---------------------------------|--------|---------------------|-------------------------------|-----------------------------|
| Form 990 (2012) | Montgomery County Food Bank | | | | | | | | | 76-01538 | 92 Page 7 |
| | Compensation of Officers, Dire | ctors. Trustee | es. K | ev | Em | ola | vee | s. F | liahest Comp | | |
| , | Employees, and Independent C | | , - | . , | | | ,, | -,- | | | |
| | Check if Schedule O contains a re | | y que | esti | on i | n th | nis Pa | art ' | VII | | . 🗆 |
| Section A. | Officers, Directors, Trustees, Key Ei | mployees, and | High | est | Con | npe | nsate | d E | mployees | | |
| 1a Complete t | this table for all persons required to be I | | | | | | | | | with or within the | |
| organization's | • | | , | | | | | | , , | | |
| List all | of the organization's current officers, di | rectors, trustees | (whe | the | r inc | livid | luals (| or o | rganizations), re | gardless of amo | unt |
| | on Enter -0- in columns (D), (E), and (I | | | | | | | | | _ | |
| | of the organization's current key emplo | | | | | | | | | | |
| | organization's five current highest com | | | | | | | | | | yee) |
| | reportable compensation (Box 5 of Fori and any related organizations | m vv-2 and/or Bo |)X / C | or I-C | orm | 109 | 9-10113 | SC) | or more than \$ i | oo,ooo irom the | |
| = | of the organization's former officers, ke | v employees ar | nd hia | hae | t co | mne | neata | ad e | molovees who r | eceived more th | an |
| | eportable compensation from the organi | | | | | | | Jule | shiployees willo i | eceived more un | all |
| | of the organization's former directors of | | | | - | | | itv a | as a former direc | tor or trustee of | the |
| | more than \$10,000 of reportable compe | | | | | | • | • | | | |
| - | n the following order individual trustees | | - | | | | | | - | | |
| | employees, and former such persons | · | | | | | | | | | |
| Check the | s box if neither the organization nor any | related organiz | atıon | cor | npe | nsat | ted ar | пу с | urrent officer, dir | ector, or trustee | |
| | | | | | ((| | | - | | | _ |
| | | | | | Pos | | | | | | |
| | (A) Name and Title | (B) Average | | | | | than c | | (D) Reportable | (E) Reportable | (F) Estimated |
| | Name and The | hours per | office | er an | | | or/trust | | compensation | compensation | amount of |
| | | week (list any hours for | 우夏 | Ins | Officer | <u>@</u> | em em | Former | from the | from related organizations | other compensation |
| | | related | Individual trustee or director | Institutional trustee | cer | Key employee | Highest co | mer | organization | (W-2/1099-MISC) | from the |
| | | organizations below dotted | 학학 | mal | | ploy | ee con | | (W-2/1099-MISC) | | organization and related |
| | | line) | uste | trus | | 8 | pen | | | | organizations |
| | | | " | tee | | | Highest compensated employee | | | | |
| (4) Dala Di | n manuale | 5.00 | | ┢ | | \vdash | | - | <u>-</u> | | |
| (1) Dale But Treasurer | unswick | 5 00 | x | | | | | | | | |
| | I Goodwin | 1 00 | -^- | | \vdash | | | | | | |
| Member | 1 COOGWIII | | х | 1 | | | | | | | |
| (3) Neil Jol | hnson | 3 00 | | | | | | _ | | | |
| Member | | | х | | | | | | | | |
| (4) George | Kaehler | 1 00 | | | | | | | | | |
| Member | | | Х | | | | | | | | |
| (5) Don St | ockton | 1 00 | | İ | | | | | | | |
| Member | | | X | _ | <u> </u> | _ | | | | | |
| (6) Dawn (| Candy | 3 00 | 3 | ļ | | | | | | | |
| Member | | | _X_ | | - | - | | ļ | | | |
| | lardy | 3 00 | | | | | | ļ | | | |
| Member (9) Frenk (| Para | 28 00 | X | | ├ | | | | | | . |
| (8) Frank (Member | JOI'E | 20 00 | x | | | | | | | | |
| (9) Jeff Le | onard | 1 00 | _ | - | | | | | | | |
| Member | onard | | x | | | | | | | | |
| | ichelberger | 6 00 | ^` | t | t | | | | | | |
| Chairman | | | | | X | | | | | | |
| (11) Bill Bai | er | 17 00 | | 1 | | | | | | | |
| Secretary | | | | L | X | | | | | | |
| | McCoy | 5 00 | | | | | | | | | |
| Treasurer | | | L | $oxed{oxed}$ | X | | | | <u> </u> | | |

