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CLIENT'S COPY

Parker, Gill, Eisen & Stevenson, P.C.
4228 Lomac Street
Montgomery, AL 36106

May 13, 2022

MONTGOMERY AREA FOOD BANK, Inc.
521 TRADE CENTER STREET
MONTGOMERY, AL 36108
Attention: Richard A. Deem

Dear Rich:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Parker, Gill, Eisen & Stevenson, P.C.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2021

Prepared For:

MONTGOMERY AREA FOOD BANK, Inc.
521 TRADE CENTER STREET
MONTGOMERY, AL 36108

Prepared By:

PARKER, GILL, EISEN & STEVENSON, P.C.
4228 Lomac Street
Montgomery, AL 36106

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

MONTGOMERY AREA FOOD BANK, Inc.

63-0931846

Name and title of officer or person subject to tax

Richard A. Deem
CEO

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, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, 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 one 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>72,895,777.</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, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **PARKER, GILL, EISEN & STEVENSON, P.C.** to enter my PIN **31846**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax ▶

Date ▶

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.

63431142323

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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 ▶ 05/13/22

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. MONTGOMERY AREA FOOD BANK, Inc.	Taxpayer identification number (TIN) 63-0931846
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 521 TRADE CENTER STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MONTGOMERY, AL 36108	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Richard A. Deem

- The books are in the care of ▶ **521 TRADE CENTER STREET - MONTGOMERY, AL 36108**
Telephone No. ▶ **334-263-3784** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until May 16, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning JUL 1, 2020, and ending JUN 30, 2021.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MONTGOMERY AREA FOOD BANK, Inc. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 521 TRADE CENTER STREET City or town, state or province, country, and ZIP or foreign postal code MONTGOMERY, AL 36108 F Name and address of principal officer: Richard A. Deem same as C above	D Employer identification number 63-0931846 E Telephone number (334) 263-3784 G Gross receipts \$ 72,895,777. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
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		
J Website: ▶ www.montgomeryareafoodbank.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: 1987 M State of legal domicile: AL

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE FOOD BANK OPERATES AS A CLEARING HOUSE FOR THE COLLECTION, SORTING, STORING AND DISTRIBUTION		
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	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	39
6	Total number of volunteers (estimate if necessary)	6	40
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7 b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	48,121,867.	72,507,505.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	937,030.	384,819.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,474.	3,003.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,046.	450.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	49,065,417.	72,895,777.
14	Benefits paid to or for members (Part IX, column (A), line 4)	42,135,085.	53,264,182.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16 a	Professional fundraising fees (Part IX, column (A), line 11e)	1,819,023.	2,131,158.
16 b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 427,861.	145,818.	151,727.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,680,704.	5,182,915.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	46,780,630.	60,729,982.
19	Revenue less expenses. Subtract line 18 from line 12	2,284,787.	12,165,795.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	9,508,444.	21,621,044.
22	Net assets or fund balances. Subtract line 21 from line 20	431,390.	378,195.
22		9,077,054.	21,242,849.

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 Richard A. Deem, CEO Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name Julia L. Stevenson	Preparer's signature Julia L. Stevenson	Date 05/13/22	Check if self-employed <input type="checkbox"/>	PTIN P00361616
	Firm's name ▶ PARKER, GILL, EISEN & STEVENSON, P.C.	Firm's EIN ▶ 63-1003744			
	Firm's address ▶ 4228 Lomac Street Montgomery, AL 36106		Phone no. 334-270-8061		

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 or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE FOOD BANK OPERATES AS A CLEARING HOUSE FOR THE COLLECTING, SORTING, STORING AND DISTRIBUTING OF EDIBLE FOOD TO QUALIFIED AGENCIES; WHO IN TURN PASS THE FOOD ALONG TO ALABAMA'S "FOOD INSECURE" CITIZENS.

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 59,618,926. including grants of \$ 53,264,182.) (Revenue \$ 109,727.) THE STRUCTURE OF OUR ORGANIZATION PROVIDES INCREASED OPPORTUNITY FOR SUCCESS TO THE LOCAL COMMUNITY AGENCIES WE SUPPORT BY COLLECTING, SORTING, (BOTH DRY/STAPLE AND COLD/FROZEN) AND DISTRIBUTING FOOD. ALONG WITH FOUR OTHER SMALLER PARTNER DISTRIBUTION ORGANIZATIONS (PDO'S) UNDER OUR SUPERVISION, WE HAVE A SERVICE AREA REACHING TO 35 OF ALABAMA'S 67 COUNTIES (WITH A POPULATION OF APPROXIMATELY 330,000) AND MORE THAN 800 COMMUNITY AGENCIES. OUR MISSION IS TO PROVIDE FOOD TO THE CHILDREN, ELDERLY, NEWLY UNEMPLOYED, WORKING POOR, HOMELESS, MENTALLY CHALLENGED, AND VICTIMS OF DOMESTIC VIOLENCE AND DISASTERS. DURING OUR LAST FISCAL YEAR, WE DISTRIBUTED MORE THAN 26 MILLION POUNDS OF VITAL NUTRITION TO THOSE IN NEED.

4b (Code:) (Expenses \$ 336,473. including grants of \$) (Revenue \$ 211,734.) WITHIN OUR SERVICE AREA, 21% OF THE POPULATION ARE FOOD INSECURE. OF THAT TOTAL, 24% OF ADULTS AND 35% OF CHILDREN ARE LIVING IN POVERTY. ONE OF OUR MOST EFFECTIVE STRATEGIES IN COMBATING THIS PERVASIVE PROBLEM IS OUR MOBILE PANTRY PROGRAM. THIS PROGRAM IS DESIGNED TO GO TO WHERE THE NEEDIEST ARE, AND DISTRIBUTE FOOD DIRECTLY THROUGH OUR PARTNER AGENCIES. THIS PROGRAM ALLOWS US TO TARGET REMOTE COMMUNITIES IN ALABAMA'S "BLACK BELT" AREA (CHRONICALLY AMONG THE MOST POVERTY-STRICKEN REGIONS IN THE NATION) AS WELL AS METROPOLITAN AREAS. IN FY21 WE DISTRIBUTED 6,420,992 POUNDS OF FOOD.

4c (Code:) (Expenses \$ 59,744. including grants of \$) (Revenue \$ 66,811.) APPROXIMATELY 23% OF SENIORS (60 YEARS & OLDER) IN OUR SERVICE AREA ARE LIVING IN POVERTY. IN OUR MOST IMPOVERISHED COUNTY, THAT PERCENTAGE JUMPS TO OVER 36%. IN ORDER TO HELP OFFSET THE NEEDS OF OUR SENIORS, WE ESTABLISHED A SENIOR SUPPLEMENT PROGRAM THAT, IN FY20, PROVIDED BETWEEN 25-35 POUNDS OF NUTRITIOUS FOOD ON A MONTHLY BASIS TO 712 SENIORS. WE ALSO PROVIDE TWO EXTRA BOXES IN NOVEMBER AND DECEMBER SPECIFICALLY TARGETING THE PREPARATION OF HOLIDAY MEALS.

Our Feeding Our Remarkable Kids (FORK) School Pantry Programs works with local public schools to create onsite food pantries where chronically hungry children and their families can receive ongoing support. In FY-20, this program provided 92,518 lbs of food through

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 60,015,143.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line 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 (31); 1b Enter the number of voting members included on line 1a, above, who are independent (30); 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, 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 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b 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 on Schedule O (X)

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 Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 AL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records Richard A. Deem - 334-263-3784 521 TRADE CENTER STREET, MONTGOMERY, AL 36108

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

Check if Schedule O contains a response or note to any line 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. See instructions for the order in which to list the persons above.

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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) RICHARD DEEM EXECUTOR DIRECTOR	40.00			X			95,550.	0.	0.	
(2) SARAH MOORE Ex-Officio	0.00	X		X			0.	0.	0.	
(3) BOBBY BROWN President	0.00	X		X			0.	0.	0.	
(4) BILL KELLEY MEMBER	0.00	X		X			0.	0.	0.	
(5) JERUSHA ADAMS MEMBER	0.00	X					0.	0.	0.	
(6) STEVE BARRANCO Treasurer	0.00	X					0.	0.	0.	
(7) MARK BUNTING MEMBER	0.00	X					0.	0.	0.	
(8) GRACIE HANCHROW MEMBER	0.00	X					0.	0.	0.	
(9) EARL HEALRTH MEMBER	0.00	X					0.	0.	0.	
(10) WAYNE HILGERS MEMBER	0.00	X					0.	0.	0.	
(11) JOHN H. LUCAS, JR. MEMBER	0.00	X					0.	0.	0.	
(12) KATRINA SPOONY-MARTIN MEMBER	0.00	X					0.	0.	0.	
(13) OLIVIA MARTIN Secretary	0.00	X					0.	0.	0.	
(14) DONNIE MIMS Vice President	0.00	X					0.	0.	0.	
(15) DANIEL MORRIS MEMBER	0.00	X					0.	0.	0.	
(16) CHARLES NATH MEMBER	0.00	X					0.	0.	0.	
(17) WILLIAM S. NEHILLA MEMBER	0.00	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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) YVETTE GILKEY-SHUFORD MEMBER	0.00	X						0.	0.	0.
(19) BILL STEVENSON MEMBER	0.00	X						0.	0.	0.
(20) HELEN CRUMP WELLS MEMBER	0.00	X						0.	0.	0.
(21) GEORGE THOMPSON MEMBER	0.00	X						0.	0.	0.
(22) BRYAN WILSON MEMBER	0.00	X						0.	0.	0.
(23) TONY BAGGIANO Ex - Officio	0.00	X						0.	0.	0.
(24) WARREN MARSHAL Ex - Officio	0.00	X						0.	0.	0.
(25) GARIESA GALBREATH MEMBER	0.00	X						0.	0.	0.
(26) ANTHONY HINES MEMBER	0.00	X						0.	0.	0.
1b Subtotal								95,550.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								95,550.	0.	0.

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

	Yes	No
3 Did the organization list any former officer, director, 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

See Part VII, Section A Continuation sheets

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 43,542.					
	b Membership dues	1b					
	c Fundraising events	1c 784,918.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 31,646,179.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 40,032,866.					
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f						72,507,505.
Program Service Revenue	2 a Shared maintenance fees	Business Code 624200	383,079.	383,079.			
	b Delivery Fees	624200	1,740.	1,740.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		384,819.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,003.	3,003.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ 784,918. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
		8b	0.				
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
		10b					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a MISCELLANEOUS INCOME	Business Code 624200	450.	450.			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		450.				
12 Total revenue. See instructions			72,895,777.	388,272.	0.	0.	

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).

Check if Schedule O contains a response or note to any line in this Part IX X

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 domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	53,264,182.	53,264,182.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	1,714,265.	1,425,588.	79,604.	209,073.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	289,544.	240,786.	13,445.	35,313.
10 Payroll taxes	127,349.	103,620.	2,132.	21,597.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	56,673.	11,335.	45,338.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	151,727.			151,727.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	64,802.	56,829.	7,973.	
14 Information technology				
15 Royalties				
16 Occupancy	203,999.	188,469.	15,530.	
17 Travel	87,758.	78,982.	8,776.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	51,890.	36,323.	15,567.	
20 Interest	15,501.	15,501.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	275,830.	248,247.	27,583.	
23 Insurance	61,132.	55,844.	5,288.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD PURCHASES	1,730,036.	1,730,036.		
b PDO Misc Donations	1,441,775.	1,441,775.		
c HANDLING FEES TO PDOs	772,872.	772,872.		
d EQUIPMENT REPAIRS	169,329.	160,863.	8,466.	
e All other expenses	251,318.	183,891.	57,276.	10,151.
25 Total functional expenses. Add lines 1 through 24e	60,729,982.	60,015,143.	286,978.	427,861.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,320,035.	1	14,260,897.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	9,204.	3	0.
	4 Accounts receivable, net	30,495.	4	39,702.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,852,674.	8	2,930,429.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,738,993.		
	b Less: accumulated depreciation	10b 3,348,977.	10c	4,390,016.
	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 33)	9,508,444.	16	21,621,044.	
Liabilities	17 Accounts payable and accrued expenses	46,476.	17	320,223.
	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 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	325,487.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	59,427.	25	57,972.
	26 Total liabilities. Add lines 17 through 25	431,390.	26	378,195.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,400,456.	27	20,071,638.
	28 Net assets with donor restrictions	676,598.	28	1,171,211.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	9,077,054.	32	21,242,849.
	33 Total liabilities and net assets/fund balances	9,508,444.	33	21,621,044.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	72,895,777.
2	Total expenses (must equal Part IX, column (A), line 25)	2	60,729,982.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,165,795.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,077,054.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	21,242,849.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2020)

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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 VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. 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 type="checkbox"/>
b 33 1/3% support test - 2019. 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 - 2020. 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 VI 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 - 2019. 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 VI 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 10 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	36541837.	33991856.	34699245.	47948867.	71682405.	224864210
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	1301228.	1148895.	1012720.	937,958.	384,819.	4785620.
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	37843065.	35140751.	35711965.	48886825.	72067224.	229649830
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						229649830

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	37843065.	35140751.	35711965.	48886825.	72067224.	229649830
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	883.	1,536.	1,727.	2,474.	3,003.	9,623.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	883.	1,536.	1,727.	2,474.	3,003.	9,623.
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 VI.)	6,128.	3,939.	4,186.	3,118.	450.	17,821.
13 Total support. (Add lines 9, 10c, 11, and 12.)	37850076.	35146226.	35717878.	48892417.	72070677.	229677274

14 First 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	99.99 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	99.99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	.00 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

MONTGOMERY AREA FOOD BANK, Inc.

