

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning _____, **and ending** _____

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

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

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

G Gross receipts \$ **45,214,674**

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) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **WWW.CENTRALMOFOODBANK.ORG**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **1981**

M State of legal domicile: **MO**

H(c) Group exemption number **u**

Part I Summary

| | | | |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: See Schedule O | | |
| | 2 Check this box <input type="checkbox"/> 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) | 3 | 21 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 19 |
| | 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 5 | 49 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 26460 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 40,852,247 | 45,027,015 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 94,484 | 1,791 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 94,243 | 157,070 |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 41,040,974 | 45,185,876 |
| Expenses | 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) | 1,394,135 | 1,568,231 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | |
| | b Total fundraising expenses (Part IX, column (D), line 25) u 646,339 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 38,380,258 | 43,084,694 | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 39,774,393 | 44,652,925 | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 1,266,581 | 532,951 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 6,475,694 | 7,190,023 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 655,959 | 778,263 |
| | | 5,819,735 | 6,411,760 |

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: **PEGGY KIRKPATRICK** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **JAMES R. MCGINNIS** Preparer's signature: _____ Date: **05/11/11**
 Check if self-employed PTIN: **P00529082**

Firm's name: **Gerding, Korte & Chitwood, PC, CPA's** Firm's EIN: **43-1260512**
 Firm's address: **20 South Fifth Street Columbia, MO 65201** Phone no.: **573-449-1599**

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

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 [X] 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 [X] 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 \$ 43,462,494 including grants of \$) (Revenue \$)

THE FOOD BANK FOR CENTRAL & NORTHEAST MISSOURI PARTNERS WITH 135 HUNGER RELIEF AGENCIES IN A 32 COUNTY SERVICE AREA HELPING TO FEED APPROXIMATELY 97,000 PEOPLE PER MONTH. IN ADDITION, TFB PARTNERED WITH 117 ELEMENTARY SCHOOLS THROUGH A PROGRAM CALLED BUDDY PACKS. FOOD IS SENT HOME WITH CHILDREN OVER WEEKENDS AND HOLIDAY PERIODS. IN 2010, APPROXIMATELY 6,200 STUDENTS WERE HELPED EACH WEEK. LAST YEAR, TFB DISTRIBUTED 27,391,580 POUNDS OF FOOD WITH A WHOLESALE VALUE OF \$43,826,528.

4b (Code:) (Expenses \$ 221,295 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 2010, CENTRAL PANTRY PROVIDED FOOD TO 20,066 UNDUPLICATED CLIENTS. AVERAGE NUMBER OF PEOPLE HELPED EACH MONTH WAS 10,062. TOTAL POUNDS OF FOOD DISTRIBUTED WAS 4,508,259.

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 43,683,789

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? (see instructions) | 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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | | X |
| 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 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | X | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | | X |
| c | 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 | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, 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 |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | | 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 (see instructions) | | 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 |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | | X |
| b | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | | |

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 (or a family member thereof) 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)? | | X |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 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

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

| | | Yes | No |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. 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. (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 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 instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 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? | | |
| 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 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 | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 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 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | |
| 13b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | |
| 13c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

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.

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | |
| 1b | Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant 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? | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 11b | 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 | |
| 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 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: 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

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

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.

- 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, if any. 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 neither the organization nor any related organizations compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (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 | | | |
| (1) JIM BORNHAUSER | 1.00 | X | | | | | 0 | 0 | 0 | |
| (2) ANN LITTLEFIELD | 1.00 | X | | | | | 0 | 0 | 0 | |
| (3) MARTHA DRAGICH | 1.00 | X | | | | | 0 | 0 | 0 | |
| (4) STEVE MALONEY | 1.00 | X | | | | | 0 | 0 | 0 | |
| (5) LAURA ERDEL | 1.00 | X | | | | | 0 | 0 | 0 | |
| (6) JAY FISHER | 1.00 | X | | | | | 0 | 0 | 0 | |
| (7) SHIRLEY JOHNSON | 1.00 | X | | | | | 0 | 0 | 0 | |
| (8) RON KELLEY | 1.00 | X | | | | | 0 | 0 | 0 | |
| (9) MARIEL LIGGETT | 1.00 | X | | | | | 0 | 0 | 0 | |
| (10) DAVID MACHENS | 1.00 | X | | | | | 0 | 0 | 0 | |
| (11) STEVE SOWERS | 1.00 | X | | | | | 0 | 0 | 0 | |
| (12) SCOTT MALEDY | 1.00 | X | | | | | 0 | 0 | 0 | |
| (13) MIMI MCROBERTS | 1.00 | X | | | | | 0 | 0 | 0 | |
| (14) ROGER MITCHELL | 1.00 | X | | | | | 0 | 0 | 0 | |
| (15) RON ORR | 1.00 | X | | | | | 0 | 0 | 0 | |
| (16) 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 (describe hours for related organizations in Schedule O) | (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 | | | |
| (17) JOEL POOR | 1.00 | X | | | | | | 0 | 0 | 0 |
| (18) JOE PRIESMEYER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (19) SHARA RUNYAN | 1.00 | X | | | | | | 0 | 0 | 0 |
| (20) KAREN TOUZEAU | 1.00 | X | | | | | | 0 | 0 | 0 |
| (21) DOREEN TRECHA | 1.00 | X | | | | | | 0 | 0 | 0 |
| (22) TODD WEYLER | 1.00 | X | | | | | | 0 | 0 | 0 |
| (23) CHUCK WILMS | 1.00 | X | | | | | | 0 | 0 | 0 |
| (24) STACEY WOELFEL | 1.00 | X | | | | | | 0 | 0 | 0 |
| (25) PEGGY KIRKPATRICK EXEC DIR | 40.00 | | | X | | | | 78,027 | 0 | 7,571 |
| (26) BOBBI KINCADE DEVELOPMENT DIRECTOR | 40.00 | | | X | | | | 50,291 | 0 | 8,122 |
| (27) BRIAN OVERTON OPERATIONS DIRECTOR | 40.00 | | | X | | | | 45,901 | 0 | 3,286 |
| (28) | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 174,219 | | 18,979 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 174,219 | | 18,979 |

