

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)

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization THE FOOD BANK FOR CENTRAL & NORTHEAST MISSOURI, INC.
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 2101 VANDIVER DRIVE _____
 City or town, state or country, and ZIP + 4
 COLUMBIA MO 65202

D Employer identification number
43-1238934

E Telephone number
573-474-1020

G Gross receipts \$ 41,169,434

F Name and address of principal officer:
 PEGGY KIRKPATRICK
 2101 VANDIVER DRIVE
 COLUMBIA MO 65202

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (3) (insert no.) 4947(a)(1) or 527

J Website: WWW.CENTRALMOFOODBANK.ORG

K Type of organization: Corporation Trust Association Other **L Year of formation:** 1981 **M State of legal domicile:** MO

H(c) Group exemption number _____

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
See Schedule O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	25
4 Number of independent voting members of the governing body (Part VI, line 1b)	25
5 Total number of employees (Part V, line 2a)	51
6 Total number of volunteers (estimate if necessary)	21000
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	34,758,604	40,852,247
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	308	94,484
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	96,322	94,243
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,855,234	41,040,974
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,199,626	1,394,135
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) u 604,406		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	32,799,859	38,380,258
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	33,999,485	39,774,393
19 Revenue less expenses. Subtract line 18 from line 12	855,749	1,266,581
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	4,788,906	6,475,694
21 Total liabilities (Part X, line 26)	235,752	655,959
22 Net assets or fund balances. Subtract line 21 from line 20	4,553,154	5,819,735

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 Here

Signature of officer _____ Date _____
 PEGGY KIRKPATRICK EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature _____ Date 06/16/10
 Check if self-employed Preparer's identifying number (see instructions) P00529082
 Firm's name (or yours if self-employed), address, and ZIP + 4 Gerding, Korte & Chitwood, PC, CPA's
 20 South Fifth Street
 Columbia, MO 65201
 EIN **u** 43-1260512
 Phone no. **u** 573-449-1599

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

See Schedule O

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

Yes No

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

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

Yes No

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

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

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

4a (Code:) (Expenses \$ 38,769,429 including grants of \$) (Revenue \$) THE CENTRAL MISSOURI FOOD BANK PARTNERS WITH 135 HUNGER RELIEF AGENCIES IN A 32 COUNTY SERVICE AREA HELPING TO FEED APPROXIMATELY 95,000 PEOPLE PER MONTH. IN ADDITION, CMFB PARTNERED WITH 80 ELEMENTARY SCHOOLS THROUGH A PROGRAM CALLED BUDDY PACKS. FOOD IS SENT HOME WITH CHILDREN OVER WEEKENDS AND HOLIDAY PERIODS. IN 2009, APPROXIMATELY 3,800 STUDENTS WERE HELPED EACH WEEK. LAST YEAR, CMFB DISTRIBUTED 24,412,857 POUNDS OF FOOD WITH A WHOLESALE VALUE OF \$38,572,314.

4b (Code:) (Expenses \$ 194,768 including grants of \$) (Revenue \$) THE CENTRAL PANTRY SERVES LOW-INCOME PEOPLE IN NEED PRIMARILY IN BOONE COUNTY. INDIVIDUALS CAN RECEIVE FOOD ONCE PER MONTH UNLESS THERE IS EXTENUATING CIRCUMSTANCES. IN 2009, CENTRAL PANTRY PROVIDED FOOD TO 20,464 UNDUPLICATED CLIENTS REPRESENTING A 7% INCREASE IN ONE YEAR. AVERAGE NUMBER OF PEOPLE HELPED EACH MONTH WAS 9,368. TOTAL POUNDS OF FOOD DISTRIBUTED WAS 3,973,579.

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

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses u 38,964,197

Part IV Checklist of 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		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	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. • Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part 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.	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
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):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: u See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources 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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	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 arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed u None
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: u PEGGY KIRKPATRICK 2101 VANDIVER DRIVE

COLUMBIA

MO 65202

573-474-1020

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JIM BORNHAUSER	1.00	X						0	0	0
JANE BELL	1.00	X						0	0	0
MARTHA DRAGICH	1.00	X						0	0	0
RON DUVALL	1.00	X						0	0	0
LAURA ERDEL	1.00	X						0	0	0
JAY FISHER	1.00	X						0	0	0
SHIRLEY JOHNSON	1.00	X						0	0	0
RON KELLEY	1.00	X						0	0	0
MARIEL LIGGETT	1.00	X						0	0	0
DAVID MACHENS	1.00	X						0	0	0
SARAH MAGUFFEE	1.00	X						0	0	0
SCOTT MALEDY	1.00	X						0	0	0
TERESA MALEDY	1.00	X						0	0	0
MIMI MCROBERTS	1.00	X						0	0	0
ROGER MITCHELL	1.00	X						0	0	0
RON ORR	1.00	X						0	0	0
KEN PETTERSON	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOEL POOR	1.00	X						0	0	0
JOE PRIESMEYER	1.00	X						0	0	0
SHARA RUNYAN	1.00	X						0	0	0
KAREN TOUZEAU	1.00	X						0	0	0
DOREEN TRECHA	1.00	X						0	0	0
TODD WEYLER	1.00	X						0	0	0
CHUCK WILMS	1.00	X						0	0	0
STACEY WOELFEL	1.00	X						0	0	0
PEGGY KIRKPATRICK EXEC DIR	40.00			X				78,605	0	7,435
SHARI RILEY ASSOC. DIR.	40.00			X				35,838	0	2,092
1b Total							u	114,443		9,527