Employer identification number

63-0931846

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Mary Bronner 4315 Remington Ct Montgomery, AL 36116-4308	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Academy Association 2222 Sedwick Rd Durham, NC 27713-2655	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Alabama Food Bank Association PO Box 18607 Huntsville, AL 35804-8607	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Alabama Power Foundation, Inc. P.O. Box 2641 Birmingham, AL 35202-2641	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Bank of America 1300 American Blvd Msc 0303 Pennington, NJ 08534-4135	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Billy and Patricia Williamson 2127 Rosemont Dr Montgomery, AL 36111-1006	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Brooks Darby 637 County Downs Rd Montgomery, AL 36109-4641	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Charles Nath 200 Wiltshire Dr Montgomery, AL 36117-6066	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Church Of The Ascension 315 Clanton Ave Montgomery, AL 36104-5541	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	Delta Dental Community Care Foundation 1 Delta Dr Mechanicsburg, PA 17055-6999	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	Dennis and Susan Drew 3933 Croydon Rd Montgomery, AL 36109-2319	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	Dorothy Cameron 2942 Jamestown Dr Montgomery, AL 36111-1211	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Enterprise Holdings 600 Corporate Park Dr Saint Louis, MO 63105-4204	\$ 22,963.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	First Seventh Day Adventist Church 4233 Atlanta Hwy Montgomery, AL 36109-3024	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	Forever My Brother's Keeper- The Jamychal Green Foundation 1043 Old Breckenridge Ln Montgomery, AL 36117-8952	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	Four Star Freightliner PO Box 6569 Dothan, AL 36302-6569	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	Greg and Judy Crews 17287 Perdido Key Dr Apt 707 Pensacola, FL 32507-7853	\$ 42,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	Hat World, Inc. 7676 Interactive Way Ste 300 Indianapolis, IN 46278-2736	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Hyundai Motor Manufacturing 700 Hyundai Blvd Montgomery, AL 36105-9622	\$ 22,006.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	International Paper Foundation 6420 Poplar Ave Memphis, TN 38197-0102	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	IRT-Michigan-DENSO North America Foundation 1525 W W T Harris Blvd Charlotte, NC 28262-8522	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	Jay L. Smith Family Foundation PO BOX 4054 Montgomery, AL 36103-4054	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	Jennifer Tuvell 3653 Rosewalk Cir Highlands Ranch, CO 80129-4613	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	Jermome Kocan 3140 Hayneville Rd Montgomery, AL 36108-3937	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	Jerry Milner 187 Mullis Crk Pike Road, AL 36064-2351	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	Jim Wilson and Associates LLC 2660 Eastchase Ln Ste 100 Montgomery, AL 36117-7024	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	John James 100 W Point Drive Alexander City, AL 35010-6258	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	Joseph and Gayle Fine 423 S Hull St Montgomery, AL 36104-4275	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	Larry Puckett Chevrolet PO Box 680280 Prattville, AL 36068-0280	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	Laura Lester 4016 Shelby Ave SE Huntsville, AL 35801-1047	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	League of Prayer, Inc. PO Box 680310 Prattville, AL 36068-0310	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	Owen Aronov 2036 Allendale Rd Montgomery, AL 36111-1018	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	Publix Super Markets Charities, Inc. PO Box 407 Lakeland, FL 33802-0407	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	Ray McKinley Foundation Agency 2468 Crosspark Dr Murfreesboro, TN 37129-3200	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	Regina Pistilli 1121 E 2nd Ave Salt Lake City, UT 84103-4154	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	Renfroe, Inc. PO Box 241245 Montgomery, AL 36124-1245	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	Reuben Herzfeld Fund of the Greater Cincinnati Foundation 521 Trade Center Street Montgomery, AL 36109	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	Rheem Sales Company, Inc 1100 Abernathy Rd NE Ste 1400 Atlanta, GA 30328-5654	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	Robert and Gwyn Pirnie PO Box 241188 Montgomery, AL 36124-1188	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	Robert Trent Jones Golf Trail Foundation 167 Sunbelt Pkwy Birmingham, AL 35211-5959	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	Robert W. Baird & Co., Incorporated 777 E Wisconsin Ave Fl 29 Milwaukee, WI 53202-5391	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	Ruth Lee Charitable Trust 1 Town Center Rd Ste 701 Boca Raton, FL 33486-1040	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	S. Adam Schloss Foundation, Inc. 1299 Milly Branch Rd Pike Road, AL 36064-2344	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	Sabel Steel Service PO Box 4747 Montgomery, AL 36103-4747	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	Schwab Charitable Fund 211 Main St San Francisco, CA 94105-1900	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	Stanley Givner 7532 Old Barn Rd Montgomery, AL 36117-3965	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	State of Alabama Department of Finance Office of State Comptroller Montgomery, AL 36130-2602	\$ 995,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	Stifel Nicolaus 501 N Broadway Saint Louis, MO 63102-2131	\$ 5,097.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	Subaru of America 1 Subaru Dr Camden, NJ 08103-2204	\$ 7,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	The Blackmon Family Foundation 3022 Jasmine Rd Montgomery, AL 36111-1112	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	The Vance Law Firm, PC 6631 Atlanta Hwy Montgomery, AL 36117-4233	\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	Thomas and Gail Rigsby 3354 Bankhead Ave Montgomery, AL 36106-2450	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	TrustMark Bank 4290 Carmichael Rd Montgomery, AL 36106-2804	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	United Ways of Alabama Inc. 8 Commerce St Ste 1140 Montgomery, AL 36104-3673	\$ 5,802.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	Unknown Donors 521 Trade Center Street Montgomery, AL 36108	\$ 60,768.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	Valley National Bank 2740 Zelda Rd Montgomery, AL 36106-2694	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	Wells Fargo Foundation 90 South 7th St Minneapolis, MN 55479	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	Wind Creek Casino-Montgomery 1801 Eddie Tullis Dr Montgomery, AL 36117-6402	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	Working Woman's Home Association 2473 Rosemont Pl Montgomery, AL 36106-2224	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	Yesac Alabama Corp. 40 Yesac Dr Tallassee, AL 36078-4727	\$ 18,320.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MONTGOMERY AREA FOOD BANK, Inc.**63-0931846****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	YourCause, LLC 2508 Highlander Way Ste 210 Carrollton, TX 75006-2532	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	Aldi (Opelika) 2400 Frederick Road Opelika, AL 36801	\$ 20,221.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
63	Aldi (Tuscaloosa) 1349 McFarland Blvd Tuscaloosa, AL 35404	\$ 9,876.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
64	ALDI NORTHPORT WAFB 5801 McFarland Blvd, Northport, AL 35476	\$ 9,337.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
65	Amazon Services, LLC 440 Terry Ave N Seattle, WA 98109	\$ 122,232.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
66	Big Lots #870 (MAFB) Attn: Sara Creech, 2855 Selma HWY Montgomery, AL 36108	\$ 1,388,407.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	Bimbo Bakeries (TUSCALOOSA 6351 Sanders Ferry Rd Tuscaloosa, AL 35401	\$ 61,800.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
68	Borden Dairy Company of Alabama, LLC 5014 US-84 Dothan, AL 36301	\$ 134,060.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
69	C&S Wholesale Grocers 6080 Mobile Highway, PO Box 2029 Montgomery, AL 36102-2029	\$ 35,371.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
70	Chattanooga Area Food Bank 2009 Curtain Pole Road Chattanooga, TN 37406	\$ 87,451.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
71	China Doll Rice and Beans, Inc, 100 Jacintoport Blvd Saraland, AL 36571	\$ 416,250.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
72	Cluster: Wisconsin Network 1700 W Fond Du Lac Ave Milwaukee, WI 53205	\$ 113,105.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	Coca-Cola Co 1550 Jackson Ferry Rd. Montgomery, AL 36104	\$ 127,159.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
74	ConAgra 4530 Mobile Highway Montgomery, AL 36108	\$ 10,111.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
75	Feeding America 1700 W. Fond Du Lac Avenue Milwaukee, WI 53205	\$ 502,585.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
76	Flowers Baking Company (#807) Dothan 1735 Ross Clark Circle Dothan, AL 36301	\$ 44,972.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
77	Gordon Food 1500 N River Rd Lithia Springs, GA 30122	\$ 131,920.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
78	Gunter AFB Commissary 115 N Turner Blvd Montgomery, AL 36114	\$ 11,519.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	<u>Kellogg Company</u> <u>780 Industrial Park Blvd</u> <u>Montgomery, AL 36117</u>	\$ <u>51,137.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
80	<u>Kraft Heinz Co</u> <u>250 Mprtj St</u> <u>White Plains, NY 10605</u>	\$ <u>114,273.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
81	<u>Kroger Store #260 (Auburn)</u> <u>300 Dean Rd.</u> <u>Auburn, AL 36830</u>	\$ <u>60,033.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
82	<u>Kroger Store #310 (Lanett/FBOEA)</u> <u>1401 Gilmer Street</u> <u>Lanett, AL 36863</u>	\$ <u>26,714.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
83	<u>Kroger Store #631 (Opellka/FBOEA)</u> <u>2450 Enterprise Dr.</u> <u>Opelika, AL 36801</u>	\$ <u>48,701.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
84	<u>Mars Wrigley Confectionary</u> <u>1209 W Oakridge Dr</u> <u>Albany, GA 31707</u>	\$ <u>51,789.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	Maxwell AFB Commissary c/o Ernies Hernandez Maxwell AFB, AL 36112	\$ 15,916.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
86	Nathan Segall, Inc. 1667 Federal Drive, #12 Montgomery, AL 36107	\$ 122,392.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
87	Procter & Gamble 1511 S. 47th Ave Fairburn, GA 30213	\$ 204,088.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
88	Publix Cornerstone #1026 (MAFB) 7700 Vaughn Rd Montgomery, AL 36116	\$ 95,568.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
89	Publix Dalraida Commons #1025 (MAFB) 4045 Atlanta Hwy Montgomery, AL 36109-2920	\$ 104,377.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
90	Publix Pike Road 9515 Vaughn Rd Montgomery, AL 36064	\$ 23,692.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	Publix Prattville #1228 2451 Cobbs Ford Rd Prattville, AL 36066	\$ 16,727.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
92	Publix - Taylor Junction #I 024 7076 Atlanta Hwy Montgomery, AL 36117-4242	\$ 108,421.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
93	Publix Troy # 1525 (MAFB) 1147 US Hwy 231 S Troy, AL 36081	\$ 90,925.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
94	Publix Zelda Place #1027 (MAFB) 3026 Zelda Rd Montgomery, AL 36106-2651	\$ 88,467.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
95	Publix #1075 (Northport) 2300 McFarland Blvd Northport, AL 35476	\$ 96,513.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
96	Publix #1083 (Tuscaloosa) 1101 Southview Lane Tuscaloosa, AL 35405	\$ 64,591.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	Publix #1253 (Tuscaloosa) <u>1190 University Blvd</u> <u>Tuscaloosa, AL 35405</u>	\$ <u>75,861.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
98	Publix #1294 (Auburn) <u>2415 Moores Mill Road</u> <u>Auburn, AL 36830</u>	\$ <u>122,480.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
99	Publix #1355 (Auburn) <u>2900 East University</u> <u>Auburn, AL 36832</u>	\$ <u>83,372.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
100	Publix #1369 (Dothan— <u>3525 Ross Clark Circle</u> <u>Dothan, AL 36303</u>	\$ <u>173,621.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
101	Publix #1375 (Dothan) <u>Cottonwood Corner (1620 R.C.C.)</u> <u>Dothan, AL 36301</u>	\$ <u>102,589.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
102	Publix #1377 (Dothan) <u>4650 W. Main Street</u> <u>Dothan, AL 36305</u>	\$ <u>141,565.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	Publix #1402 (Enterprlse/WG) 847 Boll Weevil Circle Enterprise, AL 36330	\$ 77,480.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
104	Publix #75 (Tuscaloosa) 4851 Rice Mine Rd, NE Ste2000 Tuscaloosa, AL 35405	\$ 57,039.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
105	PUBLIX 1691 Wafb 13556 AL-69, Northport, AL 35475	\$ 113,899.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
106	Publix Supermarkets, Inc. Jacksonville 9786 West Beaver Street Jacksonville, FL 32220	\$ 53,486.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
107	Regional Produce Distributors 624 16th Ave Thomas Birmingham, AL 35204	\$ 666,820.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
108	S. C. Johnson & Son, Inc. 1525 Howe Street Racine, WI 53403	\$ 26,399.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	Second Harvest Food Bank of Metrolina 500 Spratt St B Charlotte, NC 28206	\$ 8,362.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
110	Sam's Club #4989 (Auburn) 2335 Bent Creek Rd. Auburn, AL 36830	\$ 233,369.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
111	Sam's Club #6435 (Tuscaloosa) 1401 Skyland Blvd East Tuscaloosa, AL 35405	\$ 446,006.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
112	Sam's Club #8106 (MAFB) 1080 Eastern Blvd Montgomery, AL 36117	\$ 92,852.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
113	Sam's Club #8192 (Dothan) 3440 Ross Clark Circle Dothan, AL 36303	\$ 553,637.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
114	Sister Schubert's Rolls 380 Polaris Parkway, Suite 400 Westerville, OH 43082	\$ 128,426.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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115	<u>SYSCO (Geneva/WG)</u> <u>2001 W Magnolia Ave,</u> <u>Geneva, AL 36340</u>	\$ <u>125,745.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
116	<u>Target T1468 (Dothan)</u> <u>4601 Montgomery Highway</u> <u>Dothan, AL 36303</u>	\$ <u>33,766.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
117	<u>Target T1499 Opelika/FBOEAJ</u> <u>2640 Enterprise Dr.</u> <u>Opelika, AL 36801</u>	\$ <u>27,107.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
118	<u>Target T1787 (Tuscaloosa)</u> <u>1901 13th Ave. East</u> <u>Tuscaloosa, AL 35404</u>	\$ <u>241,140.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
119	<u>Target T1825 (Montgomery)</u> <u>2576 Berryhill Road</u> <u>Montgomery, AL 36117</u>	\$ <u>27,852.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
120	<u>Target T2274 (Prattville)</u> <u>2754 Legends Parkway</u> <u>Prattville, AL 36066</u>	\$ <u>12,585.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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121	<u>The Food Exchange, LLC</u> <u>5650 El Camino Real, Suite 220</u> <u>Carlsbad, CA 92008-7124</u>	\$ <u>814,557.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
122	<u>The Fresh Market TUSCALOOSA</u> <u>1320 McFarland Blvd E #100</u> <u>Tuscaloosa, AL 35404</u>	\$ <u>8,027.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
123	<u>Tyson Foods</u> <u>Attn: Donation Dept., PO Box 2020</u> <u>Springdale, AR 72765</u>	\$ <u>23,394.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
124	<u>U.S. Food Service (Sunday Dinner—</u> <u>PO Box 117</u> <u>Montgomery, AL 36101-0117</u>	\$ <u>630,452.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
125	<u>USDA</u> <u>521 Trade Street</u> <u>Montgomery, AL 36108</u>	\$ <u>17,852,149.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
126	<u>Wal-Mart #1052 (Fayette/WAFS—</u> <u>3186 Hwy7 I North</u> <u>Fayette, AL 35555</u>	\$ <u>35,482.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	Wal-Mart #1057 (Tallassee— 1300 Gilmer Ave, Tallassee, AL 36078	\$ 30,361.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
128	Wal-Mart #1100 (Hamilton/WAFB— 1706 Military Street South Hamilton, AL 35570	\$ 83,485.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
129	Wal-Mart #1101 (Wetumpka) 4538 US Hwy. 231 Wetumpka, AL 36092	\$ 9,076.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
130	Wal-Mart #1462 (Greenville/MAFBJ 50 Willow Lane Greenville, AL 36037-8021	\$ 43,129.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
131	Wal-Mart #2306 (Northport) 5710 McFarland Blvd Northport, AL 35476	\$ 42,694.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
132	Wal-Mart #2534 (Dothan) 3300 South Oates Street Dothan, AL 36301	\$ 206,298.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	Wal-Mart #355 (Opelika/FBOEA) 2990 Pepperell Pkwy. Opelika, AL 36801	\$ 135,064.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
134	Wal-Mart #356 (Auburn) 1717 S. College St. Auburn, AL 36832	\$ 141,278.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
135	Wal-Mart #362 (Winfield/WAF11) 2575 US Hwy 43 Winfield, AL 35594	\$ 91,637.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
136	Wal-Mart #424 (Clanton/MAFB) 141S 7th Street, South Clanton, AL 35045-3746	\$ 18,133.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
137	Wal-Mart #425 (Brent/WAFS— 10675 Hwy 5 Brent, AL 35034	\$ 111,362.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
138	Wal-Mart #4318 (Millbrook) 145 Kelley Blvd Millbrook, AL 36054	\$ 50,004.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	Wal-Mart #4407 (Chantilly) 10710 Chantilly Parkway Montgomery, AL 36117	\$ 8,930.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
140	Wal-Mart #4673 (Auburn) 1810 Shug Jordan Pkwy Auburn, AL 36832	\$ 108,242.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
141	Wal-Mart #5062 (Auburn) 2047 E University Dr Auburn, AL 36830	\$ 153,952.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
142	Wal-Mart #5248 (Northport) 1660 Mcfarland Northport, AL 35476	\$ 84,884.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
143	Wal-Mart #5256 (East Tuscaloosa) 4201 Hargrove Rd Tuscaloosa, AL 35405	\$ 87,654.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
144	Wal-Mart #5348 (Ann St.) 851 Ann Street Montgomery, AL 36107	\$ 299,414.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	Wal-Mart #5769 (Dothan) 3871 West Main St Dothan, AL 36305	\$ 46,968.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
146	Wal-Mart #604 (Dothan) 4310 Montgomery Hwy Dothan, AL 36303	\$ 178,479.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
147	Wal-Mart #700 (Selma) 1501 Hwy. 14 E. Selma, AL 36701	\$ 293,813.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
148	Wal-Mart #715 (Tuscaloosa) 1501 Skyland Blvd East Tuscaloosa, AL 35405	\$ 92,107.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
149	Wal-Mart #723 (Troy/MAFB) 1420 US Hwy 231 South Troy, AL 36081	\$ 44,466.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
150	Wal-Mart #726 (Alexander City/FBOEA) 2643 Hwy. 280 W. Alexander City, AL 35010	\$ 93,309.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	Wal-Mart #731 (Demopolis/Selma) 969 U.S. Highway 80 West Demopolis, AL 36732	\$ 112,152.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
152	Wal-Mart #733 (Valley/FBOEA) 3501 20th Ave. Valley, AL 36854	\$ 160,842.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
153	Wal-Mart #734 (Enterprise/WG) 600 Boll Weevil Circle Enterprise, AL 36322	\$ 164,822.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
154	Wal-Mart #740 (Ozark/WG) 1537 Hwy. 231 S. Ozark, AL 36360	\$ 145,066.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
155	Wal-Mart #863 (Roanoke/FBOEA— 4180 U.S. Hwy 431 Roanoke, AL 36274	\$ 167,010.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
156	Wal-Mart #930 (E, Blvd,) 3801 Eastern Blvd. Montgomery, AL 36116	\$ 24,283.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	Wal-Mart Distribution Center #6095 (Mon 2701 Andrews Opelika, AL 36801	\$ 1,413,884.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
158	Wal-Mart Distribution Center #6095 (Opel 2701 Andrews Opelika, AL 36801	\$ 1,177,197.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
159	Wal-Mart Distribution Center #7019 [Bru 1005 Sara G Lott Blvd Brundidge, AL 36010	\$ 8,183,309.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
160	Wal-Mart Market #4672 (Federal Dr) 1600 Federal Dr Montgomery, AL 36109	\$ 19,523.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
161	Winn-Dixie #407 Tuscaloosa 4201 University Blvd Tuscaloosa, AL 35404	\$ 17,506.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
162	Winn-Dixie #426 [Dothan) 1571 Westgate Pkwy. Dothan, AL 36303	\$ 77,907.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	Winn-Dixie #428 (Wetumpka) 5326 Hwy. 231 South Wetumpka, AL 36092	\$ 6,715.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
164	Winn-Dixie #437 (Opellka/FBOEA) 1441 Fox Run Pkwy. Opelika, AL 36801	\$ 114,569.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
165	Winn-Dixie #448 (Vaughn) 7946 Vaughn Road Montgomery, AL 36116	\$ 11,327.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
166	Winn-Dixie #451 (Millbrook— 3625 Highway 14 Millbrook, AL 36054	\$ 6,052.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
167	Winn-Dixie #456 (Alexander Clty/FBOEA) 1061 U.S. Hwy, 280 East Alexander City, AL 35010	\$ 52,400.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
168	Winn-Dixie #457 (Dothan) 1151 Ross Clark Circle Dothan, AL 36301	\$ 37,681.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169	Winn-Dixie #478 (Eufaula/WG) 1037 S. Eufaula St. Eufaula, AL 36027	\$ 134,269.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
170	Winn-Dixie #528 (Northport) 10 McFarland Blvd Northport, AL 35476	\$ 11,164.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
171	Winn-Dixie #543 (Selma— 1952 West Dallas Ave Selma, AL 36701	\$ 14,209.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
172	Winn-Dixie #579 (Auburn) 1617 South College St. Auburn, AL 36832	\$ 29,984.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
173	Akron-Canton Regional Foodbank 350 Opportunity Parkway Akron, OH 44307	\$ 5,262.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
174	Aldi Inc. Mt Juliet Division 315 N. Mt Juliet Rd Mt. Juliet, TN 37122	\$ 45,395.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175	ALVPL Trucking, Inc. 4483 Cherry Road NE Arlington, GA 39813	\$ 63,146.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
176	Americold 4550 Newcomb Ave Montgomery, AL 36108	\$ 22,531.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
177	Anonymous - Individual 521 Trade Center Street Montgomery, AL 36109	\$ 141,805.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
178	Anonymous - Trucker 521 Trade Center Street Montgomery, AL 36109	\$ 122,936.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
179	Anonymous - Company 521 Trade Center Street Montgomery, AL 36109	\$ 123,989.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
180	Atlanta Community Food Bank 3400 N Desert Drive East Point, GA 30344	\$ 5,639.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181	Cal-Maine Food Inc. PO Box 2960 Jackson, MS 39201	\$ 117,868.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
182	Chesapeake Farms 7319 Remington Drive Chestertown, MD 21620	\$ 139,200.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
183	Dollar General Distribution Center 4101 Lakeshore Drive Bessemer, AL 35022	\$ 507,387.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
184	Eagle Motor Frieght 51 Trinity Road Montgomery , AL 36108	\$ 72,210.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
185	Feed My People Food Bank 2610 Alpine Road Equclaure , WI 54703	\$ 5,638.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
186	Food Lion 13311 US 27 566 Chickamauga, GA 30707	\$ 68,687.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187	Fresh Market 1635 Perry Hill Road Montgomery, AL 36106	\$ 16,542.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
188	Global Foods, Inc. 8700 Spanish Ridge Ave Las Vegas, NV 89148	\$ 314,369.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
189	International Paper Co. 100 Jensen Rd Prattville, AL 36067	\$ 17,510.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
190	King Arthur Flour Co. 135 US Route 5 South Norwich, VT 05055	\$ 77,047.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
191	New Canaan Baptist Church 5680 Atlanta Highway Montgomery, AL 36117	\$ 4,446.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
192	PetSmart Charities 19601 North 27th Ave Phoenix, AZ 85027	\$ 193,933.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193	<u>Post Consumer Brands</u> <u>20802 Kensington Blvd</u> <u>Lakeville, MN 55044</u>	\$ <u>17,539.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
194	<u>Publix Supermarkets, Inc.</u> <u>3300 Publix Corporate Parkway</u> <u>Lakeland, FL 33811</u>	\$ <u>162,866.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
195	<u>Publix Supermarkets, Inc. - Atlanta Division</u> <u>2235 Glenwood Ave SE</u> <u>Atlanta, GA 30316</u>	\$ <u>65,892.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
196	<u>Second Harvest Food Bank of East Tennessee</u> <u>136 Harvest Lane</u> <u>Maryville, TN 37801</u>	\$ <u>76,003.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
197	<u>Second Harvest Food Bank of Northeast Tennessee</u> <u>1020 Jericho Drive</u> <u>Kingsport, TN 37663</u>	\$ <u>74,542.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
198	<u>Uncle Ben's</u> <u>1098 North Broadway</u> <u>Greenville, MS 38701</u>	\$ <u>40,337.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199	UPS 9164 Eastchase Parkway Montgomery, AL 36117	\$ 5,011.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
200	Vital Farms 3601 South Congress Ave Suite C100 Austin, TX 78704	\$ 60,134.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
201	Walgreen Co. 6680 Atlanta Highway Montgomery, AL 36109	\$ 27,283.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
202	Walmart Corporate Headquarters 702 SW 8th Street Bentonville, AR 72712	\$ 45,546.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
203	Wiley Sanders 100 Sanders Road Troy, AL 36079	\$ 38,976.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
204	Wilk Farms 6787 S Vandecar Rd Mt Pleasant, MI 48858	\$ 70,949.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205	<u>WSFA-12 Summer Fund Food Drive</u> <u>445 Dexter Avenue</u> <u>Montgomery, AL 36106</u>	\$ <u>14,104.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
206	<u>WW International</u> <u>8127 Vaughn Road</u> <u>Montgomery, AL 36116</u>	\$ <u>11,484.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
62	food <hr/> <hr/> <hr/>	\$ <u>20,221.</u>	<u>06/30/21</u>
63	food <hr/> <hr/> <hr/>	\$ <u>9,876.</u>	<u>06/30/21</u>
64	food <hr/> <hr/> <hr/>	\$ <u>9,337.</u>	<u>06/30/21</u>
65	food <hr/> <hr/> <hr/>	\$ <u>122,232.</u>	<u>06/30/21</u>
66	food <hr/> <hr/> <hr/>	\$ <u>1,388,407.</u>	<u>06/30/21</u>
67	food <hr/> <hr/> <hr/>	\$ <u>61,800.</u>	<u>06/30/21</u>