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 or individual 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 321,649 | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e 4,957,892 | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 39,747,474 | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 40,225,617 | | | | | |
| | h Total. Add lines 1a-1f | u 45,027,015 | | | | | |
| | Program Service Revenue | | Busn. Code | | | | |
| 2a | | | | | | | |
| 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 1,791 | | | | 1,791 | |
| | 4 Income from investment of tax-exempt bond proceeds | u | | | | | |
| | 5 Royalties | u | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a Gross Rents | 90,943 | | | | | |
| | b Less: rental exps. | 28,728 | | | | | |
| | c Rental inc. or (loss) | 62,215 | | | | | |
| | d Net rental income or (loss) | u 62,215 | 62,215 | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | b Less: cost or other basis & sales exps. | | | | | | |
| | c Gain or (loss) | | | | | | |
| | d Net gain or (loss) | u | | | | | |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | a 59,642 | | | | | |
| | b Less: direct expenses | b 70 | | | | | |
| | c Net income or (loss) from fundraising events | u 59,572 | | | | | |
| | 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 | | | 35,283 | | | 35,283 | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | u 35,283 | | | | | | |
| 12 Total revenue. See instructions. | u 45,185,876 | | 62,215 | 0 | | 37,074 | |

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 | 174,218 | 45,901 | 39,013 | 89,304 |
| 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 | 1,097,429 | 737,005 | 52,224 | 308,200 |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 193,074 | 133,260 | 16,342 | 43,472 |
| 10 Payroll taxes | 103,510 | 67,470 | 6,980 | 29,060 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 11,002 | | 11,002 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 198,267 | 53,851 | 30,754 | 113,662 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 170,657 | 170,657 | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 18,890 | 16,691 | 2,199 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 165,777 | 165,777 | | |
| 23 Insurance | 2,295 | | 2,155 | 140 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) | | | | |
| a COST OF FOOD DISTRIBUTION | 41,571,883 | 41,571,883 | | |
| b TRANSPORTATION | 701,776 | 701,776 | | |
| c SHARE THE HARVEST ALLOTME | 100,000 | | 100,000 | |
| d SUPPORT SERVICES | 82,595 | | 20,024 | 62,571 |
| e MISCELLANEOUS | 58,852 | 16,748 | 42,104 | |
| f All other expenses | 2,700 | 2,770 | | -70 |
| 25 Total functional expenses. Add lines 1 through 24f | 44,652,925 | 43,683,789 | 322,797 | 646,339 |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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 | 1,105 | 1 | 23,282 |
| | 2 Savings and temporary cash investments | 64,502 | 2 | 1,624,286 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 27,150 | 4 | 58,672 |
| | 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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 2,032,437 | 8 | 1,202,958 |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 5,851,613 | | |
| | b Less: accumulated depreciation | 10b 1,570,788 | 4,350,500 | 10c 4,280,825 |
| | 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) | | 6,475,694 | 16 | 7,190,023 |
| Liabilities | 17 Accounts payable and accrued expenses | 188,768 | 17 | 169,164 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 8,333 | 19 | |
| | 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 | 458,858 | 23 | 16,770 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities. Complete Part X of Schedule D | | 25 | 592,329 |
| | 26 Total liabilities. Add lines 17 through 25 | | 655,959 | 26 |
| 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 | 5,819,735 | 27 | 6,411,760 |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 5,819,735 | 33 | 6,411,760 |
| 34 Total liabilities and net assets/fund balances | 6,475,694 | 34 | 7,190,023 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|---|----------------------------------------------------------------------------------------------------------------|---|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 45,185,876 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 44,652,925 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 532,951 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 5,819,735 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 59,074 |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 6,411,760 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? | | X |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| 2c | 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. | X | |
| 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 separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? | X | |
| 3b | 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. | X | |

Schedule of Contributors

u Attach to Form 990, 990-EZ, or 990-PF.

2010

| | |
|-------------------------------------------------------------------------------------|----------------------------------------------|
| 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 on line H 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 | US DEPT OF HEALTH/HUMAN SVCS 200 INDEPENDENCE AVE, S.W. WASHINGTON DC 20201 | \$ 4,519,049 | Person <input checked="" 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.) |

| | |
|-----------------------------------------------------|----------------------------------------------|
| 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 | \$ 1,780,204 | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2010

Department of the Treasury Internal Revenue Service

u Attach to Form 990. u See separate instructions.

