

Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 **07/01, 2010**, and ending **06/30, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE FOODBANK, INC.			D Employer identification number 86-1082880
	Doing Business As			E Telephone number (937) 461-7060
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ 8,180,678.
	427 WASHINGTON STREET			
City or town, state or country, and ZIP + 4 DAYTON, OH 45402			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: MICHELLE RILEY 427 WASHINGTON STREET DAYTON, OH 45402			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number
J Website: WWW.THEFOODBANKDAYTON.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 2004	M State of legal domicile: OH

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS COMMITTED TO ALLEVIATING HUNGER IN ITS COMMUNITY.		
	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	9.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9.
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	6	15.
	6 Total number of volunteers (estimate if necessary)	6	659.
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,848,470.	8,124,081.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,320.	25,323.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,110.	31,274.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,890,900.	8,180,678.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,244,906.	6,404,026.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	704,221.	673,878.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)		0.
	b Total fundraising expenses (Part IX, column (D), line 25) 127,861.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	381,308.	472,869.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,330,435.	7,550,773.
19 Revenue less expenses. Subtract line 18 from line 12	560,465.	629,905.	
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)	3,127,794.	3,812,091.
	22 Net assets or fund balances. Subtract line 21 from line 20	45,862.	56,823.
		3,081,932.	3,755,268.

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		11/16/11
	Signature of officer	Date
	Michelle L. Riley	
	Type or print name and title	

Preparer Use Only	Print/Type preparer's name Mary T. Colagale	Preparer's signature 	Date 11/08/2011	Check if self-employed <input type="checkbox"/>	PTIN P00197566
	Firm's name BRADY, WARE & SCHOENFELD, INC.	Firm's EIN 35-1476702		Phone no. 937-223-5247	
	Firm's address ONE SOUTH MAIN STREET, SUITE 600 DAYTON, OH 45402-2088				

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

1 Briefly describe the organization's mission:

THE FOODBANK IS COMMITTED TO RELIEVING HUNGER THROUGH THE ACQUISITION AND DISTRIBUTION OF FOOD TO HUNGRY PEOPLE THROUGHOUT THE MIAMI VALLEY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: 1) (Expenses \$ 7,131,001. including grants of \$ 6,404,026.) (Revenue \$)

THE ORGANIZATION IS COMMITTED TO ALLEVIATING HUNGER IN ITS COMMUNITY. THE ORGANIZATION ACHIEVES THIS COMMITMENT THROUGH THE DISTRIBUTION OF FOOD COMMODITIES TO MEMBER AGENCIES PRIMARILY IN MONTGOMERY COUNTY, OHIO. THE ORGANIZATION DISTRIBUTED 1,504,406 CASES OF FOOD.

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

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 7,131,001.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No response boxes. Rows include questions 21 through 38 regarding grants, compensation, bond issues, and organizational structure.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, sub-question, and Yes/No responses. Includes questions 1a-13b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 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?; 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; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 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 OH,
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. [X] Own website [X] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, 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: MICHELLE RILEY 427 WASHINGTON STREET DAYTON, OH 45402 937-461-7060

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 organization 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) MARY L. HEDRICK CHAIR	1.00	X					0.	0	0.	
(2) TONY M ALEXANDER VICE-CHAIR	1.00	X					0.	0	0.	
(3) JEFFREY SOULE SECRETARY	1.00	X					0.	0	0.	
(4) PETER GUNDERSON BOARD MEMBER	1.00	X					0.	0	0.	
(5) DONNA R. COOPER BOARD MEMBER	1.00	X					0.	0	0.	
(6) JOHN MARRINAN BOARD MEMBER	1.00	X					0.	0	0.	
(7) JENNIFER MCCORMICK BOARD MEMBER	1.00	X					0.	0	0.	
(8) TERESA MARRINAN BOARD MEMBER	1.00	X					0.	0	0.	
(9) MARILYN HORTON BOARD MEMBER	1.00	X					0.	0	0.	
(10) BURMA THOMAS CHIEF OPERATING OFFICER	40.00			X	X		91,910.		13,309.	
(11) MICHELLE RILEY EXECUTIVE DIRECTOR	40.00			X						
(12)										
(13)										
(14)										
(15)										
(16)										

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)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total							91,910.	0.	13,309.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							91,910.	0	13,309.	