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
68	food _____ _____ _____	\$ <u>134,060.</u>	<u>06/30/21</u>
69	food _____ _____ _____	\$ <u>35,371.</u>	<u>06/30/21</u>
70	food _____ _____ _____	\$ <u>87,451.</u>	<u>06/30/21</u>
71	food _____ _____ _____	\$ <u>416,250.</u>	<u>06/30/21</u>
72	food _____ _____ _____	\$ <u>113,105.</u>	<u>06/30/21</u>
73	food _____ _____ _____	\$ <u>127,159.</u>	<u>06/30/21</u>

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
74	food _____ _____ _____	\$ <u>10,111.</u>	<u>06/30/21</u>
75	food _____ _____ _____	\$ <u>502,585.</u>	<u>06/30/21</u>
76	food _____ _____ _____	\$ <u>44,972.</u>	<u>06/30/21</u>
77	food _____ _____ _____	\$ <u>131,920.</u>	<u>06/30/21</u>
78	food _____ _____ _____	\$ <u>11,519.</u>	<u>06/30/21</u>
79	food _____ _____ _____	\$ <u>51,137.</u>	<u>06/30/21</u>

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
80	food <hr/> <hr/> <hr/>	\$ <u>114,273.</u>	<u>06/30/21</u>
81	food <hr/> <hr/> <hr/>	\$ <u>60,033.</u>	<u>06/30/21</u>
82	food <hr/> <hr/> <hr/>	\$ <u>26,714.</u>	<u>06/30/21</u>
83	food <hr/> <hr/> <hr/>	\$ <u>48,701.</u>	<u>06/30/21</u>
84	food <hr/> <hr/> <hr/>	\$ <u>51,789.</u>	<u>06/30/21</u>
85	food <hr/> <hr/> <hr/>	\$ <u>15,916.</u>	<u>06/30/21</u>

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
86	food _____ _____ _____	\$ <u>122,392.</u>	<u>06/30/21</u>
87	food _____ _____ _____	\$ <u>204,088.</u>	<u>06/30/21</u>
88	food _____ _____ _____	\$ <u>95,568.</u>	<u>06/30/21</u>
89	food _____ _____ _____	\$ <u>104,377.</u>	<u>06/30/21</u>
90	food _____ _____ _____	\$ <u>23,692.</u>	<u>06/30/21</u>
91	food _____ _____ _____	\$ <u>16,727.</u>	<u>06/30/21</u>

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
92	food _____ _____ _____	\$ <u>108,421.</u>	<u>06/30/21</u>
93	food _____ _____ _____	\$ <u>90,925.</u>	<u>06/30/21</u>
94	food _____ _____ _____	\$ <u>88,467.</u>	<u>06/30/21</u>
95	food _____ _____ _____	\$ <u>96,513.</u>	<u>06/30/21</u>
96	food _____ _____ _____	\$ <u>64,591.</u>	<u>06/30/21</u>
97	food _____ _____ _____	\$ <u>75,861.</u>	<u>06/30/21</u>

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
98	food _____ _____ _____	\$ <u>122,480.</u>	<u>06/30/21</u>
99	food _____ _____ _____	\$ <u>83,372.</u>	<u>06/30/21</u>
100	food _____ _____ _____	\$ <u>173,621.</u>	<u>06/30/21</u>
101	food _____ _____ _____	\$ <u>102,589.</u>	<u>06/30/21</u>
102	food _____ _____ _____	\$ <u>141,565.</u>	<u>06/30/21</u>
103	food _____ _____ _____	\$ <u>77,480.</u>	<u>06/30/21</u>

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
104	food _____ _____ _____	\$ <u>57,039.</u>	<u>06/30/21</u>
105	food _____ _____ _____	\$ <u>113,899.</u>	<u>06/30/21</u>
106	food _____ _____ _____	\$ <u>53,486.</u>	<u>06/30/21</u>
107	food _____ _____ _____	\$ <u>666,820.</u>	<u>06/30/21</u>
108	food _____ _____ _____	\$ <u>26,399.</u>	<u>06/30/21</u>
109	food _____ _____ _____	\$ <u>8,362.</u>	<u>06/30/21</u>