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-6 for various metrics and questions.

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

Form for Part II with checkboxes for purposes of conservation easements 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.

Form for Part III with questions 1a, 1b, 2, and 2a, 2b regarding art and historical treasures.

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? | 3b | |

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

Part VI 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 | | 5,527,489 | 1,570,788 | 3,956,701 |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | u | 4,280,825 |

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | u | |

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---------------------------------------------------------------------------|----------------|--------------------------------------------------------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | u | |

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

| (a) Description | (b) Book value |
|---------------------------------------------------------------------------|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | u |

Part X Other Liabilities. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Amount | |
|---------------------------------------------------------------------------|------------------|--|
| (1) Federal income taxes | | |
| (2) REFUNDABLE ADVANCES | 592,329 | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| (11) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | u 592,329 | |

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

| | | | |
|----|------------------------------------------------------------------------------------------|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 45,185,876 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 44,652,925 |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 532,951 |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | -1 |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | -1 |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 532,950 |

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

| | | | |
|---|---------------------------------------------------------------------------------|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 45,185,946 |
| 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 | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 45,185,946 |
| 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 | -70 |
| c | Add lines 4a and 4b | 4c | -70 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 45,185,876 |

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

| | | | |
|---|----------------------------------------------------------------------------------|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 44,652,996 |
| 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 | 71 |
| e | Add lines 2a through 2d | 2e | 71 |
| 3 | Subtract line 2e from line 1 | 3 | 44,652,925 |
| 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 | 44,652,925 |

Part XIV Supplemental Information

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

Part XI, Line 8 - Reconciliation of Changes - Other

| | | |
|----------------------------------------|----|-----|
| DIRECT EXPENSES NETTED AGAINST REVENUE | \$ | 70 |
| DIRECT EXPENSES NETTED AGAINST REVENUE | \$ | -70 |
| Book / Tax Depreciation Difference | \$ | -1 |

Part XII, Line 4b - Revenue Amounts Included on Return - Other

| | | |
|----------------------------------------|----|-----|
| DIRECT EXPENSES NETTED AGAINST REVENUE | \$ | -70 |
|----------------------------------------|----|-----|

Part XIV Supplemental Information (continued)

.....
Part XIII, Line 2d - Expense Amounts Included in Financials - Other

DIRECT EXPENSES NETTED AGAINST REVENUE \$ 70

Book / Tax Depreciation Difference \$ 1

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
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 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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

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

| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--------------|-----------------------------------------------------------|---------------|----------------------------------------------------------------|----|-----------------------------------|-------------------------------------------------------------------|---------------------------------------------------|
| | | | Yes | No | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| Total | | | | | | | |

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

.....

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|----------------------------------------------------------------------|----------------------------------------------------------------------|------------------------|------------------------|------------------|---------------------------------|
| | | <u>PARTNERSHIP AGA</u> | <u>HOLIDAY FOOD/FU</u> | <u>None</u> | (add col. (a) through col. (c)) |
| | | (event type) | (event type) | (total number) | |
| Revenue | 1 Gross receipts | 33,250 | 26,392 | | 59,642 |
| | 2 Less: Charitable contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 33,250 | 26,392 | | 59,642 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | | 70 | | 70 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 70 |
| 11 Net income summary. Combine line 3, column (d), and line 10 | | | | 59,572 | |

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

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

9 Enter the state(s) in which the organization operates gaming activities:
 a Is the organization licensed to operate gaming activities in each of these states? 9a Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Yes No

b If "Yes," explain:

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2010

**Open To Public
Inspection**

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 or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|------------------------------------------------------------|----------------------------|-----------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------|
| 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 | 9,600 | FAIR VALUE |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 1 | 5,490 | FAIR VALUE |
| 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 | 1028 | 40,210,527 | 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** 0

| | 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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

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

Form 990 - Organization's Mission or Most Significant Activities

THE FOOD BANK FOR CENTRAL & NORTHEAST MISSOURI, INC. (THE FOOD BANK) BRINGS
COMMUNITY RESOURCES TOGETHER TO FEED PEOPLE IN NEED THROUGH EMPOWERMENT,
EDUCATION AND PARTNERSHIPS. THE FOOD BANK 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. THE FOOD BANK'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. THE
FOOD BANK 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 11b - Organization's Process to Review Form 990

THE 990 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

Name of the organization

THE FOOD BANK FOR CENTRAL &

Employer identification number

43-1238934

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.

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

Name of the organization

THE FOOD BANK FOR CENTRAL &

Employer identification number

43-1238934

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 THE FOOD BANK.

Form 990, Part XI, Line 5 - Other Changes in Net Assets Explanation

THE FINANCIAL STATEMENTS AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2009,
 HAVE BEEN RESTATED TO CORRECTLY RECORD A GRANT RECEIVABLE ITEM AND RELATED
 REVENUE FOR RECOVERY ACT FUNDS EXPENDED IN FISCAL YEAR 2009.

Like-Kind Exchanges
(and section 1043 conflict-of-interest sales)

Department of the Treasury
Internal Revenue Service

⚡ Attach to your tax return.

Name(s) shown on tax return

THE FOOD BANK FOR CENTRAL &
NORTHEAST MISSOURI, INC.