5 00

40 00

Χ

42,546

(13) Julie Struble Vice Chairman

(14) Sean-Michael Hazuda President / CEO

| Pa | art VII | Section A. Officers, Directors, Tru | ıstees, Key Em _l | ploye | es, | and | j Hi | ghes | t Co | ompensated Em | ployees (contin | ued) | | |
|-------------|--------------|--|---|-----------------------------------|-----------------------|----------------------|--------------|---|--------------|--|--|-----------------|---|----------|
| | | (A) Name and title | (B) Average hours per | box, | unle | Pos neck ss pe | rson | than out to the | an | (D) Reportable compensation | (E) Reportable compensation | | (F) stimated | |
| | | | week (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | fr org an | other upensati rom the anizatio d relate anizatio | on ed |
| (15) Mem | | /er | 1 00 | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | | |
| (17) | | | | | | | | | | | - | | | |
| (18) | | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | | |
| 1b c | | m continuation sheets to Part VII, S | ection A | | | | | | > | 42,546 0 42,546 | 0 0 0 | | | 0 |
| <u>d</u> 2 | Total nur | Id lines 1b and 1c) nber of individuals (including but not li | | sted a | abov | e) v | vho | rece | ved | | | | | |
| | reportab | le compensation from the organization | <u> ▶</u> | | | 0 | | | | | · | | Yes | No |
| 3 | | organization list any former officer, dire | | - | | loye | e, c | or hig | hes | t compensated | | 3 | | Х |
| 4 | For any | individual listed on line 1a, is the sum | of reportable cor | npen | satio | | | | | | | | | |
| | the orga | nization and related organizations greand fil | ater than \$150,0 | 002 1 | † "Y6 | es, " | con | nplete | e Sa | chedule J for suc | n | 4 | | Х |
| 5 | | person listed on line 1a receive or acc ces rendered to the organization? If "Y | | | | | | | | | ridual | 5 | | |
| Sec | | dependent Contractors | | | | | | | | | | | | |
| 1 | | e this table for your five highest composation from the organization. Report or | | | | | | | | | | tax | | |
| | <i>j</i> 001 | (A) Name and business add | fress | | | | | | | (B) Description of ser | vices | (C Comper | | |
| | | | | | | | | | | | | | | С |
| | | | | | | | | | | | | | | О |
| | | . <u></u> | | | | | | | | | | | | |
| | | | | | | | | - | - | | | - | | <u>c</u> |
| 2 | | mber of independent contractors (inclu | | | | | | d abo | | who received | | | | |

Part-VIII Statement of Revenue

| | | Check if Schedule O contains | s a response t | to ar | ny question in th | s Part VIII | | • | |
|--|----------|--|-------------------|---|-------------------|----------------------|--|---|---|
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| e e | 1a | Federated campaigns | <u></u> | 1a | 0 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | [| 1b | 0 | | | | |
| اع ق | С | Fundraising events | | 1c | 0 | | | : | |
| ar A | d | Related organizations | | 1d | 0 | | | | |
| e E | е | Government grants (contribution | ıs) [| 1e | 0 | | | | 1 |
| ri Si | f | All other contributions, gifts, grain | | | | | | | |
| ig ig | | similar amounts not included abo | I | 1f | 12,243,125 | | | | |
| ğ | g | Noncash contributions included in | lines 1a-1f. | \$ | 0 | | | | |
| ပိုင်း | h | Total. Add lines 1a-1f | | • | ▶ | 12,243,125 | | | |
| | | | - | | Business Code | ,, | | | |
| a l | 2a | | | Ì | | 0 | | | · · · · · · · · · · · · · · · · · · · |
| ě | b | | | Ì | | - 0 | | | |
| 8 | c | | | Ì | | 0 | | | |
| Ξ | d | | | ł | | 0 | | | |
| Program Service Revenue | e | | | ŀ | | 0 | | | |
| gra | · f | All other program service revenu | | | | 0 | | | |
| ē | g | Total. Add lines 2a–2f | 20 | ı | | 0 | | | |
| | 3 | Investment income (including di | vidends intere | -st | and | | | · | |
| | | other similar amounts) | vidorido, initori | JU., | ▶ | 2,738 | | | |
| | 4 | Income from investment of tax-e | evemnt bond r | roc | eeds • | 0 | | | |
| | 5 | Royalties | ixempt bond p | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 0 | | | |
| | J | Noyalles | (i) Real | | (II) Personal | | | | 1 |
| | 6a | Gross rents | (77.02) | \dashv | | | | | |
| | | | - | \dashv | | | | | |
| | b | Less rental expenses | - | _ | | | | | |
| | C | Rental income or (loss) | | 0 | 0 | | | | |
| | d | Net rental income or (loss) | (ı) Secunties | . 1 | (II) Other | 0 | | | |
| | 7a | Gross amount from sales of | (i) Securities | - | | | | | |
| | | assets other than inventory | | 0 | 0 | | | | 1 |
| | b | Less cost or other basis | | | | | | | |
| | | and sales expenses | | _0 | 0 | | | | |
| | С | Gain or (loss) | | 0 | 0 | | | | |
| | d | Net gain or (loss) | | ı | • | 0 | | | 1 |
| Other Revenue | 8a | Gross income from fundraising events (not including \$ of contributions reported on line | 0 1c) | | | | | | |
| Jer | ١. | See Part IV, line 18 | | a | 0 | | | | |
| = | | Less direct expenses | | b | 0 | | | | |
| | | Net income or (loss) from fundra | | 1 | | 0 | | | |
| | 9а | Gross income from gaming activ | vities | | | | | | |
| | | See Part IV, line 19 | | a | 0 | | | | |
| | b | Less direct expenses | | b | 0 | | | | |
| | | Net income or (loss) from gamir | ig activities | 1 | | 0 | | | |
| | 10a | Gross sales of inventory, less | | | _ | | | | |
| | | returns and allowances | | а | 0 | | | | |
| | | Less cost of goods sold | | b | 0 | | | | |
| | <u>C</u> | Net income or (loss) from sales | of inventory | | <u> </u> | 0 | | | |
| | | Miscellaneous Revenue | | | Business Code | · | | | |
| | 11a | | | | | 0 | | | |
| | b | | | | | 0 | ļ | | |
| | С | | | | | 0 | | | |
| | d | All other revenue | • | | | 0 | | | |
| | е | Total. Add lines 11a-11d | | | ▶ | 0 | | | |
| | 12 | Total revenue. See instructions | | | > | 12,245,863 | o | l o | 0 |