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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 **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 188,291.					
	b	Membership dues	1b 206,847.					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e 312,605.					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 7,416,338.					
	g	Noncash contributions included in lines 1a-1f: \$	6,107,319.					
	h	Total. Add lines 1a-1f ▶		8,124,081.				
Program Service Revenue				Business Code				
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f ▶			0.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		25,323.			25,323.	
	4	Income from investment of tax-exempt bond proceeds ▶		0.				
	5	Royalties ▶		0.				
	6a			(i) Real	(ii) Personal			
		Gross Rents						
		b Less: rental expenses						
		c Rental income or (loss)						
	d	Net rental income or (loss) ▶		0.				
	7a			(i) Securities	(ii) Other			
		Gross amount from sales of assets other than inventory						
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
	d	Net gain or (loss) ▶		0.				
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a				
		b Less: direct expenses		b				
c Net income or (loss) from fundraising events ▶			0.					
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 ▶			0.				
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 ▶			0.				
Miscellaneous Revenue			Business Code					
11a	MISCELLANEOUS	900099	31,274.			31,274.		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d ▶			31,274.				
12	Total revenue. See instructions ▶			8,180,678.			56,597.	

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 . . .	6,404,026.	6,404,026.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	107,350.	37,572.	53,675.	16,103.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	396,994.	286,866.	73,787.	36,341.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,548.	2,642.	3,774.	1,132.
9 Other employee benefits	115,648.	80,950.	23,701.	10,997.
10 Payroll taxes	46,338.	30,129.	11,441.	4,768.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	19,898.		19,898.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	2,320.		2,320.	
g Other	52,225.	11,018.	37,717.	3,490.
12 Advertising and promotion	0.			
13 Office expenses	93,793.	34,805.	14,057.	44,931.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	103,363.	77,522.	25,841.	
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	5,457.	4,093.	1,364.	
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	10,283.		10,283.	
23 Insurance	13,101.	9,826.	3,275.	
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 MEMBERSHIP FEES	20,029.	20,029.		
b VEHICLE, R&M, EQUIPMENT	84,842.	82,009.	1,712.	1,121.
c MISC GOODS DISPERSEMENTS	37,787.	37,787.		
d MISCELLANEOUS	21,484.	3,440.	9,066.	8,978.
e OTHER FOOD DISTRIBUTIONS	8,287.	8,287.		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	7,550,773.	7,131,001.	291,911.	127,861.
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	912,333.	1	1,601,549.
	2 Savings and temporary cash investments	1,480,971.	2	1,433,830.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	70,062.	4	33,278.
	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	432,260.	8	430,549.
	9 Prepaid expenses and deferred charges		9	
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 403,230.		
	b Less: accumulated depreciation	10b 338,723.	29,241.	10c 64,507.
	11 Investments - publicly traded securities	202,927.	11	248,378.
	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)	3,127,794.	16	3,812,091.	
Liabilities	17 Accounts payable and accrued expenses	45,862.	17	56,823.
	18 Grants payable		18	
	19 Deferred revenue		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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	45,862.	26	56,823.
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	1,915,779.	27	2,560,627.
	28 Temporarily restricted net assets	1,166,153.	28	1,194,641.
	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	3,081,932.	33	3,755,268.	
34 Total liabilities and net assets/fund balances	3,127,794.	34	3,812,091.	

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	8,180,678.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,550,773.
3	Revenue less expenses. Subtract line 2 from line 1	3	629,905.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,081,932.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	43,431.
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	3,755,268.

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 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.

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

Name of the organization

Employer identification number

THE FOODBANK, INC.

86-1082880

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?
 - (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).

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(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) ▶	(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.")	1,208,172.	4,256,414.	6,384,562.	7,848,470.	8,124,081.	27,821,699.
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	1,208,172.	4,256,414.	6,384,562.	7,848,470.	8,124,081.	27,821,699.
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.						27,821,699.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,208,172.	4,256,414.	6,384,562.	7,848,470.	8,124,081.	27,821,699.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,604.	39,161.	36,059.	28,320.	25,323.	157,467.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			20,930.	14,110.	31,274.	66,314.
11 Total support. Add lines 7 through 10						28,045,480.
12 Gross receipts from related activities, etc. (see instructions)					12	2,526.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.20 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.10 %
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		<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I 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) ▶	(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) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10 a 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	%

19 a 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; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

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

2010

Name of the organization

Employer identification number

THE FOODBANK, INC.