Identifying number

43-1238934

Part I Information on the Like-Kind Exchange

Note: If the property described on line 1 or line 2 is real or personal property located outside the United States, indicate the country.

1 Description of like-kind property given up:

98 FORD TRACTOR (AM 2ND HARVEST)

2 Description of like-kind property received:

2007 FREIGHTLINER C120

3 Date like-kind property given up was originally acquired (month, day, year)

| | |
|----------|----------|
| 3 | 12/18/01 |
|----------|----------|

4 Date you actually transferred your property to other party (month, day, year)

| | |
|----------|----------|
| 4 | 09/29/10 |
|----------|----------|

5 Date like-kind property you received was identified by written notice to another party (month, day, year). See instructions for 45-day written identification requirement

| | |
|----------|----------|
| 5 | 09/29/10 |
|----------|----------|

6 Date you actually received the like-kind property from other party (month, day, year). See instructions

| | |
|----------|----------|
| 6 | 09/29/10 |
|----------|----------|

7 Was the exchange of the property given up or received made with a related party, either directly or indirectly (such as through an intermediary)? See instructions. If "Yes," complete Part II. If "No," go to Part III

Yes No

Part II Related Party Exchange Information

8 Name of related party

Relationship to you

Related party's identifying number

Address (no., street, and apt., room, or suite no., city or town, state, and ZIP code)

9 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did the related party sell or dispose of any part of the like-kind property received from you (or an intermediary) in the exchange or transfer property into the exchange, directly or indirectly (such as through an intermediary), that became your replacement property?

Yes No

10 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of any part of the like-kind property you received?

Yes No

If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is **not** the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 **unless** one of the exceptions on line 11 applies.

11 If one of the exceptions below applies to the disposition, check the applicable box:

- a The disposition was after the death of either of the related parties.
- b The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange.
- c You can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax avoidance as one of its principal purposes. If this box is checked, attach an explanation (see instructions).

Name(s) shown on tax return. Do not enter name and social security number if shown on other side.

Your social security number

THE FOOD BANK FOR CENTRAL & NORTHEAST MISSOURI, INC.

43-1238934

Part III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received

Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or other (not like-kind) property, see Reporting of multi-asset exchanges in the instructions.

Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise, go to line 15.

Table with 5 columns: Line number, Description, Sub-column 1, Sub-column 2, Total. Rows 12-25 include FMV, adjusted basis, gain/loss, cash received, FMV of like-kind property, and basis of like-kind property received.

Part IV Deferral of Gain From Section 1043 Conflict-of-Interest Sales

Note: This part is to be used only by officers or employees of the executive branch of the Federal Government or judicial officers of the Federal Government (including certain spouses, minor or dependent children, and trustees as described in section 1043) for reporting nonrecognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest requirements. This part can be used only if the cost of the replacement property is more than the basis of the divested property.

Table with 5 columns: Line number, Description, Sub-column 1, Sub-column 2, Total. Rows 26-38 include certificate number, descriptions of divested and replacement property, date sold, sales price, basis of divested property, realized gain, cost of replacement property, deferred gain, and basis of replacement property.

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 instructions) | 1 | 500,000 |
| 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 | 2,000,000 |
| 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 2009 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 2011. 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 instructions)

| | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 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 | 148,080 |

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 2010 | 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 u <input type="checkbox"/> | | |

Section B—Assets Placed in Service During 2010 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 2010 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 | 17,693 |
| 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 | 165,773 |
| 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, 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? 24b If "Yes," is the evidence written? 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) 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- 500 2009 FREIGHTLINER 03/12/09 100.00% 85,967 85,967 5.0 S/L- 17,193 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 17,693 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) 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? 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? 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

42 Amortization of costs that begins during your 2010 tax year (see instructions): 43 Amortization of costs that began before your 2010 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

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 instructions) | 1 | 500,000 |
| 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 | 2,000,000 |
| 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 2009 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 2011. 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 instructions)

| | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 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 | 17,605 |

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 2010 | 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 u <input type="checkbox"/> | | |

Section B—Assets Placed in Service During 2010 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 2010 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 | 17,605 |
| 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 2010, 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 | 16,770 |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Totals | 458,858 | 16,770 |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

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) | | |

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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 | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2010

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) u | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 32,239,573 | 36,059,893 | 34,758,604 | 40,852,247 | 45,027,015 | 188,937,332 |
| 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 | 32,239,573 | 36,059,893 | 34,758,604 | 40,852,247 | 45,027,015 | 188,937,332 |
| 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 | | | | | | 188,937,332 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) u | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|
| 7 Amounts from line 4 | 32,239,573 | 36,059,893 | 34,758,604 | 40,852,247 | 45,027,015 | 188,937,332 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,898 | 4,988 | 308 | 108,170 | 1,791 | 117,155 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 58,847 | 72,439 | 76,278 | 21,744 | 34,283 | 263,591 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 26,677 | 19,635 | 18,437 | | | 64,749 |
| 11 Total support. Add lines 7 through 10 | | | | | | 189,382,827 |

12 Gross receipts from related activities, etc. (see instructions) **12** 150,585

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 2010 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.76 % |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 | 15 | 99.73 % |

16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) u | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (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 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|-------------------------------------------------------------------------------------------------------|-----------|---|
| 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests—2010. 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—2009. 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. Also complete this part for any additional information. (See instructions).