| | t IX Statement of Functional Expenses | | | | |
|---------|--|-----------------------|------------------------------|---|--------------------------------|
| Secti | on 501(c)(3) and 501(c)(4) organizations must complete all | | | omplete column (A) | |
| | Check if Schedule O contains a response to any o | question in this Part | IX | | <u> </u> |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | , | |
| | organizations in the United States See Part IV, line 21 | 0 | | | _ |
| 2 | Grants and other assistance to individuals in the | | | | |
| | United States See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States 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 | 0 | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | ا | | İ | |
| _ | persons described in section 4958(c)(3)(B) | 0 | 440.004 | 455 570 | |
| 7 | Other salaries and wages | 639,996 | 440,894 | 155,572 | 43,530 |
| 8 | Pension plan accruals and contributions (include | | | İ | |
| 9 | section 401(k) and 403(b) employer contributions) | 0 | | | |
| 10 | Other employee benefits Payroll taxes | 51,072 | 33,709 | 12,772 | 4,59 |
| 11 | Fees for services (non-employees) | 51,072 | 33,709 | 12,772 | 4,59 |
| | • • • | l | | | |
| a b | Management Legal | 0 | | | |
| C | Accounting | 44,846 | - | 44.846 | |
| ď | Lobbying | 0 | | 44,040 | |
| e | Professional fundraising services See Part IV, line 17 | 0 | | | |
| f | Investment management fees . | 0 | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column | | | | · |
| 9 | (A) amount, list line 11g expenses on Schedule O) | ol | | | |
| 12 | Advertising and promotion . | o | | | |
| 13 | Office expenses | 16,878 | | 16,878 | |
| 14 | Information technology | 9,225 | 4,613 | 2,306 | 2,306 |
| 15 | Royalties | 0 | | | <u> </u> |
| 16 | Occupancy | 14,862 | 14,862 | | |
| 17 | Travel | 19,082 | 4,249 | 13,120 | 1,713 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 8,593 | | 8,593 | |
| 20 | Interest | 0 | | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 99,503 | 89,553 | 9,950 | (|
| 23 | Insurance | 113,625 | 82,668 | 23,909 | 7,048 |
| 24 | Other expenses Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| _ | (A) amount, list line 24e expenses on Schedule O) | 10 621 170 | 10 621 170 | | |
| a | Food - In Kind Donation/Purchased | 10,631,170 | 10,631,170 | | 460.00 |
| b | Fundraising | 162,981 | F1 160 | _ | 162,981 |
| q C | Truck - Fuel & Maintenance | 51,160 11,124 | 51,160 11 124 | | |
| d | Supplies All other expenses Other | 313,702 | 11,124 273,624 | 40,078 | <u> </u> |
| е 25 | Total functional expenses. Add lines 1 through 24e | 12,187,819 | 11,637,626 | 328,024 | 222,169 |
| 26 | Joint costs. Complete this line only if the | 12, 101,019 | 11,031,020 | 320,024 | 222, 108 |
| _0 | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | | | |
| | fundraising solicitation Check here | | | | |
| | following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