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 327,347					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 2,859,378					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 37,665,522					
	g Noncash contributions included in lines 1a-1f: \$ 37,361,272						
	h Total. Add lines 1a-1f	u	40,852,247				
	Program Service Revenue	2a	Busn. Code				
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u					
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u	303			303
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross Rents	(i) Real	107,867				
		(ii) Personal					
	b Less: rental exps.	36,368					
	c Rental inc. or (loss)	71,499					
	d Net rental income or (loss)	u	71,499			71,499	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other	186,273				
	b Less: cost or other basis & sales exps.		92,092				
	c Gain or (loss)		94,181				
	d Net gain or (loss)	u	94,181	94,181			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events	u					
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b						
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue	Busn. Code						
11a MISCELLANEOUS REVENUE		22,744			22,744		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u	22,744					
12 Total Revenue. See instructions.	u	41,040,974	94,181	0	94,546		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
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, trustees, and key employees	114,443	17,919	57,221	39,303
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	997,312	670,559	29,834	296,919
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	185,684	130,441	14,739	40,504
10 Payroll taxes	96,696	64,005	6,970	25,721
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	10,978		10,978	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	168,735	43,753	27,318	97,664
14 Information technology				
15 Royalties				
16 Occupancy	213,572	210,989	2,583	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	37,479	35,972	1,507	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	132,573	132,573		
23 Insurance	2,190		2,155	35
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a COST OF FOOD DISTRIBUTION	37,079,668	37,079,668		
b TRANSPORTATION	560,356	560,356		
c SUPPORT SERVICES	148,219		44,830	103,389
d MISCELLANEOUS	20,828	12,302	7,655	871
e EQUIPMENT	5,660	5,660		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	39,774,393	38,964,197	205,790	604,406
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	15,008	1	1,105
	2	Savings and temporary cash investments	118,810	2	64,502
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	34,472	4	27,150
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,450,441	8	2,032,437
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,752,905		
	b	Less: accumulated depreciation	10b 1,402,405	10c	4,350,500
	11	Investments—publicly traded securities		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	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,788,906	16	6,475,694	
Liabilities	17	Accounts payable and accrued expenses	221,986	17	188,768
	18	Grants payable		18	
	19	Deferred revenue	8,333	19	8,333
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	458,858
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	5,433	25	
	26	Total liabilities. Add lines 17 through 25	235,752	26	655,959
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	4,544,506	27	5,819,735
	28	Temporarily restricted net assets	8,648	28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	4,553,154	33	5,819,735	
34	Total liabilities and net assets/fund balances	4,788,906	34	6,475,694	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

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

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

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

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

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

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

Separate basis Consolidated basis Both consolidated and separate basis

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

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

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

Name of the organization THE FOOD BANK FOR CENTRAL & NORTHEAST MISSOURI, INC.	Employer identification number 43-1238934
---	--

Organization type (check one):

- Filers of: Section:
- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ► \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE FOOD BANK FOR CENTRAL &	Employer identification number 43-1238934
--	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	USDA - FOOD DONATIONS 1400 INDEPENDENCE AVENUE, SW WASHINGTON DC 20250	\$ 2,262,349	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE FOOD BANK FOR CENTRAL &	Employer identification number 43-1238934
--	---

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	FOOD INVENTORY	\$ 2,262,349
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: THE FOOD BANK FOR CENTRAL & NORTHEAST MISSOURI, INC. Employer identification number: 43-1238934

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Questions 1-9 regarding conservation easements, including checkboxes for various purposes and a table for 'Held at the End of the Tax Year'.

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.

Questions 1a-1b and 2a-2b regarding collections of art, historical treasures, or other similar assets.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

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

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

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment **u** _____ %
 - b** Permanent endowment **u** _____ %
 - c** Term endowment **u** _____ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------------|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		324,124		324,124
b Buildings				
c Leasehold improvements				
d Equipment		5,428,781	1,402,405	4,026,376
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			u	4,350,500

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	41,040,974
2	Total expenses (Form 990, Part IX, column (A), line 25)	39,774,393
3	Excess or (deficit) for the year. Subtract line 2 from line 1	1,266,581
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	1,266,581

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	41,054,979
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d 14,005
e	Add lines 2a through 2d	2e 14,005
3	Subtract line 2e from line 1	3 41,040,974
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 41,040,974

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	39,788,398
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d 14,005
e	Add lines 2a through 2d	2e 14,005
3	Subtract line 2e from line 1	3 39,774,393
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 39,774,393

Part XIV Supplemental Information

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

<u>Part XI, Line 8 - Reconciliation of Changes - Other</u>	
<u>ALLOCATED TO RENTAL</u>	\$ 14,005
<u>DEPRECIATION CORRECTION</u>	\$ 841
<u>ALLOCATED TO RENTAL</u>	\$ -14,005
<u>Book / Tax Depreciation Difference</u>	\$ -841
<u>Part XII, Line 2d - Revenue Amounts Included in Financials - Other</u>	

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

**Open To Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization **THE FOOD BANK FOR CENTRAL &
NORTHEAST MISSOURI, INC.** Employer identification number
43-1238934

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	2	88,467	FAIR VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	881	37,272,805	FEEDING AMERICA VALUATION
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u (.....)				
26 Other u (.....)				
27 Other u (.....)				
28 Other u (.....)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 2

	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 the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

u Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization THE FOOD BANK FOR CENTRAL &
NORTHEAST MISSOURI, INC.