Part II, Line 10 - Other Income Detail

OTHER REVENUE \$ 64,749

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 |
| 28 | OFFICE FURNITURE | 3/01/93 | 265 | | | | 265 | 5 | MO S/L | 265 | 0 |
| 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 |
| 36 | SEMI-TRAILER | 6/15/96 | 7,000 | | | | 7,000 | 5 | MO S/L | 7,000 | 0 |
| 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 | 2,038 | 0 |
| 56 | COOLER | 7/01/99 | 2,498 | | | | 2,498 | 10 | MO S/L | 2,498 | 0 |
| 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 | 5,000 | 0 |
| 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 | 21,046 | 3,007 |
| 62 | COMPUTER | 7/01/00 | 3,000 | | | | 3,000 | 5 | MO S/L | 3,000 | 0 |
| 63 | CONST IN PROG - ARCHITECTURAL FF | 1/02/01 | 7,500 | | | | 7,500 | 40 | MO S/L | 1,313 | 187 |
| 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 |
| | | Traded: 9/29/10 | | | | | | | | | |
| 69 | CONST IN PROG - CROCKETT ENGINEER | 12/27/01 | 4,251 | | | | 4,251 | 40 | MO S/L | 744 | 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 |

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 |
|-------|-----------------------------------|--------------------|-----------|----------|------------------|-------------------|---------------|---------|---------|
| 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 | 2,622 | 375 |
| 84 | MOVE Moresource | 11/14/02 | 8,121 | | | 8,121 | 40 MO S/L | 1,421 | 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 | 6,561 | 937 |
| 94 | 2101 VANDIVER RENOVATIONS | 12/31/02 | 393,466 | | | 393,466 | 40 MO S/L | 68,857 | 9,836 |
| 95 | 2101 VANDIVER PURCHASE | 1/02/03 | 1,569,058 | | | 1,569,058 | 40 MO S/L | 309,795 | 39,226 |
| 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 | 2,206 | 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 | 34,232 | 5,010 |
| 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 | 15,365 | 2,304 |
| 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 | 2,236 | 349 |
| 107 | PARKING LOT | 8/21/03 | 5,250 | | | 5,250 | 20 MO S/L | 1,663 | 262 |
| 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 | 3,600 | 0 |
| 110 | 2 DELL PENTIUM 4/3GHZ | 3/22/04 | 1,540 | | | 1,540 | 5 MO S/L | 1,540 | 0 |
| 111 | 2 DELL PENTIUM 4/2.8 GHZ | 3/22/04 | 1,351 | | | 1,351 | 5 MO S/L | 1,351 | 0 |
| 112 | 11 MULTITON ELECTR PALLET JACK | 8/11/04 | 2,450 | | | 2,450 | 7 MO S/L | 1,896 | 349 |
| 113 | 10 MULTITON HAND PALLET JACK | 8/12/04 | 425 | | | 425 | 7 MO S/L | 329 | 61 |
| 114 | 9 MULTITON HAND PALLET JACK | 8/12/04 | 425 | | | 425 | 7 MO S/L | 329 | 61 |
| 115 | 28 MITSUBISHI FORKLIFT FB16KT | 8/07/04 | 20,194 | | | 20,194 | 7 MO S/L | 15,626 | 2,885 |
| 116 | 1998 FREIGHTLINER TRUCK | 8/10/04 | 22,000 | | | 22,000 | 5 MO S/L | 22,000 | 0 |
| 117 | DONOR WALL/LOBBY RENOVATION | 7/18/05 | 11,198 | | | 11,198 | 10 MO S/L | 4,946 | 1,120 |
| 118 | 99 FORD CONTOUR | 4/07/05 | 5,900 | | | 5,900 | 5 MO S/L | 5,605 | 295 |
| 119 | 2006 FORD ECONOLINE VAN | 7/26/05 | 24,772 | | | 24,772 | 5 MO S/L | 21,882 | 2,890 |
| 120 | FLOOR SCRUBBER | 7/21/05 | 8,800 | | | 8,800 | 5 MO S/L | 7,773 | 1,027 |
| 121 | 92 GREAT DANE TRAILER | 12/21/05 | 7,000 | | | 7,000 | 5 MO S/L | 5,600 | 1,400 |
| 122 | 1999 FREIGHTLINER CENTURY | 3/16/06 | 24,400 | | | 24,400 | 5 MO S/L | 18,300 | 4,880 |
| 124 | FURNACE & EVAP COIL | 2/09/06 | 3,350 | | | 3,350 | 10 MO S/L | 1,312 | 335 |
| 125 | FORKLIFT SN 8JC02631 | 4/25/06 | 1,500 | | | 1,500 | 5 MO S/L | 1,100 | 300 |
| 126 | FORKLIFT SN 9JC02629 | 4/25/06 | 1,500 | | | 1,500 | 5 MO S/L | 1,100 | 300 |
| 127 | FORKS FOR FORKLIFT | 5/01/06 | 300 | | | 300 | 5 MO S/L | 220 | 60 |
| 128 | WELDER | 6/29/07 | 2,342 | | | 2,342 | 5 MO S/L | 1,171 | 468 |
| 129 | FORKLIFT EFB5B50262 | 1/03/08 | 9,079 | | | 9,079 | 5 MO S/L | 3,632 | 1,815 |
| 130 | FORKLIFT WITH SLIP SHEET LOADER | 3/10/08 | 11,579 | | | 11,579 | 5 MO S/L | 4,246 | 2,315 |
| 131 | TELEPHONE SYSTEM | 10/31/08 | 9,920 | | | 9,920 | 10 MO S/L | 1,157 | 992 |
| 132 | LAND IMPROVEMENT - EXCAVATING | 10/07/08 | 7,315 | | | 7,315 | 15 MO S/L | 610 | 487 |
| 133 | 2 CHARGER CIRCUITS AND WELDER C | 1/23/08 | 1,297 | | | 1,297 | 7 MO S/L | 355 | 185 |
| 134 | PALLET JACKS | 2/10/09 | 1,077 | | | 1,077 | 5 MO S/L | 197 | 216 |
| 135 | COMPUTER EQUIPMENT | 2/09/09 | 30,285 | | | 30,285 | 5 MO S/L | 5,552 | 6,057 |
| 137 | AIR CONDITIONER - SERVER ROOM | 5/06/09 | 2,459 | | | 2,459 | 10 MO S/L | 164 | 246 |
| 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 | 5,451 | 21,804 |
| 140 | BUILDING IMPROVEMENTS | 9/16/09 | 524,577 | | | 524,577 | 30 MO S/L | 4,371 | 17,486 |
| 141 | 1998 UTILITY REEFER | 10/07/09 | 9,900 | | | 9,900 | 5 MO S/L | 495 | 1,980 |
| 142 | 1998 UTILITY REEFER | 10/05/09 | 9,900 | | | 9,900 | 5 MO S/L | 495 | 1,980 |
| 143 | 2001 MITSUBISHI LIFT TRUCK | 10/21/09 | 9,925 | | | 9,925 | 5 MO S/L | 331 | 1,985 |
| 144 | 2001 CATERPILLAR LIFT TRUCK | 10/21/09 | 10,425 | | | 10,425 | 5 MO S/L | 348 | 2,085 |
| 146 | 2001 CROWN WALKIE | 10/28/09 | 3,950 | | | 3,950 | 5 MO S/L | 132 | 790 |
| 147 | 2001 CROWN WALKIE | 10/28/09 | 3,950 | | | 3,950 | 5 MO S/L | 132 | 790 |
| 148 | 2004 CROWN WALKIE | 10/28/09 | 2,975 | | | 2,975 | 5 MO S/L | 99 | 595 |
| 149 | 2004 CROWN WALKIE | 10/28/09 | 2,975 | | | 2,975 | 5 MO S/L | 99 | 595 |
| 150 | CROWN HAND HELD PALLET JACKS (1 | 10/28/09 | 2,792 | | | 2,792 | 5 MO S/L | 93 | 558 |
| 151 | 200 AMP 30 CIRCUIT PANEL AND BRAI | 6/14/07 | 3,926 | | | 3,926 | 7 MO S/L | 561 | 561 |
| 152 | LIGHTING FOR SIGN AND CANOPY | 9/30/07 | 1,691 | | | 1,691 | 10 MO S/L | 169 | 169 |
| 153 | ASPHALT PAVING IN FRONT LOT | 6/26/07 | 9,000 | | | 9,000 | 20 MO S/L | 450 | 450 |
| 154 | 8' CEDAR WOOD FENCE | 6/25/07 | 3,400 | | | 3,400 | 7 MO S/L | 486 | 485 |