| | | Check if Schedule O contains a response to | any qu | estion in this Part X | | | |
|-------------|-----|--|-----------|------------------------|-------------------|-----|-------------|
| | | | | | (A) | | (B) |
| | | | | | Beginning of year | | End of year |
| | 1 | Cash—non-interest-bearing | | | 371,669 | 1 | 463,794 |
| | 2 | Savings and temporary cash investments | | | 1,346,270 | 2 | 1,362,102 |
| | 3 | Pledges and grants receivable, net | | . [| 0 | 3 | 0 |
| | 4 | Accounts receivable, net | | | 2 <u>5,29</u> 6 | 4 | 22,095 |
| | 5 | Loans and other receivables from current and for | ormer o | officers, directors, | | | |
| | | trustees, key employees, and highest compensation | ated er | nployees | | | |
| | | Complete Part II of Schedule L | | <u>_</u> | | 5 | |
| | 6 | Loans and other receivables from other disqualified person | ons (as o | defined under section | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), a | and cont | ributing employers and | | | |
| | | sponsoring organizations of section 501(c)(9) voluntary e | employee | es' beneficiary | | | |
| ets | | organizations (see instructions). Complete Part II of Sche | | | 6 | | |
| Assets | 7 | Notes and loans receivable, net | | | 0 | 7 | 0 |
| ⋖ | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 3,892 | 9 | 77,278 |
| | 10a | Land, buildings, and equipment cost or | | | | | |
| | | other basis Complete Part VI of Schedule D | 10a | 1,170,112 | | | |
| | b | Less accumulated depreciation | 10b | 481,530 | 761,385 | 10c | 688,582 |
| | 11 | Investments—publicly traded securities | | | 0 | 11 | 0 |
| | 12 | Investments—other securities See Part IV, line | | 0 | 12 | 0 | |
| | 13 | Investments—program-related See Part IV, line | | 0 | 13 | 0 | |
| | 14 | Intangible assets | | 0 | 14 | 0 | |
| | 15 | Other assets See Part IV, line 11 | | 0 | 15 | 0 | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | al line | 34) | 2,508,512 | 16 | 2,613,851 |
| | 17 | Accounts payable and accrued expenses | | | 42,942 | 17 | 86,443 |
| | 18 | Grants payable | | i | | 18 | |
| | 19 | Deferred revenue | | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability Complete | Part IV | of Schedule D | | 21 | |
| es | 22 | Loans and other payables to current and former | r office | rs, directors, | | | |
| Liabilities | | trustees, key employees, highest compensated | emplo | yees, and | | | |
| abi | | disqualified persons Complete Part II of Sched | ule L | | | 22 | |
| 7 | 23 | Secured mortgages and notes payable to unrela | ated th | ırd parties | 0 | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelate | d third | parties | 0 | 24 | 0 |
| | 25 | Other liabilities (including federal income tax, pa | ayables | s to related third | | | |
| | | parties, and other liabilities not included on lines | s 17-24 | i) Complete | | | |
| | | Part X of Schedule D | | | 0 | 25 | 0 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 42,942 | 26 | 86,443 |
| | | Organizations that follow SFAS 117 (ASC 958 | 8). che | ck here ► X and | | | |
| Ses | | complete lines 27 through 29, and lines 33 a | | | | | |
| ă | 27 | Unrestricted net assets | | , | 2,465,570 | 27 | 2,523,614 |
| Balances | 28 | Temporarily restricted net assets | | - | 2,700,010 | 28 | 3,794 |
| P | 29 | Permanently restricted net assets | | • | | 29 | 3,734 |
| or Fund | | · | | | - | | |
| Ĕ | | Organizations that do not follow SFAS 117 (ASC958), | cneck | here ► 🔛 and | | | |
| ts c | | complete lines 30 through 34. | | | | | |
| Net Assets | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| As | 31 | Paid-in or capital surplus, or land, building, or e | | F | | 31 | |
| let | 32 | Retained earnings, endowment, accumulated in | ncome, | or other funds | | 32 | |
| ~ | 33 | Total net assets or fund balances | | | 2,465,570 | 33 | 2,527,408 |
| | 34 | Total liabilities and net assets/fund balances | | | 2,508,512 | 34 | 2,613,851 |

| Form | 990 (2012) Montgomery County Food Bank | 7 | 6-0153892 | Pag | e 12 |
|------|--|----|-----------|---------------|-------------|
| Par | t XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | [| X |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 12 | 2,245 | ,863 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 12 | 2,187 | ,819 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 58 | 3,044 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 2,465 | ,570 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments . | 8 | <u> </u> | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | | 2,5 <u>23</u> | <u>,614</u> |
| Part | XII Financial Statements and Reporting | | | r | _ |
| | Check if Schedule O contains a response to any question in this Part XII | | | . [| |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| | 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? | | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | |
| | reviewed on a separate basis, consolidated basis, or both | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | |
| | separate basis, consolidated basis, or both | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | 20 | | |
| | Schedule O | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | |
| | the Single Audit Act and OMB Circular A-133? | | 3a | | х |
| 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 | | |

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Open to Public

Open to Public

Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 4947(a)(1) nonexempt charitable trust.