Employer identification number
43-1238934

Amended Return Explanation

THE RETURN IS BEING AMENDED TO PROPERLY REPORT RELATED PARTY INFORMATION
REGARDING THE BOARD OF DIRECTORS.

Form 990 - Organization's Mission or Most Significant Activities

THE CENTRAL MISSOURI FOOD BANK NETWORK, INC. (CMFB) BRINGS COMMUNITY
RESOURCES TOGETHER TO FEED PEOPLE IN NEED THROUGH EMPOWERMENT, EDUCATION
AND PARTNERSHIPS. (CONTINUED ON SCHEDULE O)

CMFB DOES NOT CHARGE FOR FOOD IT DISTRIBUTES TO MEMBER AGENCIES AND
LIKEWISE MEMBER AGENCIES DO NOT CHARGE FOR FOOD THEY DISTRIBUTE TO PEOPLE
IN NEED. CMFB'S FOOD DISTRIBUTION IS TARGETED TO THOSE AT GREATEST RISK OF
HUNGER - LOW INCOME SENIOR CITIZENS, CHILDREN IN POVERTY, WORKING POOR
FAMILIES AND INDIVIDUALS WHO LIVE AT OR BELOW FEDERALLY ESTABLISHED POVERTY
INCOME GUIDELINES. CMFB IS A HUNGER RELIEF NETWORK DISTRIBUTING FREE FOOD
TO 145 CHARITABLE AND DISASTER RELIEF PROGRAMS AND 71 ELEMENTARY SCHOOLS IN
32 COUNTIES OF CENTRAL, NORTH CENTRAL AND NORTHEAST MISSOURI.

Form 990, Part I, Line 6

VOLUNTEERS DONATED 46,221 HOURS OF SERVICE TO CMFB.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

SCOTT MALEDY

TERESA MALEDY

DIRECTOR

DIRECTOR

FAMILY

Name of the organization

THE FOOD BANK FOR CENTRAL &

Employer identification number

43-1238934

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

THE 990 AND 990T WILL BE PROVIDED TO EACH BOARD MEMBER ELECTRONICALLY PRIOR TO AND IN HARD COPY THE DAY OF A REGULARLY SCHEDULED BOARD MEETING.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

CONFLICT OF INTEREST QUESTIONNAIRES ARE UPDATED EACH YEAR AND KEPT ON FILE IN THE PERMANENT RECORDS. CONFLICT OF INTEREST QUESTIONNAIRES ARE REVIEWED BY EXISTING BOARD MEMBERS IN THE LAST QUARTER OF EACH YEAR AND NEW BOARD MEMBERS ARE PROVIDED THE FORM AS A PART OF THE BOARD ORIENTATION PROCESS CONDUCTED BY THE RESOURCE ACQUISITION COMMITTEE.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

THE EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS. CMFB'S WAGE AND SALARY PROGRAM IS DESIGNED TO RECOGNIZE INDIVIDUAL PERFORMANCE WHILE INSURING CONFORMANCE TO APPLICABLE LAWS AND PREVAILING COMMUNITY, REGIONAL AND INDUSTRY WAGE RATES. IT IS THE POLICY OF CMFB TO MAINTAIN AN EQUITABLE PAY SYSTEM BASED UPON PREVAILING COMMUNITY STANDARDS AND THE ORGANIZATION'S ABILITY TO PAY. EACH POSITION IS REVIEWED ON AN ANNUAL BASIS AND PLACED IN A JOB GRADE WHICH HAS A MINIMUM AND MAXIMUM STARTING RANGE. (THE MINIMUM AND MAXIMUM RANGE IS EVALUATED ON AN ANNUAL BASIS AND ADJUSTED AS REQUIRED). SUPERVISORS ARE RESPONSIBLE FOR PERFORMANCE REVIEW AND WILL MAKE A WAGE INCREASE RECOMMENDATION BASED ON THE EMPLOYEE'S PERFORMANCE WITHIN THE GUIDELINES ADMINISTERED BY THE BOARD OF DIRECTORS. WAGE INCREASES ARE EARNED BY PERFORMANCE AND NOT ON AUTOMATIC SCHEDULED REVIEW DATES. WAGE INCREASES ARE CONTINGENT ON FISCAL AVAILABILITY.

Name of the organization

THE FOOD BANK FOR CENTRAL &

Employer identification number

43-1238934

Form 990, Part VI, Line 15b - Compensation Process for Officers

CMFB'S WAGE AND SALARY PROGRAM IS DESIGNED TO RECOGNIZE INDIVIDUAL PERFORMANCE WHILE INSURING CONFORMANCE TO APPLICABLE LAWS AND PREVAILING COMMUNITY, REGIONAL AND INDUSTRY WAGE RATES. IT IS THE POLICY OF CMFB TO MAINTAIN AN EQUITABLE PAY SYSTEM BASED UPON PREVAILING COMMUNITY STANDARDS AND THE ORGANIZATION'S ABILITY TO PAY. EACH POSITION IS REVIEWED ON AN ANNUAL BASIS AND PLACED IN A JOB GRADE WHICH HAS A MINIMUM AND MAXIMUM STARTING RANGE. (THE MINIMUM AND MAXIMUM RANGE IS EVALUATED ON AN ANNUAL BASIS AND ADJUSTED AS REQUIRED). SUPERVISORS ARE RESPONSIBLE FOR PERFORMANCE REVIEW AND WILL MAKE A WAGE INCREASE RECOMMENDATION BASED ON THE EMPLOYEE'S PERFORMANCE WITHIN THE GUIDELINES ADMINISTERED BY THE BOARD OF DIRECTORS. WAGE INCREASES ARE EARNED BY PERFORMANCE AND NOT ON AUTOMATIC SCHEDULED REVIEW DATES. WAGE INCREASES ARE CONTINGENT ON FISCAL AVAILABILITY.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST FROM CMFB. THE 990 AND 990T ARE AVAILABLE FOR REVIEW ON GUIDESTAR.COM.