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
110	food _____ _____ _____	\$ <u>233,369.</u>	<u>06/30/21</u>
111	food _____ _____ _____	\$ <u>446,006.</u>	<u>06/30/21</u>
112	food _____ _____ _____	\$ <u>92,852.</u>	<u>06/30/21</u>
113	food _____ _____ _____	\$ <u>553,637.</u>	<u>06/30/21</u>
114	food _____ _____ _____	\$ <u>128,426.</u>	<u>06/30/21</u>
115	food _____ _____ _____	\$ <u>125,745.</u>	<u>06/30/21</u>

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
116	food _____ _____ _____	\$ <u>33,766.</u>	<u>06/30/21</u>
117	food _____ _____ _____	\$ <u>27,107.</u>	<u>06/30/21</u>
118	food _____ _____ _____	\$ <u>241,140.</u>	<u>06/30/21</u>
119	food _____ _____ _____	\$ <u>27,852.</u>	<u>06/30/21</u>
120	food _____ _____ _____	\$ <u>12,585.</u>	<u>06/30/21</u>
121	food _____ _____ _____	\$ <u>814,557.</u>	<u>06/30/21</u>

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
122	food _____ _____ _____	\$ <u>8,027.</u>	<u>06/30/21</u>
123	food _____ _____ _____	\$ <u>23,394.</u>	<u>06/30/21</u>
124	food _____ _____ _____	\$ <u>630,452.</u>	<u>06/30/21</u>
125	food _____ _____ _____	\$ <u>17,852,149.</u>	<u>06/30/21</u>
126	food _____ _____ _____	\$ <u>35,482.</u>	<u>06/30/21</u>
127	food _____ _____ _____	\$ <u>30,361.</u>	<u>06/30/21</u>

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
128	food <hr/> <hr/> <hr/>	\$ <u>83,485.</u>	<u>06/30/21</u>
129	food <hr/> <hr/> <hr/>	\$ <u>9,076.</u>	<u>06/30/21</u>
130	food <hr/> <hr/> <hr/>	\$ <u>43,129.</u>	<u>06/30/21</u>
131	food <hr/> <hr/> <hr/>	\$ <u>42,694.</u>	<u>06/30/21</u>
132	food <hr/> <hr/> <hr/>	\$ <u>206,298.</u>	<u>06/30/21</u>
133	food <hr/> <hr/> <hr/>	\$ <u>135,064.</u>	<u>06/30/21</u>

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
134	food <hr/> <hr/> <hr/>	\$ <u>141,278.</u>	<u>06/30/21</u>
135	food <hr/> <hr/> <hr/>	\$ <u>91,637.</u>	<u>06/30/21</u>
136	food <hr/> <hr/> <hr/>	\$ <u>18,133.</u>	<u>06/30/21</u>
137	food <hr/> <hr/> <hr/>	\$ <u>111,362.</u>	<u>06/30/21</u>
138	food <hr/> <hr/> <hr/>	\$ <u>50,004.</u>	<u>06/30/21</u>
139	food <hr/> <hr/> <hr/>	\$ <u>8,930.</u>	<u>06/30/21</u>

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
140	food <hr/> <hr/> <hr/>	\$ <u>108,242.</u>	<u>06/30/21</u>
141	food <hr/> <hr/> <hr/>	\$ <u>153,952.</u>	<u>06/30/21</u>
142	food <hr/> <hr/> <hr/>	\$ <u>84,884.</u>	<u>06/30/21</u>
143	food <hr/> <hr/> <hr/>	\$ <u>87,654.</u>	<u>06/30/21</u>
144	food <hr/> <hr/> <hr/>	\$ <u>299,414.</u>	<u>06/30/21</u>
145	food <hr/> <hr/> <hr/>	\$ <u>46,968.</u>	<u>06/30/21</u>

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
146	food _____ _____ _____	\$ <u>178,479.</u>	<u>06/30/21</u>
147	food _____ _____ _____	\$ <u>293,813.</u>	<u>06/30/21</u>
148	food _____ _____ _____	\$ <u>92,107.</u>	<u>06/30/21</u>
149	food _____ _____ _____	\$ <u>44,466.</u>	<u>06/30/21</u>
150	food _____ _____ _____	\$ <u>93,309.</u>	<u>06/30/21</u>
151	food _____ _____ _____	\$ <u>112,152.</u>	<u>06/30/21</u>

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
152	food _____ _____ _____	\$ <u>160,842.</u>	<u>06/30/21</u>
153	food _____ _____ _____	\$ <u>164,822.</u>	<u>06/30/21</u>
154	food _____ _____ _____	\$ <u>145,066.</u>	<u>06/30/21</u>
155	food _____ _____ _____	\$ <u>167,010.</u>	<u>06/30/21</u>
156	food _____ _____ _____	\$ <u>24,283.</u>	<u>06/30/21</u>
157	food _____ _____ _____	\$ <u>1,413,884.</u>	<u>06/30/21</u>

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
158	food _____ _____ _____	\$ <u>1,177,197.</u>	<u>06/30/21</u>
159	food _____ _____ _____	\$ <u>8,183,309.</u>	<u>06/30/21</u>
160	food _____ _____ _____	\$ <u>19,523.</u>	<u>06/30/21</u>
161	food _____ _____ _____	\$ <u>17,506.</u>	<u>06/30/21</u>
162	food _____ _____ _____	\$ <u>77,907.</u>	<u>06/30/21</u>
163	food _____ _____ _____	\$ <u>6,715.</u>	<u>06/30/21</u>

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
164	food _____ _____ _____	\$ <u>114,569.</u>	<u>06/30/21</u>
165	food _____ _____ _____	\$ <u>11,327.</u>	<u>06/30/21</u>
166	food _____ _____ _____	\$ <u>6,052.</u>	<u>06/30/21</u>
167	food _____ _____ _____	\$ <u>52,400.</u>	<u>06/30/21</u>
168	food _____ _____ _____	\$ <u>37,681.</u>	<u>06/30/21</u>
169	food _____ _____ _____	\$ <u>134,269.</u>	<u>06/30/21</u>

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
170	food _____ _____ _____	\$ 11,164.	06/30/21
171	food _____ _____ _____	\$ 14,209.	06/30/21
172	food _____ _____ _____	\$ 29,984.	06/30/21
173	food _____ _____ _____	\$ 5,262.	06/30/21
174	food _____ _____ _____	\$ 45,395.	06/30/21
175	food _____ _____ _____	\$ 63,146.	06/30/21

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
176	food _____ _____ _____	\$ <u>22,531.</u>	<u>06/30/21</u>
177	food _____ _____ _____	\$ <u>141,805.</u>	<u>06/30/21</u>
178	food _____ _____ _____	\$ <u>122,936.</u>	<u>06/30/21</u>
179	food _____ _____ _____	\$ <u>123,989.</u>	<u>06/30/21</u>
180	food _____ _____ _____	\$ <u>5,639.</u>	<u>06/30/21</u>
181	food _____ _____ _____	\$ <u>117,868.</u>	<u>06/30/21</u>

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
182	food <hr/> <hr/> <hr/>	\$ <u>139,200.</u>	<u>06/30/21</u>
183	food <hr/> <hr/> <hr/>	\$ <u>507,387.</u>	<u>06/30/21</u>
184	food <hr/> <hr/> <hr/>	\$ <u>72,210.</u>	<u>06/30/21</u>
185	food <hr/> <hr/> <hr/>	\$ <u>5,638.</u>	<u>06/30/21</u>
186	food <hr/> <hr/> <hr/>	\$ <u>68,687.</u>	<u>06/30/21</u>
187	food <hr/> <hr/> <hr/>	\$ <u>16,542.</u>	<u>06/30/21</u>

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
188	food _____ _____ _____	\$ <u>314,369.</u>	<u>06/30/21</u>
189	food _____ _____ _____	\$ <u>17,510.</u>	<u>06/30/21</u>
190	food _____ _____ _____	\$ <u>77,047.</u>	<u>06/30/21</u>
191	food _____ _____ _____	\$ <u>4,446.</u>	<u>06/30/21</u>
192	food _____ _____ _____	\$ <u>193,933.</u>	<u>06/30/21</u>
193	food _____ _____ _____	\$ <u>17,539.</u>	<u>06/30/21</u>

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
194	food _____ _____ _____	\$ <u>162,866.</u>	<u>06/30/21</u>
195	food _____ _____ _____	\$ <u>65,892.</u>	<u>06/30/21</u>
196	food _____ _____ _____	\$ <u>76,003.</u>	<u>06/30/21</u>
197	food _____ _____ _____	\$ <u>74,542.</u>	<u>06/30/21</u>
198	food _____ _____ _____	\$ <u>40,337.</u>	<u>06/30/21</u>
199	food _____ _____ _____	\$ <u>5,011.</u>	<u>06/30/21</u>

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
200	food <hr/> <hr/> <hr/>	\$ <u>60,134.</u>	<u>06/30/21</u>
201	food <hr/> <hr/> <hr/>	\$ <u>27,283.</u>	<u>06/30/21</u>
202	food <hr/> <hr/> <hr/>	\$ <u>45,546.</u>	<u>06/30/21</u>
203	food <hr/> <hr/> <hr/>	\$ <u>38,976.</u>	<u>06/30/21</u>
204	food <hr/> <hr/> <hr/>	\$ <u>70,949.</u>	<u>06/30/21</u>
205	food <hr/> <hr/> <hr/>	\$ <u>14,104.</u>	<u>06/30/21</u>

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
206	food <hr/> <hr/> <hr/>	\$ 11,484.	06/30/21
_____	<hr/> <hr/> <hr/>	\$ _____	_____
_____	<hr/> <hr/> <hr/>	\$ _____	_____
_____	<hr/> <hr/> <hr/>	\$ _____	_____
_____	<hr/> <hr/> <hr/>	\$ _____	_____
_____	<hr/> <hr/> <hr/>	\$ _____	_____
_____	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020
Open to Public Inspection

Name of the organization **MONTGOMERY AREA FOOD BANK, Inc.** Employer identification number **63-0931846**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 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 7/25/06, 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?

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)?

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

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

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

b If the organization elected, as permitted under FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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" on 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 XIII 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 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" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		410,066.		410,066.
b Buildings		5,060,379.	1,677,530.	3,382,849.
c Leasehold improvements				
d Equipment		2,209,157.	1,615,483.	593,674.
e Other		59,391.	55,964.	3,427.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,390,016.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL TAXES AND WITHHOLDINGS	29,404.
(3) CAPITAL LEASE PAYABLE	28,568.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	57,972.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part II Fundraising Events. Complete if the organization answered "Yes" on 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 (add col. (a) through col. (c))
		Mailings (event type)	(event type)	None (total number)	
Revenue	1 Gross receipts	784,918.			784,918.
	2 Less: Contributions	784,918.			784,918.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

Part III Gaming. Complete if the organization answered "Yes" on 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				
	2 Cash prizes				
Direct Expenses	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. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:

(i) Name of Fundraiser: **RKD Alpha Dog Co, Inc**

(i) Address of Fundraiser: **800 S 13th St, Lincoln, NE 68512**

Part I, Line 2b, Column (v):

Professional Fundraiser is used to handle mailings and solicitations of potential and past donors.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **MONTGOMERY AREA FOOD BANK, Inc.** Employer identification number **63-0931846**

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that 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 noncash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____

3 Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals. 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 noncash assistance
commodities to state of Alabama needy individuals	240000	0.	53,264,182.	Weighted average for USDA commodities all other were at the Feeding America	Food commodities.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

The Montgomery Area Food Bank maintains the required process of monitoring their agencies to make sure that they are meeting the income criteria as well as not charging the individuals for food. The Organization monitors these agencies every two years to make sure that the agencies maintain proper documentation, cooler temperatures, storage facilities, records of who they provided the commodities to during the monitoring time period. The eligibility requirements are set by USDA as is the required monitoring of the agencies. During the monitoring process eligibility requirements of

Part IV Supplemental Information

the USDA grant are checked.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

MONTGOMERY AREA FOOD BANK, Inc.

Employer identification number

63-0931846

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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Schedule J (Form 990) 2020

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Thompson Insurance	owner of company is	120.	Liability i		X
US Ameribank/Valley Nation	board member is ban	585,840.	Food bank h		X
WSFA	News company which	28,030.	Purchased A		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Thompson Insurance

(b) Relationship Between Interested Person and Organization:

owner of company is board member

(d) Description of Transaction: Liability insurance was purchased through his company.

(a) Name of Person: US Ameribank/Valley National

(b) Relationship Between Interested Person and Organization:

board member is banker

(d) Description of Transaction: Food bank has their cash deposits with this bank

(a) Name of Person: WSFA

(b) Relationship Between Interested Person and Organization:

News company which advertising is purchachased is operated by board memeber

(d) Description of Transaction: Purchased Advertising

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **MONTGOMERY AREA FOOD BANK, Inc.** Employer identification number **63-0931846**

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	99,999	54,341,937.	FMV and weighted ave
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 V, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2020

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Line 32b:

Various community organizations hold food drives. Agencies and PDOs are used to pass food along to Alabama's "food insecure" citizens.

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.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

MONTGOMERY AREA FOOD BANK, Inc.

Employer identification number

63-0931846

Form 990, Part I, Line 1, Description of Organization Mission:

OF EDIBLE FOOD TO QUALIFIED AGENCIES.

Form 990, Part III, Line 4c, Program Service Accomplishments:

weekly distributions to 4,050 food-insecure children and their families.

Form 990, Part VI, Section A, line 2:

There are several of the board members that have had business transactions with the Montgomery Area Food Bank, Inc. during the year ended June 30, 2017. None of the board members are related to each other.

Form 990, Part VI, Section B, line 11b:

The management of MAFB were given a draft copy of the 990 for their review. Time was allowed for them to review and ask questions as well as notice given to them to contact the preparer of the return no later than September 30, 2017 with any further questions or corrections.

Form 990, Part VI, Section B, Line 12c:

At board meetings, the board is reminded of policies regarding conflicts of interest. Staff are also reminded at staff meetings of the conflict of interest policy.

Form 990, Part VI, Section B, Line 15:

The board approves the executive directors compensation as well as all key employees salaries. This information of comparable salaries is on most

Name of the organization MONTGOMERY AREA FOOD BANK, Inc.	Employer identification number 63-0931846
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websites for other like organizations and Feeding America provides access to this information so that the board has comparable data to use in determining compensation.