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

| <u>Iont</u> | gom | ery County Fo | <u>od Bank</u> | | | | | | L | 76-0° | <u> 153892</u> | | |
|--|-------|---|---|--|---------------------------------------|---|--|--------------------------|--------------------------|--|---------------------|--------|----------|
| Par | t I | Reason | for Public Ch | arity Status (All org | anizatio | ns must o | complete | this par | t) See ir | nstructio | ns | | |
| he o | orgar | nization is not | a private founda | tion because it is (For | lines 1 thi | rough 11, | check only | one box |) | | | | |
| 1 | Ш | A church, cor | nvention of churc | ches, or association of | churches | described | ın sectio | n 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 | | | search organizat me, city, and sta | tion operated in conjunt | ction with | a hospital | described | d in section | on 170(b) | (1)(A)(iii) | . Enter t | he | |
| 5 | | - | • | the benefit of a college Complete Part II) | or univer | sity owned | d or opera | ted by a | governme | ntal unit o | describe | d | |
| 6 | | A federal, sta | ite, or local gove | rnment or government | al unit des | scribed in s | section 1 | 70(b)(1)(A | A)(v). | | | | |
| 7 | X | _ | - | receives a substantial | • | support f | rom a gov | ernmenta | al unit or fr | om the g | eneral p | ublic | |
| 8 | | | | in section 170(b)(1)(A | | nplete Par | t II) | | | | | | |
| 9 | | An organizate receipts from support from | on that normally activities related gross investmen | receives (1) more that d to its exempt function it income and unrelate after June 30, 1975 S | an 33 1/3% ns—subject d busines | 6 of its sur ct to certai s taxable | pport from n exception ncome (le | ons, and (ess sectio | (2) no mor n 511 tax) | e than 33 | 3 1/3% o | of its | 5 |
| 0 | | An organizati | on organized ar | nd operated exclusively | to test fo | r public sa | fety See | section 5 | 09(a)(4). | | | | |
| 11 | Ħ | _ | - | nd operated exclusively | | | - | | | to carry o | out the | | |
| | | purposes of | one or more pub neck the box tha | licly supported organizet describes the type of | ations des | scribed in | section 50 ition and o | 09(a)(1) o complete l | r section (| 509(a)(2) through 1 | See se 1h | | d |
| е | | By checking persons other | this box, I certify | that the organization in managers and other | s not cont | rolled dire | ctly or ind | rectly by | one or me | ore disqua | alified | | |
| f | | | | written determination | from the I | RS that it i | s a Type | I. Type II. | or Type II | I supporti | na | | |
| g | | organization, Since Augus | check this box t 17, 2006, has t | he organization accept | | | • | | • • | | 5 | | |
| | | following per | | | | | | | | () | | | l Na |
| | | | | or indirectly controls, elerning body of the sup | | | | ersons de: | scribed in | (11) | 11-(1) | Yes | No |
| | | • | • | person described in (i) | | garnzation | • | | | | 11g(ı) 11g(ıı) | | <u> </u> |
| | | | | y of a person described | | ıı) above? | | | | | 11g(iii) | | |
| h | | | | ation about the support | | • | | | | | | | |
| (i) Name of supported organization organization organization (described on lines 1–9 above or IRC section (see instructions)) (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) (iv) Is the organization (v) Did you notify the organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization in col (i) organization (iii) EIN | | | | | | (vii) Am | ount of mo | onetary | | | | | |
| | | | | | Yes | No | Yes | No | Yes | No | <u> </u> | | |
| A) | | | | | | , | | | | | | | |
| B) | - | | | | | | | | | | | | |
| C) | | | | | | | | | | | † | | |
| D) | | | | | <u> </u> | | | | | | - | | |
| E) | | | | | | | | | | - | - | | |
| - <i>,</i> | | | | | | - | | | | | <u> </u> | | |
| | | | ŀ | | | | | | | | | | _ |

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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