Schedule O - Additional Information

THE FOOD BANK HAD OVER 21,000 VOLUNTEERS WHO DONATED A TOTAL OF 50,423 HOURS DURING 2009.

Depreciation and Amortization
 (Including Information on Listed Property)

(99) **u See separate instructions.** **u Attach to your tax return.**

Name(s) shown on return **THE FOOD BANK FOR CENTRAL & NORTHEAST MISSOURI, INC.** Identifying number **43-1238934**

Business or activity to which this form relates
Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	118,961

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	14,453
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	133,414
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25
26 Property used more than 50% in a qualified business use:
2002 CHEVROLET CAVALIER 09/25/09 100.00% 2,500 2,500 5.0 S/L- 125
2009 FREIGHTLINER 03/12/09 100.00% 85,967 85,967 5.0 S/L- 14,328
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 14,453
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) (a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions):
43 Amortization of costs that began before your 2009 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

Depreciation and Amortization
 (Including Information on Listed Property)

(99) **u See separate instructions.** **u Attach to your tax return.**

Name(s) shown on return **THE FOOD BANK FOR CENTRAL & NORTHEAST MISSOURI, INC.** Identifying number **43-1238934**

Business or activity to which this form relates
2101 VANDIVER

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	17,606

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	17,606
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

For calendar year 2009, or tax year beginning , and ending

Name
THE FOOD BANK FOR CENTRAL &
NORTHEAST MISSOURI, INC.

Employer Identification Number
43-1238934

Form 990, Part X, Line 23 - Additional Information

Name of lender	Relationship to disqualified person
(1) BOONE COUNTY NATIONAL BANK	
(2) AMEREN UE	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 1,000,000	01/20/09	01/20/12	MONTHLY PMTS OF \$6,052.59	5.390
(2) 20,962		12/25/14	MONTHLY PMTS OF \$349.37	0.000
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) VANDIVER BUILDING & FOOD PANTRY	IMPROVEMENTS TO PANTRY
(2)	PAY UTILITIES DUE TO EQUIP ERROR
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		437,896
(2)		20,962
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals		458,858

Public Charity Status and Public Support

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization **THE FOOD BANK FOR CENTRAL & NORTHEAST MISSOURI, INC.** Employer identification number **43-1238934**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

h Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(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.")	29,149,480	32,239,573	36,059,893	34,758,604	40,852,247	173,059,797
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	29,149,480	32,239,573	36,059,893	34,758,604	40,852,247	173,059,797
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						173,059,797

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	29,149,480	32,239,573	36,059,893	34,758,604	40,852,247	173,059,797
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,414	1,898	4,988	308	108,170	116,778
9 Net income from unrelated business activities, whether or not the business is regularly carried on	43,744	58,847	72,439	76,278	21,744	273,052
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	11,349	26,677	19,635	18,437		76,098
11 Total support. Add lines 7 through 10						173,525,725

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) **14** 99.73%

15 Public support percentage from 2008 Schedule A, Part II, line 14 **15** 99.75%

16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(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 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

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

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Part II, Line 10 - Other Income Detail