86-1082880

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 FOODBANK, INC.

Employer identification number
86-1082880

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	UNITED STATE DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE AVENUE WASHINGTON, DC 20250	\$ 1,526,614.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	FEEDING AMERICA 35 EAST WACKER SUITE 2000 CHICAGO, IL 60601	\$ 3,518,692.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	OHIO ASSOC OF SECOND HARVEST FOODBANKS 35 EAST GAY STREET, SUITE 502 COLUMBUS, OH 43215	\$ 318,667.	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.)

Name of organization THE FOODBANK, INC.

Employer identification number
86-1082880

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	DONATED FOOD _____ _____ _____	\$ 1,526,614.	06/30/2011
2	DONATED FOOD _____ _____ _____	\$ 3,518,692.	06/30/2011
3	DONATED FOOD _____ _____ _____	\$ 318,667.	06/30/2011
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

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, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

Employer identification number

THE FOODBANK, INC.

86-1082880

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2010

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 XI V 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 XI V.

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 _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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				
b Buildings				
c Leasehold improvements				
d Equipment	0.	403,230.	338,723.	64,507.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				64,507.

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.) ▶		

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.) ▶		

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.) ▶	

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

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

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	8,180,678.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,550,773.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	629,905.
4	Net unrealized gains (losses) on investments	4	43,432.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	43,432.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	673,337.

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	8,221,790.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	43,432.
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	43,432.
3	Subtract line 2e from line 1	3	8,178,358.
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	2,320.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	2,320.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,180,678.

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

1	Total expenses and losses per audited financial statements	1	7,548,453.
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	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	7,548,453.
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	2,320.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	2,320.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,550,773.

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.

SEE PAGE 5

Part XIV Supplemental Information (continued)

SCHEDULE D PART X

ACCOUNTING STANDARDS REQUIRE THE EVALUATION OF TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. THIS STATEMENT PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY WHEN IT IS "MORE-LIKELY-THAN-NOT" THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED UPON THE TECHNICAL MERITS AND CONSIDERATION OF ALL AVAILABLE INFORMATION. ONCE THE RECOGNITION THRESHOLD IS MET, THE PORTION OF THE TAX BENEFIT THAT IS RECORDED REPRESENTS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50 PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT WITH A TAXING AUTHORITY. THE FEDERAL AND STATE INCOME TAX RETURNS OF THE ORGANIZATION FOR 2008, 2009, AND 2010 ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES GENERALLY FOR THREE YEARS AFTER THEIR FILING DATE. NO SIGNIFICANT UNCERTAIN TAX POSITIONS EXIST AS OF JUNE 30, 2011.

**SCHEDULE I
(Form 990)**

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

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, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

THE FOODBANK, INC.