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 |
|------------------------------------------|-----------------------------------|--------------------|------------------|-------|------------------|-------------------|---------------|------------------|----------------|
| 156 | LCD 1080P TV AND WALL MOUNT | 5/25/10 | 1,178 | | | 1,178 | 5 MO S/L | 0 | 137 |
| 157 | 2000 USED TRAILMOBILE REFRIGERA | 5/19/10 | 9,000 | | | 9,000 | 5 MO S/L | 0 | 1,050 |
| 158 | 1995 FORD VAN | 6/08/10 | 4,600 | | | 4,600 | 5 MO S/L | 0 | 537 |
| 159 | DRIVE IN RACKING SYSTEM | 9/23/10 | 6,795 | | | 6,795 | 5 MO S/L | 0 | 340 |
| 160 | STRETCH WRAPPER & RAMP | 9/20/10 | 4,315 | | | 4,315 | 5 MO S/L | 0 | 216 |
| 161 | 1989 CHEVROLET TRUCK | 12/23/10 | 5,000 | | | 5,000 | 5 MO S/L | 0 | 0 |
| 162 | 1998 CROWN UNITS - 40GPW | 10/28/10 | 2,000 | | | 2,000 | 5 MO S/L | 0 | 67 |
| 163 | COBRA HAND TRUCK / PALLET JACK | 11/08/10 | 2,570 | | | 2,570 | 5 MO S/L | 0 | 86 |
| 164 | 2010 CROWN UNITS - WALKIE PALLET | 11/24/10 | 4,089 | | | 4,089 | 5 MO S/L | 0 | 68 |
| 165 | FASCIA REPAIR - INSULATION/NEW TI | 10/26/10 | 32,304 | | | 32,304 | 15 MO S/L | 0 | 359 |
| 166 | 2007 FREIGHTLINER C120 | 9/29/10 | 39,400 | | | 39,400 | 5 MO S/L | 0 | 1,970 |
| 167 | A/C UNIT - PRIOR RENTAL UNIT | 11/01/10 | 2,458 | | | 2,458 | 6 MO S/L | 0 | 68 |
| Total Other Depreciation | | | <u>5,073,925</u> | | | <u>5,073,925</u> | | <u>1,299,925</u> | <u>148,080</u> |
| Total ACRS and Other Depreciation | | | <u>5,073,925</u> | | | <u>5,073,925</u> | | <u>1,299,925</u> | <u>148,080</u> |
| Listed Property: | | | | | | | | | |
| 145 | 2002 CHEVROLET CAVALIER | 9/25/09 | 2,500 | | | 2,500 | 5 MO S/L | 125 | 500 |
| 136 | 2009 FREIGHTLINER | 3/12/09 | 85,967 | | | 85,967 | 5 MO S/L | 14,328 | 17,193 |
| | | | <u>88,467</u> | | | <u>88,467</u> | | <u>14,453</u> | <u>17,693</u> |
| Grand Totals | | | 5,162,392 | | | 5,162,392 | | 1,314,378 | 165,773 |
| Less: Dispositions and Transfers | | | 15,000 | | | 15,000 | | 15,000 | 0 |
| Less: Start-up/Org Expense | | | 0 | | | 0 | | 0 | 0 |
| Net Grand Totals | | | <u>5,147,392</u> | | | <u>5,147,392</u> | | <u>1,299,378</u> | <u>165,773</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: | | | | | | | | | |
| 1 | ALLOCATED PORTION OF 2101 VANDI | 1/02/03 | 704,223 | | | 704,223 | 40 MO S/L | 88,030 | 17,605 |
| | Total Other Depreciation | | <u>704,223</u> | | | <u>704,223</u> | | <u>88,030</u> | <u>17,605</u> |
| | Total ACRS and Other Depreciation | | <u>704,223</u> | | | <u>704,223</u> | | <u>88,030</u> | <u>17,605</u> |
| | Grand Totals | | 704,223 | | | 704,223 | | 88,030 | 17,605 |
| | Less: Dispositions and Transfers | | 0 | | | 0 | | 0 | 0 |
| | Less: Start-up/Org Expense | | 0 | | | 0 | | 0 | 0 |
| | Net Grand Totals | | <u>704,223</u> | | | <u>704,223</u> | | <u>88,030</u> | <u>17,605</u> |