Form 990, Part VI, Section C, Line 19:

The financial statements, governing documents, and conflicts of interest policy are available upon request.

Form 990, Part IX, Line 9

Decrease in net assets with donor restrictions. 494,613

Part XII Line 2c

The board of directors and top management review the audit and accept responsibility over the audited financial statements. This same group also selects the independent auditors to conduct the audit. This has been the policy for prior years.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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2020

Open to Public Inspection

Name of the organization **MONTGOMERY AREA FOOD BANK, Inc.** Employer identification number **63-0931846**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
East Alabama Food Bank 355 Industry Dr. Auburn, AL 36832	Partner Distribution Organization	Alabama	501(c)(3)	Line 10			X
Selma Area Food Bank 101 Cragin Industrial Park Ave C Selma, AL 36701	Partner Distribution Organization	Alabama	501(c)(3)	Line 10			X
Wiregrass Area Food Bank 382 Twitchell Rd Dothan, AL 36303	Partner Distribution Organization	Alabama	501(c)(3)	Line 10			X
West Alabama Food Bank 3160 McFarland Blvd Northport, AL 35476	Partner Distribution Organization	Alabama	501(c)(3)	Line 10			X

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

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) West Alabama Food Bank	C	802,821.	cash
(2) Selma Area Food Bank	C	365,797.	cash
(3) Wiregrass Area Food Bank	C	440,900.	cash
(4) Food Bank of East Alabama	C	510,160.	cash
(5) West Alabama Food Bank	R	6,996,054.	pounds of food
(6) Selma Area Food Bank	R	3,426,177.	pounds of food

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) Food Bank of East Alabama	R	113,723.	pounds of food
(8) Wiregrass Area Food Bank	R	5,189,404.	pounds of food
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

2020 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
				.000		HY16									
	* 990 Page 10 Total Other						0.				0.	0.		0.	0.
	Furniture & Fixtures														
11	STAINLESS STEEL CARTS (2)	04/12/99	SL	7.00		HY17	429.				429.	429.		0.	429.
45	CAST BRONZE SIGN	12/18/98	SL	7.00		HY17	440.				440.	440.		0.	440.
55	NEW CARPET IN OFFICES	04/24/00	SL	7.00		HY17	1,432.				1,432.	1,432.		0.	1,432.
57	WALNUT DESK-PARKE'S OFFICE	05/10/00	SL	7.00		HY17	300.				300.	300.		0.	300.
58	ROUND CONFERENCE TABLE	06/12/00	SL	7.00		HY17	383.				383.	383.		0.	383.
108	Electronic Platform Scale	03/29/02	SL	5.00		HY17	2,372.			712.	1,660.	1,660.		0.	1,660.
122	Computer Desk	01/09/03	SL	7.00		HY17	400.			120.	280.	280.		0.	280.
203	Firesafe File Cabnet	09/06/07	SL	7.00		16	410.				410.	410.		0.	410.
211	Stove	03/06/08	SL	5.00		16	465.				465.	465.		0.	465.
239	Desk	10/21/08	SL	5.00		16	730.				730.	730.		0.	730.
259	Computer Desk w/ Hutch - Gretchen	10/15/09	SL	7.00		HY17	199.				199.	199.		0.	199.
263	Fire Filing Cabinet	11/30/09	SL	7.00		HY17	1,650.				1,650.	1,650.		0.	1,650.
278	Contact Kit for Compactor	08/05/10	SL	5.00		16	756.				756.	756.		0.	756.
290	Black Refrigerator	05/05/11	SL	5.00		16	395.				395.	395.		0.	395.
292	New Desk (Sheri)	05/11/11	SL	5.00		16	1,129.				1,129.	1,129.		0.	1,129.

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293	New Desk (Bill)	05/11/11	SL	5.00		16	1,126.				1,126.	1,126.		0.	1,126.
303	Awning (Smoking area)	03/12/12	SL	5.00		16	925.				925.	925.		0.	925.
331	New Battery	07/08/13	SL	5.00		HY17	3,035.			1,518.	1,517.	1,517.		0.	1,517.
332	1 Projector and 1 32 GB Tablet	07/16/13	SL	5.00		HY17	721.			360.	361.	361.		0.	361.
333	5 Display Cabinets	07/31/13	SL	7.00		HY17	2,515.			1,258.	1,257.	1,168.		89.	1,257.
334	New BTM Panel - unit 25	07/31/13	SL	5.00		HY17	777.			389.	388.	388.		0.	388.
337	Wire harnes and control board	08/26/13	SL	5.00		HY17	2,910.			1,455.	1,455.	1,456.		0.	1,456.
355	2 Cordless Phones	07/15/14	SL	5.00		HY17	1,306.			653.	653.	653.		0.	653.
356	Convection Oven for Kitchen	07/23/14	SL	7.00		HY17	3,159.			1,580.	1,579.	1,241.		226.	1,467.
360	Refrigerator	08/14/14	SL	5.00		HY17	545.			272.	273.	273.		0.	273.
361	Work Tables - 4	08/14/14	SL	5.00		HY17	2,500.			1,250.	1,250.	1,250.		0.	1,250.
362	2 Blue Computer Cabinet	08/28/14	SL	5.00		HY17	722.			361.	361.	361.		0.	361.
363	Repair Liftgate	08/29/14	SL	5.00		HY17	1,863.			932.	931.	931.		0.	931.
365	Apple Airport Express	09/08/14	SL	5.00		HY17	395.			198.	197.	197.		0.	197.
369	Valance	10/15/14	200DB	5.00		HY17	550.			275.	275.	275.		0.	275.
370	2 Storage Units	11/05/14	SL	5.00		HY17	5,790.			2,895.	2,895.	2,895.		0.	2,895.
371	205 Cardinal Model	12/30/14	SL	7.00		HY17	726.			363.	363.	285.		52.	337.
372	Condensing Coil	03/18/15	SL	5.00		HY17	3,225.				3,225.	3,225.		0.	3,225.

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375	New Engine	04/15/15	SL	7.00	HY17	12,753.				12,753.	10,021.		1,822.	11,843.
379	Sentry Safe Fire Cabinet	06/15/15	SL	5.00	HY17	770.				770.	770.		0.	770.
410	New Engine	05/31/16	SL	5.00	HY17	4,068.			2,034.	2,034.	1,831.		203.	2,034.
426	Sutton L-shaped desk for Brooke	04/13/17	SL	5.00	HY17	462.			231.	231.	161.		46.	207.
	* 990 Page 10 Total Furniture & Fixtures					62,333.			16,856.	45,477.	41,968.		2,438.	44,406.
	Land													
32	LAND (1.07acres)	10/04/91	NC	.000	HY	78,932.				78,932.			0.	
85	Crushed gravel for parking lot	02/20/00	SL	15.00	HY17	1,250.				1,250.	1,250.		0.	1,250.
140	Land (.19 acres)	07/03/02	L			8,100.				8,100.			0.	
294	Old Dominion (Lot Next Door)	05/31/11	L			239,953.				239,953.			0.	
436	Land - 541 Trade Center Purchase	06/30/18	L			26,500.				26,500.			0.	
	* 990 Page 10 Total Land					354,735.				354,735.	1,250.		0.	1,250.
	Other													
1	36 X 72 CABINET	10/19/95	SL	5.00	HY17	168.				168.	168.		0.	168.
2	SINK SET UP (KITCHEN)	03/07/95	SL	5.00	HY17	855.				855.	855.		0.	855.
3	OFFICE CART WITH CABINET	03/31/95	SL	5.00	HY17	184.				184.	184.		0.	184.
4	SECOND SINK SET UP	03/17/95	SL	5.00	HY17	1,129.				1,129.	1,129.		0.	1,129.
5	COMPUTER DESK	06/05/95	SL	7.00	HY17	170.				170.	170.		0.	170.

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6	ADDT'L PRO STAR TELEPHONE EQUIPMENT	03/31/92	SL	5.00	HY17	590.				590.	590.		0.	590.
7	DECK BUMPERS	02/13/97	SL	10.00	MC17	1,051.				1,051.	1,051.		0.	1,051.
8	FLOOR SCALE INSTALLATION-CARDINAL SCALE	03/30/92	SL	5.00	HY17	303.				303.	303.		0.	303.
9	DESIGN SERVICES FOR FACILITY EXPANSION	05/11/98	SL	39.00	MM17	2,000.				2,000.	1,125.		51.	1,176.
10	ADDT'L PALLET RACKING-MISC INVOICES	04/01/92	SL	5.00	HY17	836.				836.	836.		0.	836.
12	FH544IJE FLOOR SCALE	06/13/96	SL	5.00	HY17	1,959.				1,959.	1,959.		0.	1,959.
13	TEAR DROP PALLET RACKS	08/07/96	SL	5.00	HY17	1,378.				1,378.	1,378.		0.	1,378.
14	FREEZER BULKHEAD	07/31/96	SL	5.00	HY17	600.				600.	600.		0.	600.
15	FILE CABINET	08/20/96	SL	5.00	HY17	285.				285.	285.		0.	285.
16	(3) DOCK LEVELERS	08/20/96	SL	5.00	HY17	3,085.				3,085.	3,085.		0.	3,085.
17	ALUM DOCK BOARD	06/30/97	SL	5.00	MC17	560.				560.	560.		0.	560.
18	PLATFORM SCALE MOD708	07/31/97	SL	5.00	MC17	2,192.				2,192.	2,192.		0.	2,192.
19	(2) TWO-SHELF DISTRIBUTION CARTS	07/31/97	SL	5.00	MC17	827.				827.	827.		0.	827.
20	GNB BATTERY 18-85-17G	10/30/97	SL	5.00	MC17	2,975.				2,975.	2,975.		0.	2,975.
21	(6) PLATFORM DOLLIES	11/12/97	SL	5.00	MC17	1,383.				1,383.	1,383.		0.	1,383.
22	MULTIMEDIA PC	12/31/97	SL	5.00	MC17	1,000.				1,000.	1,000.		0.	1,000.
23	TELEPHONES AND INSTALLATION	06/16/98	SL	5.00	MC17	2,475.				2,475.	2,475.		0.	2,475.
24	BELT CONVEYOR FOR WAREHOUSE EXPANSION	04/29/98	SL	7.00	MC17	3,304.				3,304.	3,304.		0.	3,304.

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25	RACKING SYSTEM FOR WAREHOUSE EXPANSION	06/25/98	SL	10.00	MC17	21,373.				21,373.	21,373.		0.	21,373.
26	EXECUTIVE DESK (LON)	06/16/98	SL	7.00	MC17	299.				299.	299.		0.	299.
27	NAME PLATE FOR NEW COOLER	06/30/98	SL	7.00	MC17	270.				270.	270.		0.	270.
28	CHAIRS, TABLES, CABINETS, ETC FOR EXPANSION	05/06/98	SL	7.00	MC17	1,910.				1,910.	1,910.		0.	1,910.
29	SCSI CARD/YAMAHA OPTICAL DRIVE	09/25/98	SL	5.00	HY17	650.				650.	650.		0.	650.
30	LIFT GATE FOR TRUCK	11/12/98	SL	5.00	HY17	5,641.				5,641.	5,641.		0.	5,641.
31	27X48 PALLET TRUCK	04/26/99	SL	5.00	HY17	431.				431.	431.		0.	431.
33	BUILDING	04/30/92	SL	31.50	MM17	449,828.				449,828.	387,985.		14,280.	402,265.
34	WALK IN FREEZER BOX	12/22/95	SL	31.50	MM17	93,060.				93,060.	68,993.		2,954.	71,947.
35	CHAIN LINK FENCE	12/21/95	SL	10.00	HY17	710.				710.	710.		0.	710.
36	FREEZER BOX SHELVING	12/28/95	SL	10.00	HY17	1,823.				1,823.	1,823.		0.	1,823.
37	(2) DOCK CANOPIES	04/14/97	SL	15.00	MC17	10,698.				10,698.	10,698.		0.	10,698.
38	NEW 1200 AMP/3PHASE SERVICE/MAIN PANEL TO BLD	06/30/97	SL	39.00	MM17	7,885.				7,885.	4,620.		202.	4,822.
39	WAREHOUSE EXPANSION FACILITY	05/11/98	SL	39.00	MM17	467,638.				467,638.	263,156.		11,991.	275,147.
40	LIGHTING FIXTURES FOR FREEZER	07/15/97	SL	10.00	MC17	1,612.				1,612.	1,612.		0.	1,612.
41	DOWN RAMP FOR LOADING DOCK (DONATED)	10/01/97	SL	39.00	MM17	12,000.				12,000.	6,930.		308.	7,238.
42	FENCE AROUND AIR COMPRESSOR	09/26/98	SL	7.00	HY17	634.				634.	634.		0.	634.
43	PARKING LOT	11/18/98	SL	39.00	MM17	15,135.				15,135.	8,326.		388.	8,714.

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44	PROBATE & CITY OF MONT FEES FOR PLAT	07/31/98	SL	39.00	MM	17	492.				492.	275.		13.	288.
46	GRAY UTILITY CART	10/10/96	SL	5.00	MC	17	182.				182.	182.		0.	182.
47	36" BARREL FAN	08/05/99	SL	5.00	HY	17	219.				219.	219.		0.	219.
48	REBUILT TRANSMISSION-INT'L TRUCK	10/25/99	SL	5.00	HY	17	3,903.				3,903.	3,903.		0.	3,903.
49	REFRIGERATOR-TRUE T49	10/28/99	SL	5.00	HY	17	2,413.				2,413.	2,413.		0.	2,413.
50	REPLACED SIDING	11/05/99	SL	7.00	HY	17	2,825.				2,825.	2,825.		0.	2,825.
51	BATTERY	12/16/99	SL	5.00	HY	17	567.				567.	567.		0.	567.
52	SECURITY KEYPAD & DOOR SWITCH	01/31/00	SL	5.00	HY	17	1,200.				1,200.	1,200.		0.	1,200.
53	PALLET JACK	02/08/00	SL	5.00	HY	17	768.				768.	768.		0.	768.
54	GDM72F FREEZER	04/12/00	SL	5.00	HY	17	5,876.				5,876.	5,876.		0.	5,876.
56	CASTER ASSY, ELECTRIC PALLET JACKS	04/24/00	SL	5.00	HY	17	349.				349.	349.		0.	349.
59	REBUILT COMPACTOR CYLINDER	06/28/00	SL	5.00	HY	17	707.				707.	707.		0.	707.
60	GNB BATTERY CHARGER	06/28/00	SL	5.00	HY	17	1,030.				1,030.	1,030.		0.	1,030.
61	REBUILT HYD PUMP MOTOR-NISSAN	06/30/00	SL	5.00	HY	17	865.				865.	865.		0.	865.
62	HP LASERJET PRINTER	05/05/00	SL	5.00	HY	17	432.				432.	432.		0.	432.
63	2-HD TV/VCR	04/10/01	SL	5.00	MC	17	249.				249.	249.		0.	249.
64	(2) Eye wash portals	04/16/01	SL	7.00	MC	17	715.				715.	715.		0.	715.
65	Pallet Jack CAT Model 27-48	05/07/01	SL	7.00	MC	17	399.				399.	399.		0.	399.