| Sect | ion A. Public Support | | | | | | |
|--------|---|----------------------|------------------|--------------------|-------------------|------------------|------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | 1 | | |
| | include any "unusual grants ") | 822,337 | 1,065,994 | 1,368,444 | 1,976,039 | 1,757,816 | 6,990,630 |
| 2 | Tax revenues levied for the organization's | | | • | | | |
| | benefit and either paid to or expended on | | | | | | |
| | its behalf | | | | | | 0 |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| _ | organization without charge | | | | | | 0 |
| 4 | Total. Add lines 1 through 3 | 822,337 | 1,065,994 | 1,368,444 | 1,976,039 | 1,757,816 | 6,990,630 |
| 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, | | | | | | |
| 6 | column (f) Public support. Subtract line 5 from line 4 | | | | | | 6,990,630 |
| | ion B. Total Support | | | 1 | | L | 0,990,030 |
| | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| | | 1 | • • | | | | |
| 7 8 | Amounts from line 4 | 822,337 | 1,065,994 | 1,368,444 | 1,976,039 | 1,757,816 | 6,990,630 |
| 0 | Gross income from interest, dividends, payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | | | |
| | sources | 4,721 | 8,156 | 7,060 | 6,736 | 2,738 | 29,411 |
| 9 | Net income from unrelated business | 4,721 | 0,130 | 7,000 | 0,730 | 2,730 | 29,411 |
| • | 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 |
| 11 | Total support. Add lines 7 through 10 | | Ī | | | | 7,020,041 |
| 12 | Gross receipts from related activities, etc. (se | e instructions) | | | | 12 | |
| 13 | First five years. If the Form 990 is for the org | ganızatıon's first | , second, third, | fourth, or fifth t | tax year as a se | ection 501(c)(3) | |
| | organization, check this box and stop here | | | | | | ▶ 🔛 |
| Sect | ion C. Computation of Public Support | Percentage | | | | | |
| 14 | Public support percentage for 2012 (line 6, co | olumn (f) dıvıded | by line 11, col | lumn (f)) | | 14 | 99 58% |
| 15 | Public support percentage from 2011 Schedu | ile A, Part II, line | e 14 | | | 15 | 99 45% |
| 16a | 33 1/3% support test—2012. If the organization | tion did not che | ck the box on li | ne 13, and line | 14 is 33 1/3% (| or more, check t | |
| | and stop here. The organization qualifies as | | | | | | ► X |
| b | 33 1/3% support test—2011. If the organization | | | | d line 15 is 33 1 | /3% or more, ch | eck this |
| | box and stop here . The organization qualifies | s as a publicly s | supported organ | nızatıon | | | ▶ |
| 17a | 10%-facts-and-circumstances test—2012. | If the organizati | on did not ched | ck a box on line | 13, 16a, or 16b | o, and line 14 | |
| | is 10% or more, and if the organization meets | | | | | | n |
| | Part IV how the organization meets the "facts | -and-circumsta | nces" test The | organization q | ualifies as a pul | blicly supported | |
| | organization | | | | • | - | ▶ |
| b | 10%-facts-and-circumstances test—2011. | | | | | | |
| | 15 is 10% or more, and if the organization me | | | | | | ain in |
| | Part IV how the organization meets the "facts | -and-circumsta | nces" test The | organization q | ualifies as a pu | blicly | . — |
| | supported organization | • | | | | • | ▶∟ |
| 18 | Private foundation. If the organization did no instructions | ot check a box of | on line 13, 16a, | 16b, 17a, or 17 | 7b, check this b | ox and see | ▶ □ |

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | | • | | | | |
|---------|--|--|--------------------|---------------------|------------------|----------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received (Do not include any "unusual grants ") | | | | | | 0 |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities furnished | | | | | | |
| | in any activity that is related to the | | | | | | 0 |
| 3 | organization's tax-exempt purpose Gross receipts from activities that are not an | | | | | | 0 |
| J | 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 |
| 5 | The value of services or facilities | | | | | | |
| 3 | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | o |
| 6 | Total. Add lines 1 through 5 | ō | 0 | 0 | 0 | 0 | 0 |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | 0 |
| b | Amounts included on lines 2 and 3 received | | | | | | |
| | from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | 1 | | | | | |
| | amount on line 13 for the year | <u> </u> | 0 | | 0 | | 0 |
| С 8 | Add lines 7a and 7b Public support (Subtract line 7c from | 0 | 0 | 0 | 0 | 0 | U |
| | line 6) | | | | | | 0 |
| | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 | Amounts from line 6 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | ļ | | | _ |
| | rents, royalties and income from similar sources | | | | | | 0 |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | _ ا |
| _ | acquired after June 30, 1975 Add lines 10a and 10b | | 0 | 0 | 0 | 0 | 0 |
| С 11 | Net income from unrelated business | <u> </u> | - | · · · · · | 0 | | |
| •• | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | l o |
| 12 | Other income Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | 1 | | | | |
| | (Explain in Part IV) | | | | | | 0 |
| 13 | Total support. (Add lines 9, 10c, 11, | _ | _ | | _ | _ | _ |
| | and 12) | 0 | | | 0 | 0 | 0 |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop here | ation's first, seco | nd, third, fourth, | or fifth tax year a | s a section 501(| c)(3) | ▶ [|
| Sec | tion C. Computation of Public Support | Percentage | | | | | |
| 15 | Public support percentage for 2012 (line 8, column | (f) divided by lin | e 13, column (f)) | | | 15 | 0 00% |
| 16 | Public support percentage from 2011 Schedule A, | | | • | | 16 | 0 00% |
| | tion D. Computation of Investment Inc | | | = | | T T - | |
| 17 | Investment income percentage for 2012 (line 10c, | | • | ımn (f)) | | 17 | 0 00% |
| 18 | Investment income percentage from 2011 Schedu | | | | | 18 | 0 00% |
| 19a | 33 1/3% support tests—2012. If the organization | | | | | | |
| L | not more than 33 1/3%, check this box and stop h | _ | • | | - | | ▶ |
| Ь | 33 1/3% support tests—2011. If the organization line 18 is not more than 33 1/3%, check this box a | | | | | | |
| 20 | Private foundation. If the organization did not ch | | | | | | : |
| 20 | Filvate loungation, if the organization did flot th | con a box on line | : i+, i3a, Ui 18D, | CHECK THE DOX 9 | na see msnacho | 113 | |