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> | <u>US Obs (\$ or %)</u> |
|--------------------|------------------------|------------------------------------|---------------------------|------------------------|-----------------------------------|-----------------------------|
| INTEREST | \$ <u>1,791</u> | | 14 | | | |
| Total | \$ <u><u>1,791</u></u> | | | | | |

Federal Statements**Form 990, Part IX, Line 24f - All Other Expenses**

| <u>Description</u> | <u>Total Expenses</u> | <u>Program Service</u> | <u>Management & General</u> | <u>Fund Raising</u> |
|-----------------------|---------------------------|----------------------------|-------------------------------------|-------------------------|
| EQUIPMENT | \$ 2,770 | \$ 2,770 | \$ | \$ |
| LESS: EVENT INSURANCE | -70 | | | -70 |
| Total | <u>\$ 2,700</u> | <u>\$ 2,770</u> | <u>\$ 0</u> | <u>\$ -70</u> |

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning, 2010, and ending, 20

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions on back.**

2010

Department of the Treasury
Internal Revenue Service

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

Name and title of officer **PEGGY KIRKPATRICK
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

| | | |
|---------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b <u>45,185,876</u> |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) | 5b _____ |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Gerding, Korte & Chitwood, PC, CPA' to enter my PIN 08934 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature } _____ Date } 04/11/11

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 43618115999
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } _____ Date } _____

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

GERDING, KORTE & CHITWOOD, PC, CPA's
Tax Return Engagement Letter for: THE FOOD BANK FOR CENTRAL &
NORTHEAST MISSOURI, INC.

We appreciate the opportunity to work with you and to advise you regarding your income tax. To ensure a complete understanding between us, we are setting forth the pertinent information about the services which we propose to provide.

We will prepare your 2010 return from information which you will furnish to us. We will also render accounting and bookkeeping assistance if necessary for the preparation of the return. You represent that the information you are supplying to us is accurate and complete to the best of your knowledge. We will not audit or otherwise verify the data you submit, although we may need to ask you for clarification.

You have the final responsibility for the tax return; please review it carefully before you sign and file it.

Our work in connection with the preparation of the return does not include any procedures designed to discover defalcations or other irregularities, should any exist. Likewise, we do not warrant the accuracy of any valuations used in the preparation of the return. Should we discover any irregularities, errors, or omissions on this or a prior year return, we will bring them to your attention. We will use our judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. Please contact us should you like additional information about these penalties.

If an extension of time to file is required, any tax that may be due with this return must be paid with that extension. Any amounts not paid by the filing deadline may be subject to interest and late payment penalties.

Our fee for these services will be based upon the amount of time required at our hourly billing rates, plus out-of-pocket expenses.. All invoices are due upon presentation.