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66	Expand Freezer Capacity	05/31/01	SL	39.00	MM17	37,062.				37,062.	18,044.		950.	18,994.
67	Motor for Barr	06/07/01	SL	5.00	MC17	731.				731.	731.		0.	731.
68	Racking for freezer	06/07/01	SL	7.00	MC17	10,220.				10,220.	10,220.		0.	10,220.
69	Logos for new truck	06/27/01	SL	5.00	MC17	355.				355.	355.		0.	355.
70	Caster wheel for Barr	06/27/01	SL	5.00	MC17	436.				436.	436.		0.	436.
71	Lift gate for truck 38x72+4	08/09/00	SL	5.00	MC17	3,137.				3,137.	3,137.		0.	3,137.
72	Fan	08/08/00	SL	7.00	MC17	214.				214.	214.		0.	214.
73	Blue Giant ROI 55 Jack	08/23/00	SL	7.00	MC17	459.				459.	459.		0.	459.
74	Platform Gate	09/11/00	SL	5.00	MC17	903.				903.	903.		0.	903.
75	PHN-KX-TG255 Phone	09/11/00	SL	5.00	MC17	170.				170.	170.		0.	170.
76	(2) Hi Volume Blower 36 in Fans	09/11/00	SL	7.00	MC17	747.				747.	747.		0.	747.
77	Pallet Jack	09/20/00	SL	7.00	MC17	399.				399.	399.		0.	399.
78	Crow Battery 6-85-13	10/13/00	SL	5.00	MC17	790.				790.	790.		0.	790.
79	Jamco Mobile Cart 24"X48" 2 sh	10/13/00	SL	5.00	MC17	407.				407.	407.		0.	407.
80	Chain link fence w/barbed wire 131'	02/15/01	SL	15.00	MC17	1,737.				1,737.	1,737.		0.	1,737.
81	Glass windows	02/15/01	SL	15.00	MC17	160.				160.	160.		0.	160.
82	Glass windows	02/15/01	SL	15.00	MC17	160.				160.	160.		0.	160.
83	Glass windows	02/15/01	SL	15.00	MC17	160.				160.	160.		0.	160.

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84	Glass windows	02/15/01	SL	15.00		MC17	160.				160.	160.		0.	160.
86	42" forks for Niss model BO2	03/22/01	SL	5.00		MC17	679.				679.	679.		0.	679.
87	Concrete up-ramp for freezer	06/06/01	SL	15.00		MC17	4,947.				4,947.	4,947.		0.	4,947.
88	30 lb Receiver Tank for Freezer	07/16/01	SL	5.00		HY17	937.				937.	937.		0.	937.
89	Motor Control for Freezer	07/16/01	SL	5.00		HY17	2,801.				2,801.	2,801.		0.	2,801.
90	CAT Pallet Jack	07/30/01	SL	5.00		HY17	411.				411.	411.		0.	411.
91	Magline Handtruck	08/09/01	SL	5.00		HY17	473.				473.	473.		0.	473.
92	TV/VCR Combo	09/12/01	SL	5.00		HY17	199.			60.	139.	139.		0.	139.
93	Steam Ultra LS Vacuum	09/12/01	SL	5.00		HY17	229.			69.	160.	160.		0.	160.
94	Fencing	09/28/01	SL	7.00		HY17	750.			225.	525.	525.		0.	525.
95	Freezer Unit for Truck	10/09/01	SL	5.00		HY17	5,850.			1,755.	4,095.	4,095.		0.	4,095.
96	SD 5120 Floor Buffer	10/11/01	SL	5.00		HY17	990.			297.	693.	693.		0.	693.
97	Electric Sink Sanitizer	10/22/01	SL	5.00		HY17	459.			138.	321.	321.		0.	321.
98	6 HP 20 Gallon Air Compressor	11/19/01	SL	5.00		HY17	317.			95.	222.	222.		0.	222.
99	Pallet Jack	12/12/01	SL	5.00		HY17	400.			120.	280.	280.		0.	280.
100	Backrest for Forklift	01/29/02	SL	5.00		HY17	439.			132.	307.	307.		0.	307.
101	Bohn 3/4 HP Motor	02/11/02	SL	5.00		HY17	736.			221.	515.	515.		0.	515.
102	Pallet Truck	02/28/02	SL	5.00		HY17	550.			165.	385.	385.		0.	385.

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103	Crown Pallet Jack	03/08/02	SL	5.00	HY17	479.			144.	335.	335.		0.	335.
104	Water Cooler	03/08/02	SL	5.00	HY17	1,304.			391.	913.	913.		0.	913.
105	LC51 Cannister Vacuum	03/19/02	SL	5.00	HY17	197.			59.	138.	138.		0.	138.
106	Condenser Fan Motor-Office AC	03/29/02	SL	5.00	HY17	368.			110.	258.	258.		0.	258.
107	3/4 HP Motor for Freezer	03/29/02	SL	5.00	HY17	690.			207.	483.	483.		0.	483.
109	Electric Pallet Jack	04/09/02	SL	5.00	HY17	8,499.			2,550.	5,949.	5,949.		0.	5,949.
110	Unigauge for Electric Pallet Jack	04/30/02	SL	5.00	HY17	495.			149.	346.	346.		0.	346.
111	LD-270 Hopper	04/30/02	SL	5.00	HY17	400.			120.	280.	280.		0.	280.
112	Rebuild Steer Motor- Nissan CUB01L20V	06/10/02	SL	5.00	HY17	1,942.			583.	1,359.	1,359.		0.	1,359.
113	Caterpillar Model 2EC25	06/25/02	SL	5.00	HY17	11,999.			3,600.	8,399.	8,399.		0.	8,399.
114	Shelf Units for Freezer	06/25/02	SL	5.00	HY17	616.			185.	431.	431.		0.	431.
115	Dyna-Lift Racking	08/08/02	SL	7.00	HY17	6,244.			1,873.	4,371.	4,371.		0.	4,371.
116	Pallet Truck	08/27/02	SL	5.00	HY17	550.			165.	385.	385.		0.	385.
117	Pedastal Fan and Wall Mount Fan	09/10/02	SL	7.00	HY17	1,120.			336.	784.	784.		0.	784.
118	Dyna-Lift Racking	10/29/02	SL	7.00	HY17	5,333.			1,600.	3,733.	3,733.		0.	3,733.
119	Total Handling Equipment	10/29/02	SL	5.00	HY17	917.			275.	642.	642.		0.	642.
120	Roura Iron Works Hopper Model	10/29/02	SL	5.00	HY17	462.			139.	323.	323.		0.	323.
121	Toyota Materials	11/12/02	SL	5.00	HY17	1,120.			336.	784.	784.		0.	784.

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123	Bedsole Cooling Evaporator Motor	01/29/03	SL	5.00	HY17	537.			161.	376.	376.		0.	376.
124	Racking for Offsite Storage	02/28/03	SL	7.00	HY17	22,258.			6,677.	15,581.	15,581.		0.	15,581.
125	Dyna-Lift Manual Jack	03/06/03	SL	5.00	HY17	680.			204.	476.	476.		0.	476.
126	Power Source Battery	03/06/03	SL	5.00	HY17	2,819.			846.	1,973.	1,973.		0.	1,973.
127	Dyna-Lift Battery Handling Beam	03/14/03	SL	7.00	HY17	478.			143.	335.	335.		0.	335.
128	Toyota Materials electric Forklift	03/17/03	SL	5.00	HY21	29,732.			8,920.	20,812.	20,812.		0.	20,812.
129	New Cooler and Refrigeration Equipment	04/25/03	SL	31.50	MM17	46,764.				46,764.	24,363.		1,485.	25,848.
130	Toyota Materials Handling Battery	04/30/03	SL	5.00	HY17	727.			218.	509.	509.		0.	509.
131	Toyota Materials Replaced Pump Contactor	06/09/03	SL	5.00	HY17	542.			271.	271.	271.		0.	271.
132	Toyota Materials New Battery	06/09/03	SL	5.00	HY17	1,615.			808.	807.	807.		0.	807.
133	Bedsole Cooking Evap Motor	06/09/03	SL	5.00	HY17	665.			333.	332.	332.		0.	332.
134	Turner Scale Replaced Beam Cell in Scale	06/09/03	SL	5.00	HY17	526.			263.	263.	263.		0.	263.
135	Insulated Transport Container	06/09/03	SL	5.00	HY17	4,429.			2,215.	2,214.	2,214.		0.	2,214.
136	Elec Rider Jack	06/30/03	SL	5.00	HY17	7,687.			3,844.	3,843.	3,843.		0.	3,843.
137	Cool Room & Condenser Wiring	04/25/03	SL	39.00	MM17	1,542.				1,542.	677.		40.	717.
138	New Bathroom Wiring	04/25/03	SL	39.00	MM17	1,542.				1,542.	677.		40.	717.
139	Major Building Rewiring	04/25/03	SL	39.00	MM17	9,252.				9,252.	4,056.		237.	4,293.
141	Platinum Plus Dell Computer	09/11/03	SL	5.00	MC17	2,018.			1,009.	1,009.	1,009.		0.	1,009.

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142	Manual Pallet Jack	10/07/03	SL	7.00	MC17	285.			143.	142.	142.		0.	142.
143	3/4 RPM Condenser Motor	01/13/04	SL	5.00	MC17	1,163.			582.	581.	581.		0.	581.
144	Replaced Copier Parts	01/20/04	SL	5.00	MC17	747.			374.	373.	373.		0.	373.
145	RReplaced Rod Assy	01/20/04	SL	5.00	MC17	2,681.			1,340.	1,341.	1,341.		0.	1,341.
146	HL-1400 Printer	01/20/04	SL	5.00	MC17	178.			89.	89.	89.		0.	89.
147	Furance for Downstairs	02/04/04	SL	5.00	MC17	2,870.			1,435.	1,435.	1,435.		0.	1,435.
148	Used P38	03/23/04	SL	5.00	MC17	220.			110.	110.	110.		0.	110.
149	Pallet Jack	04/08/04	SL	5.00	MC17	3,850.			1,925.	1,925.	1,925.		0.	1,925.
150	Rubber Spring on FL80	04/08/04	SL	5.00	MC17	733.			366.	367.	367.		0.	367.
151	Platform for FL70 Truck	05/18/04	SL	5.00	MC17	1,561.			780.	781.	781.		0.	781.
152	(3) Watering Systems for Forklifts	05/18/04	SL	5.00	MC17	1,161.			581.	580.	580.		0.	580.
153	Firewall & Radio/Power Splitter	05/26/04	SL	5.00	MC17	1,094.			547.	547.	547.		0.	547.
154	(6) Insulated Pallet Covers	06/16/04	SL	5.00	MC17	1,459.			730.	729.	729.		0.	729.
155	Freezer door, electric motor	07/20/04	SL	39.00	MM17	15,190.				15,190.	6,181.		389.	6,570.
156	Spring Assy on FL80	07/27/04	SL	5.00	HY17	1,945.			973.	972.	972.		0.	972.
157	Wall Panels	09/08/04	SL	5.00	HY17	3,461.			1,731.	1,730.	1,730.		0.	1,730.
158	Battery Watering System	09/29/04	SL	5.00	HY17	338.			169.	169.	169.		0.	169.
159	Toyota Forklift	10/28/04	SL	5.00	HY17	23,309.			11,655.	11,654.	11,654.		0.	11,654.

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160	Battery Watering System, 18-Cell Philly Water	11/09/04	SL	5.00		HY17	756.			378.	378.	378.		0.	378.
161	Crown Charger	12/08/04	SL	5.00		HY17	2,150.			1,075.	1,075.	1,075.		0.	1,075.
162	Manual Pallet Jack	02/15/05	SL	5.00		HY17	380.				380.	380.		0.	380.
163	Crown Battery	02/23/05	SL	5.00		HY17	3,213.				3,213.	3,213.		0.	3,213.
164	Security Camera	05/11/05	SL	5.00		HY17	3,600.				3,600.	3,600.		0.	3,600.
165	New Lift Arm for FL70 Truck	06/03/05	SL	5.00		HY17	2,852.				2,852.	2,852.		0.	2,852.
166	(2) 30in Fans	06/17/05	SL	5.00		HY17	348.				348.	348.		0.	348.
167	Ceiling & Drywall Separation	01/07/05	SL	39.00		MM17	5,825.				5,825.	2,297.		149.	2,446.
168	pallet jack	06/29/05	SL	5.00		HY17	287.				287.	287.		0.	287.
169	Rheem 5 Ton Condensing Unit	06/20/05	SL	7.00		HY17	2,650.				2,650.	2,650.		0.	2,650.
170	(2) Palet Trucks	11/02/05	SL	5.00		16	927.				927.	927.		0.	927.
171	Range	12/05/05	SL	5.00		16	5,609.				5,609.	5,609.		0.	5,609.
172	(1) 15 Ton Compressor	12/14/05	SL	5.00		16	11,748.				11,748.	11,748.		0.	11,748.
173	Lift Gate	12/28/05	SL	5.00		16	7,017.				7,017.	7,017.		0.	7,017.
174	Washing Machine	01/31/06	SL	5.00		16	597.				597.	597.		0.	597.
175	Dryer	01/31/06	SL	5.00		16	379.				379.	379.		0.	379.
176	Compressor (Freezer Unit)	02/07/06	SL	5.00		16	9,575.				9,575.	9,575.		0.	9,575.
177	Add to Existing Camera System	03/08/06	SL	5.00		16	3,100.				3,100.	3,100.		0.	3,100.