Employer identification number

86-1082880

Part I General information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FAMILY VIOLENCE PREVENTION CENTER 380 WELLSFARME AVE KENTON, OH 45385	31-0992401			6,363.	FMV	FOOD	FOOD DISTRIBUTION TO
(2) IMMACULATE CONCEPTION 2300 S. SMITHVILLE ROAD DAYTON, OH 45120	31-0536669			23,171.	FMV	FOOD	FOOD DISTRIBUTION TO
(3) NARANATHA CHRISTIAN FELLOWSHIP 4501 WOLF ROAD DAYTON, OH 45418	31-1107354			57,540.	FMV	FOOD	FOOD DISTRIBUTION TO
(4) MIAMISBURG HELPING HANDS 224 W. MAPLE STREET P.O. BOX 3	31-1150783			96,217.	FMV	FOOD	FOOD DISTRIBUTION TO
(5) MT. CARMEL CHURCH 5370 DAYTON-LIBERTY ROAD DAYTON, OH 45418	31-1735135			149,512.	FMV	FOOD	FOOD DISTRIBUTION TO
(6) MT. OLIVE BAPTIST CHURCH 502 FONTIAC STREET DAYTON, OH 45408	31-1005627			79,761.	FMV	FOOD	FOOD DISTRIBUTION TO
(7) NEW HOPE LUTHERAN CHURCH 20AO CATALEA DRIVE DAYTON, OH 45406	31-1091099			108,094.	FMV	FOOD	FOOD DISTRIBUTION TO
(8) NORTHEAST CHURCHES 359 MARYLAND AVENUE DAYTON, OH 45404	31-0493107			101,809.	FMV	FOOD	FOOD DISTRIBUTION TO
(9) FREBLE COUNTRY FOOD PANTRY 113 S. CHERRY STREET EATON, OH 45320	31-1119178			18,849.	FMV	FOOD	FOOD DISTRIBUTION TO
(10) AFL-CIO 184 SALEM AVE DAYTON, OH 45406	31-1043414			103,296.	FMV	FOOD	FOOD DISTRIBUTION TO
(11) ASSUMPTION -SYDP 1930 FAIRPORT DAYTON, OH 45406	31-0539502			149,309.	FMV	FOOD	FOOD DISTRIBUTION TO
(12) BETHESDA TEMPLE 3701 SALEM AVENUE DAYTON, OH 45406	31-1106217			25,581.	FMV	FOOD	FOOD DISTRIBUTION TO

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

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

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

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, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

Employer identification number

THE FOODBANK, INC.

86-1082880

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CATHOLIC SOCIAL SERVICES 922 RIVERVIEW AVE DAYTON, OH 45407	31-0536645			510,968.	FMV	FOOD	FOOD DISTRIBUTION TO
(2)	EAST DAYTON FOOD PANTRY 140 STONEHILL ROAD DAYTON, OH 45409	31-2167731			89,412.	FMV	FOOD	FOOD DISTRIBUTION TO
(3)	ETHAN TEMPLE 4519 OAKRIDGE DRIVE DAYTON, OH 45417	52-0613036			32,361.	FMV	FOOD	FOOD DISTRIBUTION TO
(4)	FAIRBORN FISH 1167 HIGHVIEW AVE. 1149 N. BROAD ST. (SITE)	31-0951020			42,066.	FMV	FOOD	FOOD DISTRIBUTION TO
(5)	FAIRVIEW UNITED METHODIST 838 FAIRVIEW AVENUE DAYTON, OH 45406	31-0559891			31,678.	FMV	FOOD	FOOD DISTRIBUTION TO
(6)	FT. MCKINLEY PANTRY 3721 W. SEIBENTHALER AVENUE	31-0747206			167,021.	FMV	FOOD	FOOD DISTRIBUTION TO
(7)	GOOD NEIGHBOR HOUSE 844 S. PATTERSON BLVD. DAYTON, OH 45402	31-1374154			142,732.	FOOD	FMV	FOOD DISTRIBUTION TO
(8)	GREENMONT-OAK PARK PANTRY 1921 WOODMAN DRIVE DAYTON, OH 45420	31-0008783			99,198.	FMV	FOOD	FOOD DISTRIBUTION TO
(9)	HARRIS MEMORIAL CME CHURCH 3950 HANEY ROAD DAYTON, OH 45416	31-1248101			23,965.	FMV	FOOD	FOOD DISTRIBUTION TO
(10)	HOUSE OF BREAD 9 ORTH AVENUE DAYTON, OH 45407	31-1076425			25,927.	FMV	FOOD	FOOD DISTRIBUTION TO
(11)	MEMORIAL UCC FOOD PANTRY 2338 E FIFTH DAYTON, OH 45403	31-0671736			23,014.	FMV	FOOD	FOOD DISTRIBUTION TO
(12)	HOLT STREET MIRACLE CENTER 420 HOLT ST DAYTON, OH 45402	31-1397024			8,062.	FMV	FOOD	FOOD DISTRIBUTION TO

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

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

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

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, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

Employer identification number

THE FOODBANK, INC.