| | 1 990 or 990-EZ) 2012 | Montgomery Co | unty Food Bank | | | <u>76-0153892</u> | Page 4 |
|---|---|------------------|-----------------|---|--|------------------------|---------------------------------------|
| Part IV | Supplementa Part II, line 17 | I Information. C | omplete this pa | ort to provide the so complete this | e explanations red s part for any add | quired by Part II, lin | e 10, |
| | instructions) | | | | | | |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2012
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1

▶ Attach to Form 990. ▶ See separate instructions.

Employer identification number Name of the organization Montgomery County Food Bank 76-0153892 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b h Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) С 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register **2d** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 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)? In Part XIII, 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 If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

| ched | ule D (Form 990) 2012 Montgomery County Fo | | | | | | 76-015 | | | Page 2 |
|------------|--|-------------------|----------------|--------------|----------------|------------|--------------------|----------|----------|-----------|
| art | III Organizations Maintaining Co | ollections of A | Art, Hist | orical Tr | easures, oi | r Other | <u>Similar Ass</u> | ets (con | tinued | <u>d)</u> |
| 3 | Using the organization's acquisition, accessuse of its collection items (check all that ap | | records, o | check any | of the followi | ng that ai | e a significant | t | | |
| а | Public exhibition | | d [] | Loan | or exchange p | orograms | | | | |
| b | Scholarly research | | е 🗌 | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| \$ | Provide a description of the organization's Part XIII | collections and | explain h | ow they fu | rther the orga | anization' | s exempt purp | ose in | | |
| 5 | During the year, did the organization solici assets to be sold to raise funds rather than | | | | | | | ∏ Ye | es 🗌 | No |
| art | IV Escrow and Custodial Arrang | | | | | | | 990 Pa | ırt | <u> </u> |
| | IV, line 9, or reported an amoun | | • | _ | | | | | | |
| la | Is the organization an agent, trustee, custo | | | | abutions or of | her asset | s not | | | |
| · u | included on Form 990, Part X? | odian or other in | itoirriodidi | y 101 0011ti | | 4555 | .0 1.00 | ☐ Ye | es 🗀 | No |
| b | If "Yes," explain the arrangement in Part X | III and complete | e the follow | ving table | | | | | ~ Ш | |
| | , , | • | | J | | | | Amount | | |
| С | Beginning balance | | | | | 1c | | | | 0 |
| d | Additions during the year | | | | | 1d | | | | |
| е | Distributions during the year | | | | | 1e | | | | |
| f | Ending balance | | | | | 1f | | | | 0 |
| 2a | Did the organization include an amount on | Form 990, Par | t X, line 2 | 17 | | | | ☐ Ye | s X | No |
| b | If "Yes," explain the arrangement in Part X | III Check here | if the explain | anation ha | as been provi | ded in Pa | rt XIII | | | |
| art | | | | | • | | | <u> </u> | | |
| are | | (a) Current year | | or year | (c) Two years | |) Three years bac | | ur years | back |
| 1a | Beginning of year balance | 0 | | 0 | | 0 | · | 0 | | |
| b | Contributions | _ | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | - | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | • | | | |
| g | End of year balance | 0 | | 0 | | 0 | | 0 | | 0 |
| 2 | Provide the estimated percentage of the c | urrent year end | | line 1g, co | lumn (a)) hel | d as | | | | |
| а | Board designated or quasi-endowment | • | <u>%</u> | | | | | | | |
| b | Permanent endowment | <u>%</u> | | | | | | | | |
| С | Temporarily restricted endowment | % | - | | | | | | | |
| 3 - | The percentages in lines 2a, 2b, and 2c sh | | | 46 | | | d 6 4b | | | |
| 3a | Are there endowment funds not in the pos | session of the c | organizatio | n that are | neid and adi | ministered | o for the | | Yes | No |
| | organization by (i) unrelated organizations | | | | | | | 3a(i) | 162 | 140 |
| | (ii) related organizations | | | | | | | 3a(ii) | | <u> </u> |
| b | If "Yes" to 3a(ii), are the related organization | ons listed as red | nuired on : | Schedule | R? | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of | | - | | | | • | | L | L |
| art | | | | | | | | | _ | |
| | Description of property | (a) Cost or o | | ĭ | st or other | (c) Ad | cumulated | (d) B | ook valu | e |
| | | (investr | | 1 ' ' | s (other) | | reciation | ,-, 0 | | |
| 1a | Land | | 0 | | 36,524 | | | | 3 | 36,524 |
| b | Buildings | | 0 | | 372,622 | | 77,257 | | | 5,365 |
| С | Leasehold improvements | | 0 | | O | | 0 | | | 0 |
| d | Equipment | | 0 | | 760,966 | | 404,273 | | 35 | 6,693 |