Your return may be selected for review by the taxing authorities. Any adjustments proposed by the examining agent are subject to certain rights of appeal. In the event of such examination, we will be available to represent you under a separate engagement.

If the foregoing fairly sets forth your understanding, please sign this letter in the space indicated and return it to our office. We want to express our appreciation for this opportunity to work with you.

Accepted by: _____ (client signature)

Date: _____

Critical Messages

None

Electronic Filing

None

Informational Messages

- Form 990, Part X, line 27 end of year unrestricted fund balance is calculated.
- Form 4562, Part V, answer the listed property questions.
- If Schedule B is required, enter data on Screen SchB instead of Screen Income.
- Form 4562, Section B may be required; review return for completeness.
- Preparer 'JAMES R. MCGINNIS'
- Force field entered with data "1" on Screen SchM
- Force field entered with data "1028" on Screen SchM
- Force field entered with data "2" on Screen SchM
- Force field entered with data "165,777" on Screen Exp-2

Missing Data

| | Prior Year Data |
|----------------------------------------------------------------------------|-----------------|
| General and Year End Information | |
| <input type="checkbox"/> Name change | X |
| Functional Expenses | |
| <input type="checkbox"/> M/G occupancy | 2,583 |
| Unrelated Business Income Payments and Estimates | |
| <input type="checkbox"/> 990-T, 4th payment date | 12/01/09 |
| <input type="checkbox"/> 990-T, 4th payment amount | 234 |
| <input type="checkbox"/> 990-T, prior year overpayment | 726 |
| Rent and Royalty Income and Expenses (2101 VANDIVER) | |
| <input type="checkbox"/> Repairs | 4,170 |
| <input type="checkbox"/> Other expenses | 4,055 |
| Extensions | |
| <input type="checkbox"/> Extended due date 1st ext | 8/15/10 |
| <input type="checkbox"/> 990T, 1st extended due date | 11/15/10 |
| Notes and Bonds (BOONE COUNTY NATIONAL BANK) | |
| <input type="checkbox"/> EOY-amount of note | 437,896 |
| Unrelated Business Income Penalties | |
| <input type="checkbox"/> Prior year tax 990-T | 954 |
| List of Officers, Directors, Trustees, Etc. - Other (BOBBI KINCADE) | |
| <input type="checkbox"/> Program service | 17,919 |
| <input type="checkbox"/> Management & General | 17,919 |
| Balance Sheet - Liabilities and Equity | |
| <input type="checkbox"/> Deferred revenue - EOY | 8,333 |
| <input type="checkbox"/> Temporarily restricted - BOY | 8,648 |
| <input type="checkbox"/> Other liabilities - BOY | 5,433 |

Forms 990 / 990-EZ Return Summary

For calendar year 2010, or tax year beginning _____, and ending _____

THE FOOD BANK FOR CENTRAL &
NORTHEAST MISSOURI, INC.

43-1238934

| | | |
|------------------------------------------------------|-----------------------------|-------------------|
| Net Asset / Fund Balance at Beginning of Year | | <u>5,819,735</u> |
| Revenue | | |
| Contributions | <u>45,027,015</u> | |
| Program service revenue | <u> </u> | |
| Investment income | <u>64,006</u> | |
| Capital gain / loss | <u> </u> | |
| Special events: | | |
| Gross revenue | <u>59,642</u> | |
| Direct expenses | <u>70</u> | |
| Net income | <u>59,572</u> | |
| Other income | <u>157,070</u> | |
| Total revenue | | <u>45,185,876</u> |
| Expenses | | |
| Program services | <u>43,683,789</u> | |
| Management and general | <u>322,797</u> | |
| Fundraising | <u>646,339</u> | |
| Total expenses | | <u>44,652,925</u> |
| Excess / (deficit) | | <u>532,951</u> |
| Other changes | | <u>59,074</u> |
| Net Asset / Fund Balance at End of Year | | <u>6,411,760</u> |

| Reconciliation of Revenue | |
|----------------------------------------|-----------------------------|
| Total revenue per financial statements | <u>45,185,946</u> |
| Less: | |
| Unrealized gains | <u> </u> |
| Donated services | <u> </u> |
| Recoveries | <u> </u> |
| Other | <u> </u> |
| Plus: | |
| Investment expenses | <u> </u> |
| Other | <u>-70</u> |
| Total revenue per return | <u>45,185,876</u> |

| Reconciliation of Expenses | |
|-----------------------------------------|-----------------------------|
| Total expenses per financial statements | <u>44,652,996</u> |
| Less: | |
| Donated services | <u> </u> |
| Prior year adjustments | <u> </u> |
| Losses | <u> </u> |
| Other | <u>70</u> |
| Plus: | |
| Investment expenses | <u> </u> |
| Other | <u> </u> |
| Total expenses per return | <u>44,652,925</u> |

| Balance Sheet | | | |
|---------------|------------------|------------------|----------------|
| | Beginning | Ending | Differences |
| Assets | <u>6,475,694</u> | <u>7,190,023</u> | |
| Liabilities | <u>655,959</u> | <u>778,263</u> | |
| Net assets | <u>5,819,735</u> | <u>6,411,760</u> | <u>592,025</u> |

Miscellaneous Information

Amended return _____
Return / extended due date 05/16/11
Failure to file penalty _____