OTHER REVENUE \$ 76,098

Area with horizontal dotted lines for supplemental information.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	EQUIPMENT	2/01/88	36,200			36,200	5 MO S/L	36,200	0
2	EQUIPMENT	7/01/90	2,060			2,060	5 MO S/L	2,060	0
3	FORKLIFT	11/01/90	20,823			20,823	5 MO S/L	20,823	0
4	CABINETS	1/01/92	92			92	10 MO S/L	92	0
5	2 BOOK CASES	1/01/92	281			281	10 MO S/L	281	0
6	OFFICE DESK	1/01/92	134			134	10 MO S/L	134	0
7	COUNTER	1/01/92	205			205	10 MO S/L	205	0
8	WOOD HUTCH	1/01/92	132			132	10 MO S/L	132	0
9	STEEL COUNTER	1/01/92	276			276	10 MO S/L	276	0
10	REFRIGERATOR	1/01/92	405			405	10 MO S/L	405	0
11	CABINET	1/01/92	130			130	10 MO S/L	130	0
12	FREEZER	1/01/92	116			116	10 MO S/L	116	0
13	STEEL CABINET	1/01/92	143			143	10 MO S/L	143	0
14	COAT CABINET	1/01/92	114			114	10 MO S/L	114	0
15	FREEZER	1/01/92	288			288	10 MO S/L	288	0
16	COOLER	1/01/92	360			360	10 MO S/L	360	0
17	SCALE	1/01/92	154			154	10 MO S/L	154	0
18	COOLER	1/01/92	352			352	10 MO S/L	352	0
19	FREEZER WALK-IN	1/01/92	1,950			1,950	10 MO S/L	1,950	0
20	FREEZER - 3 DOOR	1/01/92	270			270	10 MO S/L	270	0
21	CHEST FREEZER	1/01/92	315			315	10 MO S/L	315	0
22	COOLER	1/01/92	360			360	10 MO S/L	360	0
23	FLAT CART	1/01/92	68			68	10 MO S/L	68	0
24	IMPROVEMENTS	1/01/92	21,688			21,688	30 MO S/L	11,777	603
	Mass Sale: 11/06/09								
25	PANTRY BUILDING	1/01/93	90,491			90,491	30 MO S/L	46,752	2,514
	Mass Sale: 11/06/09								
26	IMPROVEMENTS	1/01/93	28,285			28,285	30 MO S/L	14,615	785
	Mass Sale: 11/06/09								
27	LAND	1/01/93	10,055			10,055	0 -- Land	0	0
	Mass Sale: 11/06/09								
28	OFFICE FURNITURE	3/01/93	265			265	5 MO S/L	265	0
29	IMPROVEMENTS	1/01/94	15,098			15,098	30 MO S/L	7,548	420
	Mass Sale: 11/06/09								
30	FLOOR SCALE	2/11/94	2,975			2,975	10 MO S/L	2,975	0
31	OFFICE PANELS	4/15/94	350			350	10 MO S/L	350	0
32	FORD BOX TRUCK	1/01/95	22,805			22,805	5 MO S/L	22,805	0
33	misc	1/01/95	3,415			3,415	5 MO S/L	3,415	0
34	BLDG IMPROVEMENTS	1/01/95	600			600	30 MO S/L	270	17
	Mass Sale: 11/06/09								
35	BLDG IMPROVEMENTS	1/01/96	925			925	30 MO S/L	386	25
	Mass Sale: 11/06/09								
36	SEMI-TRAILER	6/15/96	7,000			7,000	5 MO S/L	7,000	0
37	IMPROVEMENTS	1/13/97	108			108	30 MO S/L	45	3
	Mass Sale: 11/06/09								
38	1 DESK WORKSTATION	1/17/97	410			410	5 MO S/L	410	0
39	REPACK MACHINE	4/09/97	3,898			3,898	5 MO S/L	3,898	0
40	1994 DODGE CARAVAN	4/24/97	16,500			16,500	5 MO S/L	16,500	0
41	EQUIPMENT	6/01/97	300			300	5 MO S/L	300	0
42	2 PALLET JACKS	6/13/97	950			950	5 MO S/L	950	0
43	FORKLIFT CHARGER/ADAPTER	8/04/97	1,483			1,483	5 MO S/L	1,483	0
44	COOLER - RESCO	11/12/97	8,390			8,390	5 MO S/L	8,390	0
45	TM17 FORKLIFT	11/25/97	27,982			27,982	5 MO S/L	27,982	0
46	1997 CHEVROLET C70	12/17/97	36,275			36,275	5 MO S/L	36,275	0
47	LIFT GATE FOR TRUCK	1/26/98	785			785	5 MO S/L	785	0
48	FURNITURE	7/13/98	280			280	5 MO S/L	280	0
49	3 STAINLESS STEEL TABLES	7/17/98	1,735			1,735	5 MO S/L	1,735	0
50	LAPTOP COMPUTER	8/12/98	1,500			1,500	5 MO S/L	1,500	0
51	1998 GMC TRUCK	9/24/98	56,838			56,838	5 MO S/L	56,838	0
52	VAN	10/01/98	6,500			6,500	5 MO S/L	6,500	0
53	PALLET CART	12/14/98	425			425	5 MO S/L	425	0
54	TRAILER	12/15/98	11,000			11,000	5 MO S/L	11,000	0
55	COMPRESSOR	7/01/99	2,038			2,038	10 MO S/L	1,936	102
56	COOLER	7/01/99	2,498			2,498	10 MO S/L	2,373	125
57	METAL BINS	7/01/99	1,115			1,115	7 MO S/L	1,115	0
58	FREEZER	7/01/99	5,000			5,000	10 MO S/L	4,750	250
59	BUILDING IMPROVEMENTS	7/01/99	8,950			8,950	30 MO S/L	2,834	248
	Mass Sale: 11/06/09								
60	COMPUTER SYSTEM	12/28/99	16,700			16,700	5 MO S/L	16,700	0
61	PREPAID ACQUISITION COSTS	6/29/00	120,264			120,264	40 MO S/L	18,040	3,006