86-1082880

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	GREATER ALLAN AME CHURCH 1620 W FIFTH DAYTON, OH 45405	31-1319818			8,204.	FMV	FUND	FUND DISTRIBUTION TO
(2)	RESIDENCE PARK CHURCH 360 EIMBURST AVE DAYTON, OH 45417	31-0743610			13,697.	FMV	FOOD	FOOD DISTRIBUTION TO
(3)	SHILOH MISSION 3801 FAIRBANKS AVE. DAYTON, OH 45407	31-6043502			74,065.	FMV	FOOD	FOOD DISTRIBUTION TO
(4)	FISH SOUTHEAST SOUTHMINISTER PRESBYTERIAN 7001 FAR HILLS AVE DAYTON, OH 45459	31-0802362			15,040.	FMV	FOOD	FOOD DISTRIBUTION TO
(5)	ST. JOHN'S U.C.C. PANTRY 207 W. MARKET STREET GERMANTOWN, OH 45327	13-1957221			24,922.	FMV	FOOD	FOOD DISTRIBUTION TO
(6)	DAYTON EPISCOPAL FOOD PANTRY 5301 FREE PIKE 1060 SALEM AVE.	31-0573935			51,081.	FMV	FOOD	FOOD DISTRIBUTION TO
(7)	ST. PAUL UMC 101 HUFFMAN AVENUE DAYTON, OH 45403	31-0576678			233,121.	FMV	FOOD	FOOD DISTRIBUTION TO
(8)	JACOB'S LADDER 111 LUTHERAN DR EATON, OH 45320	31-0992864			19,411.	FMV	FOOD	FOOD DISTRIBUTION TO
(9)	ST. PETER RC CHURCH 6161 CHAMBERSBURG ROAD	53-0196617			144,840.	FMV	FOOD	FOOD DISTRIBUTION TO
(10)	CINCINNATI FREESTORE/FOODBANK 141 CENTRAL PARKWAY CINCINNATI, OH 45202	23-7122205			15,642.	FMV	FOOD	FOOD DISTRIBUTION TO
(11)	SHARED HARVEST FOOD BANK, INC 5901 DIXIE HWY FAIRFIELD, OH 45014	31-1096571			15,484.	FMV	FOOD	FOOD DISTRIBUTION TO
(12)	ST. VINCENT DE PAUL COMMUNITY 945 S. EDWIN C. MOSES BLVD.	31-1011485			423,019.	FMV	FOOD	FOOD DISTRIBUTION TO

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

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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

THE FOODBANK, INC.

86-1082880

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ST. VINCENT GATEWAY 120 W. APPLE DAYTON, OH 45402	31-0576678			86,287.	FMV	FOOD	FOOD DISTRIBUTION TO
(2)	MAYHAN AHE CHURCH 3317 HOOVER AVE DAYTON, OH 45407	31-0897219			69,262.	FMV	FOOD	FOOD DISTRIBUTION TO
(3)	MAYNE TOWNSHIP FISH 5758 MARSHMANVILLE ROAD DAYTON, OH 45424	23-7148003			20,463.	FMV	FOOD	FOOD DISTRIBUTION TO
(4)	MESLEY COMMUNITY CTR 3730 DELPHOS AVENUE DAYTON, OH 45417	36-2167731			91,981.	FMV	FOOD	FOOD DISTRIBUTION TO
(5)	WEST CARROLLTON FOOD PANTRY 26 N. LOCUST STREET	31-0550828			34,247.	FMV	FOOD	FOOD DISTRIBUTION TO
(6)	XENIA FISH 541 LEDBETTER AVE XENIA, OH 45385	31-6000273			298,645.	FMV	FOOD	FOOD DISTRIBUTION TO
(7)	THE FOODBANK INC. 427 WASHINGTON STREET DAYTON, OH 45402	86-1082880			657,830.	FMV	FOOD	FOOD DISTRIBUTION TO
(8)	ST. MARY'S SVDE FOOD PANTRY 310 ALLEN STREET DAYTON, OH 45410	31-1011485			150,595.	FMV	FOOD	FOOD DISTRIBUTION TO
(9)	SALVATION ARMY ADULT REHAB 865 S. PATTERSON BLVD. DAYTON, OH 45402	31-0537047			12,407.	FMV	FOOD	FOOD DISTRIBUTION TO
(10)	EAST END KIDS CAFE 624 XENIA AVE DAYTON, OH 45410	31-1508554			13,487.	FMV	FOOD	FOOD DISTRIBUTION TO
(11)	LIBERTY WORSHIP CENTER 1180 UPPER BELLBROOK RD. XENIA, OH 45385	31-1367275			75,790.	FMV	FOOD	FOOD DISTRIBUTION TO
(12)	NORTHWEST DAYTON (AGAPE) 2560 N. MAIN ST DAYTON, OH 45405	51-0163257			49,745.	FMV	FOOD	FOOD DISTRIBUTION TO

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

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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

Employer identification number

THE FOODBANK, INC.