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

0

688,582

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| Part VII | Investments—Other Securi | <u>ties. See Form 990, Part X</u> | , line 12. | |
|---------------------|--|-----------------------------------|--|---|
| (a) | Description of security or category (including name of security) | (b) Book value | (c) Method of val Cost or end-of-year m | |
| (1) Financial of | derivatives | 0 | | |
| ` ' | eld equity interests | 0 | | |
| | · · | | | |
| (4) | | ==- | | |
| (B) | | | | |
| (C) | | - | | · ·· · <u>· · · · · · · · · · · · · · ·</u> |
| (<u>D</u>) | | - | | |
| (E) | | - | | |
| (F) | | - | | |
| (G) (H) | | - | | |
| ר" (ו) מביר דרם: | | - | | |
| | must equal Form 990, Part X, col (B) line 12) | > | | |
| Part VIII | Investments—Program Rel | <u> </u> | · · · · · · · · · · · · · · · · · · · | |
| (6 | a) Description of investment type | (b) Book value | (c) Method of val Cost or end-of-year m | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | " |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
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| (8) | · · · · · · · · · · · · · · · · · · · | | | |
| (9) | | | | |
| (10) | | <u> </u> | | |
| | |) Dart V line 45 | <u> </u> | |
| Part IX | Other Assets. See Form 990 | | | (h) Dook volve |
| (1) | | (a) Description | | (b) Book value |
| (2) | | | ··· | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | • | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | (1) 15 000 B (1) | 1 (5) (15) | | |
| Part X | nn (b) must equal Form 990, Part X, | | > | 0 |
| - | Other Liabilities. See Form (a) Description of liability | (b) Book value | | |
| 1. (1) Federal | income taxes | (b) Book Value | 1 | |
| (2) | mome taxes | | 1 | |
| (3) | | | 1 | |
| (4) | | | 1 | |
| (5) | | | 1 | |
| (6) | | | | |
| (7) | | | 1 | |
| (8) | | | 1 | |
| (9) | | | 4 | |
| (10) | | | 4 | |
| (11) | | | 4 | |
| | must equal Form 990, Part X, col (B) line 25) | 0 | <u> </u> | |
| | 740) Footnote. In Part XIII, provide the text positions under FIN 48 (ASC 740) Check | | | anization's liability |

| ociieu | ale b (Form 990) 2012 Wichtgomery County Food Bank | | 76-0153892 | Page 4 |
|--------|--|--------------------|------------|------------|
| Pari | XI Reconciliation of Revenue per Audited Financial Statements | s With Revenue per | Return | |
| 1 | Total revenue, gains, and other support per audited financial statements | - <u>-</u> - | 1 | 12,245,863 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| а | Net unrealized gains on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| С | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| е | Add lines 2a through 2d | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | 3 | 12,245,863 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| С | Add lines 4a and 4b | | 4c | 0 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | 5 | 12,245,863 |
| Part | XII Reconciliation of Expenses per Audited Financial Statemen | ts With Expenses p | er Return | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 12,187,819 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | _ | | |
| а | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments . | 2b | | |
| С | Other losses . | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| е | Add lines 2a through 2d | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | 3 | 12,187,819 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| С | Add lines 4a and 4b | _ | 4c | 0 |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | 5 | 12,187,819 |
| Pari | XIII Supplemental Information | | <u>-</u> | - |
| Part \ | olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II | | | 2b, |
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| Schedule D (Form | 990) 2012 | Montgomery Co | unty Food Bank | | | 76-0153892 | Page 5 |
|---|-----------|---------------|-----------------|-----|-----------------|------------|----------------|
| Part XIII | Supple | mental Inform | ation (continue | ed) | | | |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Inspection

Employer identification number

| Montgomery County Food Bank | <u> 76-0153892 </u> |
|---|---|
| Form 990 Part VI Section A Line 10 The Board of Directors reviews Form 990 prior to filing | |
| Form 990 Part XI Line 2c The Audit Committee for the organization is composed of the Board of | |
| Directors It is the Audit Committee's responsibility to ensure all necessary records are made | |
| available to the independent auditor and the audit of the financial statments is done in an | |
| efficient manner | |
| Form 990 Section B Line 15a The Board of Directors reviews the salary of the Executive | |
| Director and all other personnel on an annual basis | |
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| Schedule O (Form 990 or 990-EZ) (2012) | Page 2 |
|---|--------------------------------|
| Name of the organization | Employer identification number |
| Montgomery County Food Bank | 76-0153892 |
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