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
62	COMPUTER	7/01/00	3,000			3,000	5 MO S/L	3,000	0
63	CONST IN PROG - ARCHITECTURAL FE	1/02/01	7,500			7,500	40 MO S/L	1,125	188
64	01(O2) IHC 4700 REFRIG BOX TRUCK	5/15/01	66,424			66,424	5 MO S/L	66,424	0
65	CAPITOL CITY TELECOM	6/20/01	8,504			8,504	5 MO S/L	8,504	0
66	90 INTL TRACTOR	6/26/01	10,000			10,000	5 MO S/L	10,000	0
67	4X4 FLOOR SCALE & RAMP	12/14/01	1,903			1,903	5 MO S/L	1,903	0
68	98 FORD TRACTOR (AM 2ND HARVEST	12/18/01	15,000			15,000	5 MO S/L	15,000	0
69	CONST IN PROG - CROCKETT ENGINEE	12/27/01	4,251			4,251	40 MO S/L	638	106
70	PRODUCE WRAPPER	12/27/01	537			537	5 MO S/L	537	0
71	PRODUCE SHELF	12/27/01	293			293	5 MO S/L	293	0
72	FLOOR SCALE	12/27/01	1,911			1,911	5 MO S/L	1,911	0
73	PLATFORM SCALE	12/27/01	622			622	5 MO S/L	622	0
74	RAIL GATE	12/27/01	3,695			3,695	5 MO S/L	3,695	0
75	HAND TRUCKS	12/27/01	180			180	5 MO S/L	180	0
76	ENGINEERING	12/27/01	6,100			6,100	5 MO S/L	6,100	0
77	PALLET JACK	12/27/01	2,275			2,275	5 MO S/L	2,275	0
78	PLATFORM CARTS	12/27/01	497			497	5 MO S/L	497	0
79	HAND JACKS	12/27/01	470			470	5 MO S/L	470	0
80	91 (90) GREAT DANE REEFER TRAILER	1/14/02	5,833			5,833	5 MO S/L	5,833	0
81	LIFT GATE, 4000 LBS	6/18/02	7,815			7,815	5 MO S/L	7,815	0
82	FLOOR SCRUBBER	10/17/02	1,500			1,500	5 MO S/L	1,500	0
83	2101 VANDIVER ARCHITECT FEES	11/08/02	14,984			14,984	40 MO S/L	2,248	374
84	MOVE MORESOURCE	11/14/02	8,121			8,121	40 MO S/L	1,218	203
85	COPIER (DI620)	12/03/02	85,800			85,800	5 MO S/L	85,800	0
86	DELL COMPUTER	12/03/02	3,958			3,958	5 MO S/L	3,958	0
87	68 OLDS TUDOR	12/04/02	9,850			9,850	0 -- Memo	0	0
88	FIREBOX SOFTWARE	12/04/02	368			368	3 MO S/L	368	0
89	BACKUP EXEC SOFTWARE	12/04/02	501			501	3 MO S/L	501	0
90	SYMANTEC ANTIVIRUS 8.5 SOFTWARE	12/04/02	819			819	3 MO S/L	819	0
91	COMPUTER (CDW)	12/05/02	923			923	3 MO S/L	923	0
93	PYMTS TO STEPHEN B. SMITH	12/30/02	37,489			37,489	40 MO S/L	5,623	938
94	2101 VANDIVER RENOVATIONS	12/31/02	393,466			393,466	40 MO S/L	59,020	9,837
95	2101 VANDIVER PURCHASE	1/02/03	1,569,058			1,569,058	40 MO S/L	270,568	39,227
96	2101 VANDIVER	1/02/03	252,000			252,000	0 -- Land	0	0
97	2 DELL COMPUTERS	1/08/03	2,710			2,710	5 MO S/L	2,710	0
98	DELL COMPUTER	1/09/03	1,181			1,181	5 MO S/L	1,181	0
99	PANTRY TRUCK	1/28/03	64,155			64,155	5 MO S/L	64,155	0
100	SIGN	2/18/03	3,228			3,228	10 MO S/L	1,883	323
101	SIGN FOR PANTRY TRUCK	2/19/03	1,532			1,532	5 MO S/L	1,532	0
102	2101 VANDIVER RENOVATIONS	3/15/03	200,385			200,385	40 MO S/L	29,223	5,009
103	AIR COMPRESSOR	3/28/03	1,377			1,377	5 MO S/L	1,377	0
104	RENOVATIONS TO 2101	5/13/03	92,187			92,187	40 MO S/L	13,060	2,305
105	NAP Software	5/20/03	14,675			14,675	3 MO S/L	14,675	0
106	ARCHITECTURAL FEES	7/31/03	13,940			13,940	40 MO S/L	1,888	348
107	PARKING LOT	8/21/03	5,250			5,250	20 MO S/L	1,400	263
108	MOBILE PANTRY	12/02/03	67,361			67,361	5 MO S/L	67,361	0
109	SIGN FOR MOBILE FOOD PANTRY	5/10/04	3,600			3,600	5 MO S/L	3,360	240
110	2 DELL PENTIUM 4/3GHZ	3/22/04	1,540			1,540	5 MO S/L	1,463	77
111	2 DELL PENTIUM 4/2.8 GHZ	3/22/04	1,351			1,351	5 MO S/L	1,283	68
112	11 MULTITON ELECTR PALLET JACK	8/11/04	2,450			2,450	7 MO S/L	1,546	350
113	10 MULTITON HAND PALLET JACK	8/12/04	425			425	7 MO S/L	268	61
114	9 MULTITON HAND PALLET JACK	8/12/04	425			425	7 MO S/L	268	61
115	28 MITSUBISHI FORKLIFT FB16KT	8/07/04	20,194			20,194	7 MO S/L	12,741	2,885
116	1998 FREIGHTLINER TRUCK	8/10/04	22,000			22,000	5 MO S/L	19,433	2,567
117	DONOR WALL/LOBBY RENOVATION	7/18/05	11,198			11,198	10 MO S/L	3,826	1,120
118	99 FORD CONTOUR	4/07/05	5,900			5,900	5 MO S/L	4,425	1,180
119	2006 FORD ECONOLINE VAN	7/26/05	24,772			24,772	5 MO S/L	16,928	4,954
120	FLOOR SCRUBBER	7/21/05	8,800			8,800	5 MO S/L	6,013	1,760
121	92 GREAT DANE TRAILER	12/21/05	7,000			7,000	5 MO S/L	4,200	1,400
122	1999 FREIGHTLINER CENTURY	3/16/06	24,400			24,400	5 MO S/L	13,420	4,880
123	1997 GREAT DANE 50' TRAILER	3/21/06	17,750			17,750	5 MO S/L	9,763	3,254
Casualty/Theft: 11/16/09									
124	FURNACE & EVAP COIL	2/09/06	3,350			3,350	10 MO S/L	977	335
125	FORKLIFT SN 8JC02631	4/25/06	1,500			1,500	5 MO S/L	800	300
126	FORKLIFT SN 9JC02629	4/25/06	1,500			1,500	5 MO S/L	800	300
127	FORKS FOR FORKLIFT	5/01/06	300			300	5 MO S/L	160	60
128	WELDER	6/29/07	2,342			2,342	5 MO S/L	703	468
129	FORKLIFT EFB5B50262	1/03/08	9,079			9,079	5 MO S/L	1,816	1,816
130	FORKLIFT WITH SLIP SHEET LOADER	3/10/08	11,579			11,579	5 MO S/L	1,930	2,316
131	TELEPHONE SYSTEM	10/31/08	9,920			9,920	10 MO S/L	165	992
132	LAND IMPROVEMENT - EXCAVATING	10/07/08	7,315			7,315	15 MO S/L	122	488
133	2 CHARGER CIRCUITS AND WELDER C	1/23/08	1,297			1,297	7 MO S/L	170	185