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178	1 Dell Computers (Carey)	03/08/06	SL	5.00		16	531.				531.	531.		0.	531.
179	Brake replaced on forklift	03/08/06	SL	5.00		16	2,015.				2,015.	2,015.		0.	2,015.
180	Projector	04/10/06	SL	5.00		16	290.				290.	290.		0.	290.
181	Phone System	04/24/06	SL	5.00		16	7,625.				7,625.	7,625.		0.	7,625.
182	Range Hood	05/03/06	SL	5.00		16	396.				396.	396.		0.	396.
183	Ktchen Cabinets	08/01/06	SL	15.00		16	11,000.				11,000.	10,205.		733.	10,938.
184	2007 Intl Refer Truck	04/26/06	SL	5.00		16	103,592.				103,592.	100,139.		0.	100,139.
185	Compressors on Van	08/08/06	SL	5.00		16	3,222.				3,222.	3,222.		0.	3,222.
186	Fork Lift	08/08/06	SL	5.00		16	26,230.				26,230.	26,230.		0.	26,230.
187	Steam Table	08/14/06	SL	5.00		16	1,129.				1,129.	1,129.		0.	1,129.
188	(2) HP Evaporator Fan Motor	08/29/06	SL	5.00		16	901.				901.	901.		0.	901.
189	Pump Motor for Toyota	09/07/06	SL	5.00		16	649.				649.	649.		0.	649.
190	Paper Shreddar	10/01/06	SL	5.00		16	2,097.				2,097.	2,097.		0.	2,097.
191	(3) Fan Motors	10/01/00	SL	5.00		16	1,189.				1,189.	713.		0.	713.
192	Watering Kit	10/04/06	SL	5.00		16	463.				463.	463.		0.	463.
193	Battery Charger	11/14/06	SL	5.00		16	2,102.				2,102.	2,102.		0.	2,102.
194	Glass Door for Display Freezer	11/30/06	SL	5.00		16	5,659.				5,659.	5,659.		0.	5,659.
195	Computer Cabinet	12/19/06	SL	5.00		16	378.				378.	378.		0.	378.

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196	Crown Battery	01/23/07	SL	5.00		16	1,860.				1,860.	1,860.		0.	1,860.
197	Palet Jack	02/07/07	SL	5.00		16	463.				463.	463.		0.	463.
198	Wall in Front Office	03/12/07	SL	15.00		16	3,125.				3,125.	2,777.		208.	2,985.
199	Digital Camera	03/15/07	SL	5.00		16	251.				251.	251.		0.	251.
200	Charger (Model CR24FR3B-765)	03/22/07	SL	5.00		16	2,398.				2,398.	2,398.		0.	2,398.
201	Cube Style Ice Machine	05/09/07	SL	5.00		16	2,649.				2,649.	2,649.		0.	2,649.
202	Replaced amp on Toyota	08/08/07	SL	5.00		16	2,720.				2,720.	2,720.		0.	2,720.
204	New rear caster wheel	09/06/07	SL	5.00		16	921.				921.	921.		0.	921.
205	Kyocera Printer-Kathy	10/10/07	SL	5.00		16	729.				729.	729.		0.	729.
206	New fence around compress freezers	10/17/07	SL	15.00		16	3,350.				3,350.	2,828.		223.	3,051.
207	New wharehouse addition	06/30/08	SL	39.00	MM	16	520,392.				520,392.	160,120.		13,343.	173,463.
208	New Compressor for Freezer	12/07/07	SL	5.00		16	5,800.				5,800.	5,800.		0.	5,800.
209	New parts for Engine F180	02/06/08	SL	5.00		16	6,717.				6,717.	6,717.		0.	6,717.
210	Control arm harness	02/29/08	SL	5.00		16	774.				774.	774.		0.	774.
212	Copier	03/21/08	SL	5.00		16	6,410.				6,410.	6,410.		0.	6,410.
213	Lifting cylinder	04/04/08	SL	5.00		16	566.				566.	566.		0.	566.
214	Battery for Forklift	05/06/08	SL	5.00		16	907.				907.	907.		0.	907.
215	Dell Optiplex computer - JoAnn	05/14/08	SL	5.00		16	871.				871.	871.		0.	871.

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216	Printer HP P2015DN	06/10/08	SL	5.00		16	500.				500.	500.		0.	500.
217	Fence	07/03/08	SL	10.00		16	3,565.				3,565.	3,565.		0.	3,565.
218	Schloss Memorial Plaque	07/03/08	SL	10.00		16	875.				875.	875.		0.	875.
219	Freezer Comfort Zone	07/07/08	SL	39.00	MM	16	15,000.				15,000.	4,616.		385.	5,001.
220	Building new addition	07/03/08	SL	39.00	MM	16	154,243.				154,243.	47,460.		3,955.	51,415.
221	Fence chain link	07/07/08	SL	15.00		16	5,713.				5,713.	4,571.		381.	4,952.
222	Kyocera Printer	08/05/08	SL	5.00		16	799.				799.	799.		0.	799.
223	Fourplex outlets and Cooler Strips	08/05/08	SL	39.00	MM	16	7,170.				7,170.	2,191.		184.	2,375.
224	New Warehouse Addition	08/05/08	SL	39.00	MM	16	34,024.				34,024.	10,396.		872.	11,268.
225	Glass Door Merchandiser, Freezer	08/12/08	SL	5.00		16	6,419.				6,419.	6,419.		0.	6,419.
226	Printer	08/15/08	SL	5.00		16	500.				500.	500.		0.	500.
227	Phone system	08/15/08	SL	5.00		16	3,460.				3,460.	3,460.		0.	3,460.
228	Refrigerator	08/26/08	SL	5.00		16	1,600.				1,600.	1,600.		0.	1,600.
229	Freezer/Cooler	08/14/08	SL	39.00	MM	16	16,250.				16,250.	4,966.		417.	5,383.
230	Security System	09/01/08	SL	5.00		16	622.				622.	622.		0.	622.
231	Warehouse addition	09/05/08	SL	39.00	MM	16	42,569.				42,569.	12,917.		1,092.	14,009.
232	Sign in Building	09/05/08	SL	39.00	MM	16	875.				875.	265.		22.	287.
233	New wall in office	09/12/08	SL	39.00	MM	16	1,950.				1,950.	592.		50.	642.

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234	Wall Plaques	09/25/08	SL	39.00		MM16	926.				926.	279.		24.	303.
235	two data outlets in new offices	09/29/08	SL	39.00		MM16	1,163.				1,163.	351.		30.	381.
236	Camera System	09/29/08	SL	5.00		16	6,587.				6,587.	6,587.		0.	6,587.
237	Pressure Washer, Blower	09/16/08	SL	5.00		16	999.				999.	999.		0.	999.
238	Stand Worktable	10/01/08	SL	5.00		16	699.				699.	699.		0.	699.
240	Water Gun/Adaptors	10/31/08	SL	5.00		16	550.				550.	550.		0.	550.
241	Electrical System upkeep	12/31/08	SL	5.00		16	641.				641.	641.		0.	641.
242	Windows and Door	04/06/09	SL	39.00		MM16	486.				486.	139.		12.	151.
243	Sanitaire Vac	02/26/09	SL	5.00		16	200.				200.	200.		0.	200.
244	Conveyor Belt	02/26/09	SL	5.00		16	682.				682.	682.		0.	682.
245	Garage Door for Building	03/07/09	SL	39.00		MM16	865.				865.	251.		22.	273.
246	New Wall with Service Door	03/05/09	SL	39.00		MM16	6,198.				6,198.	1,801.		159.	1,960.
247	Salavage Area	03/11/09	SL	39.00		MM16	1,539.				1,539.	446.		39.	485.
248	Salavage Area	03/17/09	SL	39.00		MM16	553.				553.	159.		14.	173.
249	Battery	04/14/09	SL	5.00		16	1,385.				1,385.	1,385.		0.	1,385.
250	Pallet Truck Jacks 2	05/29/09	SL	5.00		16	798.				798.	798.		0.	798.
251	A/C Unit	06/04/09	SL	7.00		16	7,163.				7,163.	7,163.		0.	7,163.
252	Forklist Battery and Watering System	06/04/09	SL	7.00		16	4,243.				4,243.	4,243.		0.	4,243.

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253	Computer	06/15/09	SL	5.00		16	906.				906.	906.		0.	906.
254	Drive in Rack System	06/15/09	SL	7.00		16	9,995.				9,995.	9,995.		0.	9,995.
255	Dell Laptop 4GB & Digital projector	07/16/09	SL	5.00		HY17	1,675.				1,675.	1,675.		0.	1,675.
256	Water system - Yale	08/06/09	SL	5.00		HY17	360.				360.	360.		0.	360.
257	NEC 16 Digital Station Card and Phone	08/17/09	SL	5.00		HY17	728.				728.	728.		0.	728.
258	2 Dock Levelers	09/30/09	SL	10.00		HY17	4,201.				4,201.	4,201.		0.	4,201.
260	Kemco Doors for Freezer (32)	11/05/09	SL	39.00		MM17	4,883.				4,883.	1,330.		125.	1,455.
261	2 Dell computers Optiplex wkstations Parke & Gretchen	11/13/09	SL	5.00		HY17	1,875.				1,875.	1,875.		0.	1,875.
262	Yale Forklift	11/13/09	SL	5.00		HY17	25,692.				25,692.	25,692.		0.	25,692.
264	New office Upstairs	01/14/10	SL	39.00		MM17	960.				960.	258.		25.	283.
265	Battery with watering system Mo 18-125-13	02/12/10	SL	5.00		HY17	4,600.			2,300.	2,300.	2,300.		0.	2,300.
266	Materials for new office upstairs	02/03/10	SL	39.00		MM17	335.				335.	90.		9.	99.
267	Floor scrubber for warehouse	03/02/10	SL	5.00		HY17	5,895.			2,948.	2,947.	2,947.		0.	2,947.
268	Refrigerated truck (Walmart Fnd donation)	10/28/09	200DB	5.00		HY21	85,000.				85,000.	85,000.		0.	85,000.
	Less Exclusion											-85,448.		0.	-85,448.
269	Brake assembly & steer tire	03/15/10	SL	5.00		HY17	2,810.			1,405.	1,405.	1,405.		0.	1,405.
270	Removal of swamp cooler & roof replacement	03/25/10	SL	39.00		MM17	5,685.				5,685.	1,501.		146.	1,647.
271	Fax Board for Copier (Kathy's)	03/31/10	SL	5.00		HY17	1,028.			514.	514.	514.		0.	514.

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272	Kodak Camera	04/15/10	SL	5.00	HY17	400.			200.	200.	200.		0.	200.
273	2 palet trucks	05/07/10	SL	5.00	HY17	750.			375.	375.	375.		0.	375.
274	Master cylinder	06/04/10	SL	5.00	HY17	738.			369.	369.	369.		0.	369.
275	Refrigerated 8 pan	06/15/10	SL	5.00	HY17	1,649.			825.	824.	824.		0.	824.
276	3 tub economy sink with mixing faucet 12" nozzle	06/15/10	SL	7.00	HY17	1,263.			632.	631.	631.		0.	631.
277	Awning in Customer Service	08/11/10	SL	7.00	HY17	948.			474.	474.	474.		0.	474.
279	Compressor	09/06/10	SL	5.00	HY17	2,246.			1,123.	1,123.	1,123.		0.	1,123.
280	Battery	10/06/10	SL	5.00	16	4,250.				4,250.	4,250.		0.	4,250.
281	Sharp Copier	10/18/10	SL	5.00	16	4,059.				4,059.	4,059.		0.	4,059.
282	(2) Computers for Tom/Bill	10/18/10	SL	5.00	16	1,878.				1,878.	1,878.		0.	1,878.
283	Awning for Front Entrance	10/18/10	SL	7.00	16	590.				590.	590.		0.	590.
284	Zoll AED plus	12/16/10	SL	5.00	16	1,450.				1,450.	1,450.		0.	1,450.
285	Cabinets for Kitchen	12/20/10	SL	15.00	16	1,100.				1,100.	696.		73.	769.
286	4 New Batteries	01/07/11	SL	5.00	16	1,856.				1,856.	1,856.		0.	1,856.
287	New offices in old Boardroom	04/04/11	SL	30.00	16	4,168.				4,168.	1,285.		139.	1,424.
288	Printer for Sherri	04/07/11	SL	5.00	16	829.				829.	829.		0.	829.
289	3 New Phones	04/29/11	SL	5.00	16	796.				796.	796.		0.	796.
291	(4) Computers (Kathy, David, Jolene, Jamie)	05/05/11	SL	5.00	16	6,860.				6,860.	6,860.		0.	6,860.

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295	Pallet Jack	07/15/11	SL	5.00		16	375.				375.	375.		0.	375.
296	Tractor Trailer	08/16/11	SL	5.00		16	71,690.				71,690.	71,690.		0.	71,690.
297	New Compressor for FL70	08/25/11	SL	5.00		16	1,093.				1,093.	1,093.		0.	1,093.
298	Tractor (Model M2112)	08/31/11	SL	5.00		16	88,643.				88,643.	88,643.		0.	88,643.
299	Phones	09/15/11	SL	5.00		16	529.				529.	529.		0.	529.
300	New Accelerator	10/08/11	SL	5.00		16	693.				693.	693.		0.	693.
301	Truck (FEF)	10/14/11	SL	5.00		16	10,096.				10,096.	10,096.		0.	10,096.
302	Steering Motor	03/06/12	SL	5.00		16	9,231.				9,231.	9,231.		0.	9,231.
304	FTL - Model M2-106	04/01/12	SL	5.00		16	65,425.				65,425.	65,425.		0.	65,425.
305	Carpet downstairs	04/06/12	SL	5.00		16	6,321.				6,321.	6,321.		0.	6,321.
306	Rectifier	04/26/12	SL	5.00		16	943.				943.	943.		0.	943.
307	Computer-Teresa	05/04/12	SL	5.00		16	1,050.				1,050.	1,050.		0.	1,050.
308	Turbo	07/13/12	SL	5.00		HY17	2,831.			1,416.	1,415.	1,415.		0.	1,415.
309	New brake assembly	07/03/12	SL	5.00		HY17	1,478.			739.	739.	739.		0.	739.
310	replaced piston rod	08/06/12	SL	5.00		HY17	1,222.			611.	611.	611.		0.	611.
311	Computer for upstairs top	08/10/12	SL	5.00		HY17	319.			159.	160.	160.		0.	160.
312	vehicle wrap with laminate trailer	08/27/12	SL	7.00		HY17	10,932.			5,466.	5,466.	5,466.		0.	5,466.
313	2 Palet Trucks	08/27/12	SL	5.00		HY17	971.			485.	486.	486.		0.	486.