86-1082880

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SHEPHERD'S HANDS MINISTRY 665 WESTBROOK ROAD BRUCKVILLE, OH 45309	35-1944610			16,489.	FMV	FOOD	FOOD DISTRIBUTION TO
(2)	DAYTON CHRISTIAN KIDS CAFE 1352 RIVERVIEW AVE DAYTON, OH 45402	31-1593116			17,502.	FMV	FOOD	FOOD DISTRIBUTION TO
(3)	CROSSPOINT UNITED METHODIST 506 E. MAIN ST. TROYWOOD, OH 45126	31-1750732			153,344.	FMV	FOOD	FOOD DISTRIBUTION TO
(4)	GREATER GALILEE BAPTIST CHURCH 1001 BEATRICE DR. RIVERSIDE, OH 45404	31-1185234			55,405.	FMV	FOOD	FOOD DISTRIBUTION TO
(5)	OAK CREEK FOOD PANTRY 5280 BIGGER RD. KETTERING, OH 45429	34-1927041			43,245.	FMV	FOOD	FOOD DISTRIBUTION TO
(6)	ZION BAPTIST CHURCH 1684 EARLHAM DR. DAYTON, OH 45406	31-0975562			7,057.	FMV	FOOD	FOOD DISTRIBUTION TO
(7)	METRO OUTREACH KIDS CAFE P.O. BOX 386 515 N. IRWIN ST.	73-6109354			265,727.	FMV	FOOD	FOOD DISTRIBUTION TO
(8)	FARMERSVILLE FB CHURCH 334 N. ELM STREET FARMERSVILLE, OH 45325	31-4407647			13,905.	FMV	FOOD	FOOD DISTRIBUTION TO
(9)	UNITED COMMUNITY BRETHREN CHURCH 15 W. HILLCREST AVE DAYTON, OH 45405	32-0117652			8,540.	FMV	FOOD	FOOD DISTRIBUTION TO
(10)	CAMDEN FISH 100 S. LAFAYETTE ST. P.O. BOX 81	31-0906460			21,048.	FMV	FOOD	FOOD DISTRIBUTION TO
(11)	EMMANUEL LUTHERAN CHURCH 4865 WILMINGTON PIKE KETTERING, OH 45440	31-0838106			12,947.	FMV	FOOD	FOOD DISTRIBUTION TO
(12)	TABERNACLE COGIC 1740 HOME AVENUE P.O. BOX 17097	31-1042940			10,403.	FMV	FOOD	FOOD DISTRIBUTION TO

- 2 Enter total number of section 501(c)(3) and government organizations
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Schedule I (Form 990) (2010)