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
134	PALLET JACKS	2/10/09	1,077			1,077	5 MO S/L	0	197
135	COMPUTER EQUIPMENT	2/09/09	30,285			30,285	5 MO S/L	0	5,552
137	AIR CONDITIONER - SERVER ROOM	5/06/09	2,459			2,459	10 MO S/L	0	164
138	PANTRY LAND	9/16/09	72,124			72,124	0 -- Land	0	0
139	PANTRY BUILDING	9/16/09	654,116			654,116	30 MO S/L	0	5,451
140	BUILDING IMPROVEMENTS	9/16/09	524,577			524,577	30 MO S/L	0	4,371
141	1998 UTILITY REEFER	10/07/09	9,900			9,900	5 MO S/L	0	495
142	1998 UTILITY REEFER	10/05/09	9,900			9,900	5 MO S/L	0	495
143	2001 MITSUBISHI LIFT TRUCK	10/21/09	9,925			9,925	5 MO S/L	0	331
144	2001 CATERPILLAR LIFT TRUCK	10/21/09	10,425			10,425	5 MO S/L	0	348
146	2001 CROWN WALKIE	10/28/09	3,950			3,950	5 MO S/L	0	132
147	2001 CROWN WALKIE	10/28/09	3,950			3,950	5 MO S/L	0	132
148	2004 CROWN WALKIE	10/28/09	2,975			2,975	5 MO S/L	0	99
149	2004 CROWN WALKIE	10/28/09	2,975			2,975	5 MO S/L	0	99
150	CROWN HAND HELD PALLET JACKS (10/28/09	2,792			2,792	5 MO S/L	0	93
151	200 AMP 30 CIRCUIT PANEL AND BRA	6/14/07	3,926			3,926	7 MO S/L	0	561
152	LIGHTING FOR SIGN AND CANOPY	9/30/07	1,691			1,691	10 MO S/L	0	169
153	ASPHALT PAVING IN FRONT LOT	6/26/07	9,000			9,000	20 MO S/L	0	450
154	8' CEDAR WOOD FENCE	6/25/07	3,400			3,400	7 MO S/L	0	486
Total Other Depreciation			<u>5,154,166</u>			<u>5,154,166</u>		<u>1,282,823</u>	<u>118,961</u>
Total ACRS and Other Depreciation			<u>5,154,166</u>			<u>5,154,166</u>		<u>1,282,823</u>	<u>118,961</u>
Listed Property:									
145	2002 CHEVROLET CAVALIER	9/25/09	2,500			2,500	5 MO S/L	0	125
136	2009 FREIGHTLINER	3/12/09	85,967			85,967	5 MO S/L	0	14,328
			<u>88,467</u>			<u>88,467</u>		<u>0</u>	<u>14,453</u>
Grand Totals			5,242,633			5,242,633		1,282,823	133,414
Less: Dispositions and Transfers			193,950			193,950		93,990	7,869
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>5,048,683</u>			<u>5,048,683</u>		<u>1,188,833</u>	<u>125,545</u>

Federal Asset Report

2101 VANDIVER

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
I	ALLOCATED PORTION OF 2101 VANDI	1/02/03	704,223			704,223	40 MO S/L	70,424	17,606
	Total Other Depreciation		<u>704,223</u>			<u>704,223</u>		<u>70,424</u>	<u>17,606</u>
	Total ACRS and Other Depreciation		<u>704,223</u>			<u>704,223</u>		<u>70,424</u>	<u>17,606</u>
	Grand Totals		704,223			704,223		70,424	17,606
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>704,223</u>			<u>704,223</u>		<u>70,424</u>	<u>17,606</u>

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>
INTEREST	\$ 303		14		
Total	<u>\$ 303</u>				

AMENDED RETURN
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2009

Department of the Treasury
Internal Revenue Service

For calendar year 2009 or other tax year beginning
ending See separate instructions.

Open to Public Inspection
for 501(c)(3) Organizations Only

Header section containing:
A Check box if address changed
B Exempt under section 501(c)(3)
C Book value of all assets at end of year: 6,475,694
D Employer identification number: 43-1238934
E Unrelated business activity codes
F Group exemption number
G Check organization type: 501(c) corporation

H Describe the organization's primary unrelated business activity: None
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of PEGGY KIRKPATRICK Telephone number 573-474-1020

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows 1a-13 for Unrelated Trade or Business Income.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows 14-34 for Deductions Not Taken Elsewhere.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34 ▶	35c	
36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ▶	36	
37 Proxy tax. See page 16 of the instructions ▶	37	
38 Alternative minimum tax	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a		
b Other credits (see page 16 of the instructions)	40b		
c General business credit. Attach Form 3800	40c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		
e Total credits. Add lines 40a through 40d	40e		
41 Subtract line 40e from line 39	41		
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other	42		
43 Total tax. Add lines 41 and 42	43		0
44a Payments: A 2008 overpayment credited to 2009	44a	726	
b 2009 estimated tax payments	44b	234	
c Tax deposited with Form 8868	44c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d		
e Backup withholding (see instructions)	44e		
f Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total u	44f		
45 Total payments. Add lines 44a through 44f	45		960
46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached <input type="checkbox"/> u	46		
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed u	47		
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid u	48		960
49 Enter the amount of line 48 you want: Credited to 2010 estimated tax u Refunded u	49		960

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 17)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here u	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year u \$		

Schedule A – Cost of Goods Sold. Enter method of inventory valuation **u**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional sec. 263A costs (attach sch.)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only

Preparer's signature _____ Date 06/16/10 Check if self-employed Preparer's SSN or PTIN P00529082

Firm's name (or yours if self-employed), address, and ZIP code Gerding, Korte & Chitwood, PC, CPA's
20 South Fifth Street
Columbia, MO 65201

EIN 43-1260512
Phone no. 573-449-1599

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions on page 18)

1. Description of property

(1) N/A
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) u

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **u**

Schedule E – Unrelated Debt-Financed Income (see instructions on page 19)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals u			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).

Total dividends-received deductions included in column 8 **u**

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross inc.	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals **u**

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals				u

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals						u

Schedule J – Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ..						u

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1) N/A						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals , Part II (lines 1-5)						u

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A			
(2)			
(3)			
(4)			
Total. Enter here and on page 1, Part II, line 14		u	

Forms 990 / 990-EZ Return Summary

For calendar year 2009, or tax year beginning _____, and ending _____

THE FOOD BANK FOR CENTRAL &
NORTHEAST MISSOURI, INC.

43-1238934

Net Asset / Fund Balance at Beginning of Year 4,553,154

Revenue

Contributions	<u>40,852,247</u>	
Program service revenue		
Investment income	<u>71,802</u>	
Capital gain / loss	<u>94,181</u>	
Special events:		
Gross revenue	_____	
Direct expenses	_____	
Net income	_____	
Other income	<u>94,243</u>	
Total revenue		<u>41,040,974</u>

Expenses

Program services	<u>38,964,197</u>	
Management and general	<u>205,790</u>	
Fundraising	<u>604,406</u>	
Total expenses		<u>39,774,393</u>
Excess / (deficit)		<u>1,266,581</u>

Other changes _____

Net Asset / Fund Balance at End of Year 5,819,735

Reconciliation of Revenue

Total revenue per financial statements	<u>41,054,979</u>
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	<u>14,005</u>
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>41,040,974</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u>39,788,398</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	<u>13,164</u>
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>39,774,393</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>4,788,906</u>	<u>6,475,694</u>	
Liabilities	<u>235,752</u>	<u>655,959</u>	
Net assets	<u><u>4,553,154</u></u>	<u><u>5,819,735</u></u>	<u>1,266,581</u>

Miscellaneous Information

Amended return X
 Return / extended due date 08/15/10
 Failure to file penalty _____

Form 990-T Return Summary

For calendar year 2009, or tax year beginning _____, and ending _____

THE FOOD BANK FOR CENTRAL &
NORTHEAST MISSOURI, INC.

43-1238934

Income

Gross profit _____
 Capital gain / loss _____
 Unrelated debt-financed income _____
 All other income _____

Total income _____

Deductions

Officer compensation _____
 Salaries _____
 All other deductions _____
 Net operating loss _____
 Specific deduction _____ 1,000

Total deductions _____ 1,000

Unrelated business taxable income _____

-1,000

Taxes / Credits / Payments

Regular tax _____
 Proxy tax _____
 Alternative minimum tax _____

Tax _____

Foreign tax credit _____
 Other credits _____
 General business credits _____
 Prior year minimum tax credit _____

Total nonrefundable credits _____

Other taxes _____

Total tax _____

Estimated tax payments _____ 960
 Paid with extension _____
 Tax withheld _____
 Other credits / payments _____
 Estimated tax penalty _____
 Overpayment applied to next year's tax _____

Payments / penalty / application _____ 960

Net tax due _____

0

Additions to Tax

Interest on late payments _____
 Failure to file penalty _____
 Failure to pay penalty _____

Total additions _____

Balance due _____

Refund _____

960

Next Year's Estimates

1st quarter _____
 2nd quarter _____
 3rd quarter _____
 4th quarter _____
Total _____

Miscellaneous Information

Amended return X
 Return / extended due date 11/15/10