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CHOICES 3004 FUSHELAND DR. DAYTON, OH 45419	31-1180182			21,902.	FMV	FOOD	FOOD DISTRIBUTION TO
(2)	COMMUNITY ACTION MISSION PCM 50 JACKSON STREET FARMERSVILLE, OH 45325	31-1629547			26,863.	FMV	FOOD	FOOD DISTRIBUTION TO
(3)	EVANGEL CHURCH OF GOD 132 N. SMITHVILLE RD. DAYTON, OH 45403	31-1404264			213,239.	FMV	FOOD	FOOD DISTRIBUTION TO
(4)	FIRST CHURCH OF CHRIST FAIRBORN 206 W. DAYTON YELLOW SPRINGS RD	23-7370746			11,010.	FMV	FOOD	FOOD DISTRIBUTION TO
(5)	TRINITY OUTREACH MINISTRIES 5489 WEST THIRD STREET DAYTON, OH 45427	32-0152735			28,172.	FMV	FOOD	FOOD DISTRIBUTION TO
(6)	EASTVIEW BAPTIST CHURCH 106 S. TORRENCE ST DAYTON, OH 45403	31-1064678			130,011.	FMV	FOOD	FOOD DISTRIBUTION TO
(7)	TRINITY LUTHERAN CHURCH 511 N. COMMERCE ST LEWISBURG, OH 45338	31-0673114			27,350.	FMV	FOOD	FOOD DISTRIBUTION TO
(8)	SVDP PANTRY 945 S. EDWIN C. MOSES BLVD DAYTON, OH 45408	31-1011485			20,268.	FMV	FOOD	FOOD DISTRIBUTION TO
(9)	BELMONT UNITED METHODIST 2701 S. SMITHVILLE RD. DAYTON, OH 45420	36-2167131			101,158.	FMV	FOOD	FOOD DISTRIBUTION TO
(10)	CROSE CREEK CHURCH 667 MIAMIENBURG-CENTERVILLE RD	31-1455572			18,381.	FMV	FOOD	FOOD DISTRIBUTION TO
(11)	HOPE FOUNDATION 7106 ALMONT PLACE DAYTON, OH 45424	26-3203901			283,249.	FMV	FOOD	FOOD DISTRIBUTION TO
(12)	LINDEN AVE. BAPTIST CHURCH 101 LINDEN AVE. DAYTON, OH 45403	31-0568478			12,663.	FMV	FOOD	FOOD DISTRIBUTION TO

- 2 Enter total number of section 501(c)(3) and government organizations
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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

THE FOODBANK, INC.

86-1082880

Part I General Information on Grants and Assistance

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SHFB OF SOUTHEASTERN OHIO P.O. BOX 220 GILDENST, OH 45732	31-1096571			151, 121.	FMV	FOOD	FOOD DISTRIBUTION TO
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations 73
- 3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

EVERY RECIPIENT AGENCY HAS AN ON SITE YEARLY VISIT AND AN AGENCY MONITORING FORM IS COMPLETED AND SIGNED BY THE RECIPIENT AGENCY.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

THE FOODBANK, INC.

Employer identification number

86-1082880

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				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		6,107,319.	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.)				
26 Other ▶ (.)				
27 Other ▶ (.)				
28 Other ▶ (.)				

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**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 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
32 a 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.		

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

Schedule M (Form 990) (2010)

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

THE FOODBANK, INC.

Employer identification number

86-1082880

PART VI, SECTION A, LINE 11

MANAGEMENT OF THE ORGANIZATION REVIEWS THE 990 AND PROVIDES A COPY OF THE
FORM TO THE BOARD OF DIRECTORS FOR APPROVAL BEFORE IT IS FILED.

PART VI, SECTION B, LINE 12C

BOARD OF DIRECTORS ARE REQUIRED TO COMPLETE CONFLICT OF INTEREST FORMS
YEARLY AND DISCLOSE BEFORE ANY VOTE ANY CONFLICT THEY MAY HAVE.

PART VI, SECTION B, LINE 15

COMPARABLE SALARY DATA IS OBTAINED FROM THE OHIO ASSOCIATION OF NOT FOR
PROFIT ORGANIZATIONS SALARY SURVEY. OFFICER'S SALARIES ARE APPROVED BY
THE BOARD OF DIRECTORS.

PART VI, SECTION C, LINE 19

990 AND AUDITS ARE POSTED ON THE ORGANIZATION'S WEBSITE, GOVERNING
DOCUMENTS AND CONFLICT OF INTEREST POLICY PROVIDED TO APPROPRIATE
AUTHORITIES AS REQUESTED OR REQUIRED (NOT PUBLIC INFORMATION)

FINANCIAL STATEMENT APPROVAL

MANAGEMENT AND OUTSIDE ACCOUNTANT REVIEW AND APPROVE AUDITED FINANCIAL
STATEMENTS.

PART XI, RECONCILIATION OF NET ASSETS

NUMBER 5- OTHER CHANGES IN NET ASSETS \$43,431 = NET UNREALIZED GAIN ON

Name of the organization THE FOODBANK, INC.	Employer identification number 86-1082880
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INVESTMENTS

ATTACHMENT 1

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
HAUBACH FUND	248,378.
TOTALS	<u>248,378.</u>