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314	Left door for truck	09/27/12	SL	5.00	HY17	400.			200.	200.	200.		0.	200.
315	lift pump	02/06/13	SL	5.00	HY17	4,581.			2,290.	2,291.	2,291.		0.	2,291.
316	Computer - Joann	10/17/12	SL	5.00	HY17	1,417.			709.	708.	708.		0.	708.
317	Computer - Carley	10/17/12	SL	5.00	HY17	1,417.			709.	708.	708.		0.	708.
318	Industrial battery	11/13/12	SL	5.00	HY17	5,604.			2,802.	2,802.	2,802.		0.	2,802.
319	replace siding	12/07/12	SL	39.00	MM17	27,094.				27,094.	5,240.		695.	5,935.
320	Compressor	02/15/13	SL	7.00	HY17	5,650.			2,825.	2,825.	2,825.		0.	2,825.
322	32" LCD monitor for security system and 73 GB server raid	02/15/13	SL	5.00	HY17	450.			225.	225.	225.		0.	225.
323	1998 Wabash Reefer Trailer used	03/07/13	SL	7.00	HY17	3,500.			1,750.	1,750.	1,750.		0.	1,750.
324	20.5 CU FT Freezer	04/05/13	SL	5.00	HY17	598.			299.	299.	299.		0.	299.
325	fuel injector	04/15/13	SL	7.00	HY17	5,083.			2,542.	2,541.	2,541.		0.	2,541.
326	Concrete wall	04/24/13	SL	39.00	MM17	5,200.				5,200.	960.		133.	1,093.
327	Peavey Escort 3000 freezers given to agencies	06/09/13	SL	5.00	HY17	630.			315.	315.	315.		0.	315.
328	from grant (Cohens)	06/12/13	NC	.000	HY	3,600.				3,600.			0.	
329	Freezer-Cooler Addition	04/30/14	SL	39.00	MM17	2,098,165.				2,098,165.	334,003.		53,799.	387,802.
330	New Clutch on 200 FL	07/08/13	SL	5.00	HY17	3,400.			1,700.	1,700.	1,700.		0.	1,700.
335	Replaced Sub Floor in Truck	08/26/13	SL	5.00	HY17	4,109.			2,055.	2,054.	2,054.		0.	2,054.
336	Replaced Logic Board	08/26/13	SL	5.00	HY17	1,983.			991.	992.	991.		0.	991.

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338	Push Pull Slipsheet	09/13/13	SL	5.00		HY17	2,000.			1,000.	1,000.	1,000.		0.	1,000.
339	New Evaporator Coils	10/24/13	SL	7.00		HY17	9,331.			4,665.	4,666.	4,334.		332.	4,666.
340	1 Liftgate	10/24/13	SL	7.00		HY17	4,101.			2,051.	2,050.	1,904.		146.	2,050.
341	New Hotwater Tank Salvage area	11/06/13	SL	7.00		HY17	337.			168.	169.	156.		13.	169.
342	New Flywheel and clutch	11/06/13	SL	7.00		HY17	4,623.			2,311.	2,312.	2,146.		166.	2,312.
343	Dell Computer - Al	11/27/13	SL	5.00		HY17	1,495.			748.	747.	747.		0.	747.
344	Compressor	12/05/13	SL	7.00		HY17	8,196.			4,098.	4,098.	3,804.		294.	4,098.
345	8 Pallet Trucks	12/05/13	SL	5.00		HY17	1,781.			891.	890.	890.		0.	890.
346	Document Scanner	12/17/13	SL	5.00		HY17	279.			140.	139.	139.		0.	139.
347	Dell Optiplex 7010 Computer - Brooke	01/07/14	SL	5.00		HY17	1,395.			698.	697.	698.		0.	698.
348	2 Phones	02/27/14	SL	5.00		HY17	900.			450.	450.	450.		0.	450.
349	Compressor	03/31/14	SL	5.00		HY17	858.			429.	429.	429.		0.	429.
350	Door Slide for Freezer	04/30/14	SL	10.00		HY17	8,960.			4,480.	4,480.	1,344.		448.	1,792.
351	2 Color Cameras	05/15/14	SL	5.00		HY17	700.			350.	350.	350.		0.	350.
352	Dell Optiplex 7010 Computer - Brooke	05/15/14	SL	5.00		HY17	1,455.			727.	728.	728.		0.	728.
353	Battery	05/29/14	SL	5.00		HY17	370.			185.	185.	185.		0.	185.
354	Battery - 18C85-25	06/26/14	SL	5.00		HY17	6,042.			3,021.	3,021.	3,021.		0.	3,021.
357	Scissor Lift	07/28/14	SL	7.00		HY17	8,000.			4,000.	4,000.	3,142.		571.	3,713.

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358	Freightline Tractor - 2007	07/29/14	SL	5.00		HY17	35,295.			17,648.	17,647.	17,647.		0.	17,647.
359	Radiator	07/31/14	SL	5.00		HY17	2,990.			1,495.	1,495.	1,495.		0.	1,495.
364	Extend Receiving Dock	09/15/14	SL	30.00		16	38,873.				38,873.	7,559.		1,296.	8,855.
366	Thermo King - Clutch 3-GR	09/29/14	SL	5.00		HY17	1,683.			842.	841.	841.		0.	841.
367	(3) 6x8 Dock levelers	09/29/14	SL	10.00		HY17	10,935.			5,468.	5,467.	3,007.		547.	3,554.
368	Condensing Unit	10/15/14	SL	7.00		HY17	42,832.			21,416.	21,416.	16,826.		3,059.	19,885.
373	New Server	03/18/15	SL	7.00		HY17	8,700.				8,700.	6,836.		1,243.	8,079.
374	Railing for Dock	03/20/15	SL	10.00		HY17	3,715.				3,715.	2,044.		372.	2,416.
376	New Monitor Controller	04/29/15	SL	5.00		HY17	2,147.				2,147.	2,147.		0.	2,147.
377	3 New Computer and 1 TP hand drive	05/14/15	SL	5.00		HY17	4,470.				4,470.	4,470.		0.	4,470.
378	New Compressor Kit for Bus 2008 Toyota Model 7FBCHU25	06/08/15	200DB	5.00		HY17	1,203.				1,203.	1,203.		0.	1,203.
380	Forklift and one battery cha	07/28/14	SL	5.00		HY17	10,000.			5,000.	5,000.	5,000.		0.	5,000.
381	Fan Motor and Amplifier	08/05/15	SL	5.00		HY17	2,528.			1,264.	1,264.	1,138.		126.	1,264.
382	Rear SQ. ASSM. Adfinity	08/07/15	SL	5.00		HY17	381.			190.	191.	172.		19.	191.
383	Radiator for Freightliner FL80	08/21/15	SL	7.00		HY17	1,441.			720.	721.	464.		103.	567.
384	Dell SonicWall TZ300	08/21/15	SL	5.00		HY17	1,135.			568.	567.	510.		57.	567.
385	Radiator, compressor, & fan clutch	09/08/15	SL	5.00		HY17	1,489.			745.	744.	670.		74.	744.
386	Transmission - Dodge Van	09/14/15	SL	5.00		HY17	2,742.			1,371.	1,371.	1,233.		138.	1,371.

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387	New Engine	09/15/15	SL	7.00		HY17	8,105.			4,052.	4,053.	2,606.		579.	3,185.
388	2 Tub Sink	09/15/15	SL	5.00		HY17	1,045.			523.	522.	470.		52.	522.
389	New Dash - Forklift	09/22/15	SL	5.00		HY17	679.			339.	340.	306.		34.	340.
390	Controller	09/29/15	SL	5.00		HY17	2,681.			1,340.	1,341.	1,207.		134.	1,341.
391	Alternator - van	10/06/15	SL	5.00		HY17	961.			481.	480.	432.		48.	480.
392	Compressor	10/06/15	SL	7.00		HY17	6,417.			3,208.	3,209.	2,062.		458.	2,520.
393	Control Board	10/15/15	SL	5.00		HY17	697.			348.	349.	315.		34.	349.
394	TXV replacement in new freezer	10/22/15	SL	5.00		HY17	2,386.			1,193.	1,193.	1,074.		119.	1,193.
395	Metal Walls - old section of warehouse	10/29/15	SL	15.00		HY17	45,350.			22,675.	22,675.	6,803.		1,512.	8,315.
396	Radiator	12/15/15	SL	5.00		HY17	1,368.			684.	684.	616.		68.	684.
397	Condenser Fan Motor - market area	12/15/15	SL	5.00		HY17	844.			422.	422.	379.		43.	422.
398	Awning - volunteer service center	12/15/15	SL	10.00		HY17	1,200.			600.	600.	270.		60.	330.
399	Mop Sink	12/15/15	SL	5.00		HY17	419.			210.	209.	188.		21.	209.
400	Security Camera	01/14/16	SL	5.00		HY17	350.			175.	175.	158.		17.	175.
401	Hard Disk Drive	01/14/16	SL	5.00		HY17	375.			188.	187.	168.		19.	187.
402	Rear Differential	01/28/16	SL	5.00		HY17	2,848.			1,424.	1,424.	1,282.		142.	1,424.
403	Compressor - Market Cooler	02/08/16	SL	5.00		HY17	10,806.			5,403.	5,403.	4,863.		540.	5,403.
404	Crown Battery	02/08/16	SL	5.00		HY17	4,865.			2,433.	2,432.	2,189.		243.	2,432.

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405	Lift Gate	02/12/16	SL	7.00		HY17	17,559.			8,779.	8,780.	5,644.		1,254.	6,898.
406	Evaporator	03/16/16	SL	7.00		HY17	20,521.			10,261.	10,260.	6,596.		1,466.	8,062.
407	Forklift	03/15/16	SL	7.00		HY17	12,900.			6,450.	6,450.	4,146.		921.	5,067.
408	Evaporator in Cool Room	04/08/16	SL	7.00		HY17	9,282.			4,641.	4,641.	2,984.		663.	3,647.
409	2015 Chevy Van	05/12/16	SL	7.00		HY17	25,500.			12,750.	12,750.	8,196.		1,821.	10,017.
411	Dell Optiplex Computer	06/08/16	SL	5.00		HY17	968.			484.	484.	436.		48.	484.
412	Freezer Racking	06/08/16	SL	5.00		HY17	15,018.			7,509.	7,509.	6,759.		750.	7,509.
413	3-GR Clutch	06/15/16	SL	5.00		HY17	1,316.			658.	658.	593.		65.	658.
414	Master Cylinder	06/29/16	SL	5.00		HY17	3,683.			1,842.	1,841.	1,656.		185.	1,841.
415	2000 Wabash Duraplate Dry Van 53' x 102' trailer	10/07/15	SL	5.00		HY17	8,500.	.9500		4,250.	4,250.	3,825.		425.	4,250.
	Less Exclusion						-8,075.			-4,038.	-4,038.	-4,059.		-404.	-4,463.
416	Hyster J40XNT - Forklift	08/06/16	SL	7.00		HY17	16,950.				16,950.	8,474.		2,421.	10,895.
417	Dell Optiplex 7040 - Rich	09/15/16	SL	5.00		HY17	2,875.			1,438.	1,437.	1,006.		287.	1,293.
418	3 G.E. Freezers (school program)	10/07/16	SL	7.00		HY17	1,882.				1,882.	941.		269.	1,210.
419	3 Fridges (school program)	10/07/16	SL	7.00		HY17	4,962.				4,962.	2,481.		709.	3,190.
420	Liftone Manual Hyd.	01/19/17	SL	5.00		HY17	3,242.				3,242.	2,269.		648.	2,917.
421	2017 Int'l 4400 SBA 6X4 Truck	01/27/17	SL	7.00		HY17	145,588.			72,794.	72,794.	36,397.		10,399.	46,796.
422	Truck Lettering	02/14/17	SL	5.00		HY17	650.			325.	325.	228.		65.	293.

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423	Security Cameras	03/06/17	SL	5.00		HY17	300.			150.	150.	105.		30.	135.
424	Computer - Cheri	03/30/17	SL	5.00		HY17	999.			500.	499.	350.		100.	450.
425	2002 Toyota Sequoia LTD	09/30/16	SL	5.00		HY17	6,375.	.9500		3,188.	3,187.	2,231.		637.	2,868.
	Less Exclusion						-6,056.			-3,029.	-3,028.	-2,437.		-605.	-3,042.
427	Security Camera DVR	05/09/17	SL	5.00		HY17	550.			275.	275.	193.		55.	248.
428	Forklift Battery	05/17/17	SL	5.00		HY21	3,780.			1,890.	1,890.	1,323.		378.	1,701.
429	TV monitor	05/17/17	SL	5.00		HY17	308.			154.	154.	108.		31.	139.
430	(4) 20.2 CU FT Freezers	08/22/17	SL	5.00		16	2,703.				2,703.	1,533.		541.	2,074.
431	(2) 23 CU FT Single Door Refrigerators	09/15/17	SL	5.00		16	3,056.				3,056.	1,731.		611.	2,342.
432	Toyota Electric Pallet Jack	09/01/17	SL	5.00		16	4,263.				4,263.	2,417.		853.	3,270.
433	Intel I-7 Computer	10/02/17	SL	5.00		16	1,980.				1,980.	1,089.		396.	1,485.
434	3 Manual Pallet Jacks 27 x 48	10/12/17	SL	5.00		16	1,050.				1,050.	578.		210.	788.
435	Yale Carolinas - Forklift	04/01/14	SL	5.00		16	39,422.				39,422.	38,764.		0.	38,764.
437	541 Trade Center	06/30/18	SL	39.00		MM17	239,214.				239,214.	12,524.		6,134.	18,658.
438	Warehouse Racking	06/14/18	SL	7.00		16	17,800.				17,800.	5,298.		2,543.	7,841.
439	Crown Battery	02/08/19	SL	5.00		MC17	6,830.			6,830.				0.	
440	2019 Wabash Van	12/18/18	SL	7.00		MC17	31,939.			31,939.				0.	
441	2010 Utility 48' Reefer Trailer	12/18/18	SL	7.00		MC17	28,255.			28,255.				0.	

2020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
442	2020 Artic Light Wabash 53' Trailer	05/14/19	SL	7.00	MC17	69,050.			69,050.				0.	
443	Computer - Al Bloom	03/31/19	SL	5.00	MC17	1,440.			1,440.				0.	
444	Refrigerator System - trailer	05/20/19	SL	7.00	MC17	28,280.			28,280.				0.	
445	Electric Pallet Jack	07/13/18	SL	5.00	MC17	3,999.			3,999.				0.	
446	2 - 20.2 cu ft Freezers	09/11/18	SL	5.00	MC17	990.			990.				0.	
447	2 - 18.2 cu ft Freezers	09/11/18	SL	5.00	MC17	924.			924.				0.	
448	Forklift - 3837M	02/14/19	SL	5.00	MC17	10,950.			10,950.				0.	
449	Forklift - 4713N	02/14/19	SL	5.00	MC17	24,000.			24,000.				0.	
450	Forklift - 1767J	02/14/19	SL	5.00	MC17	4,950.			4,950.				0.	
	* 990 Page 10 Total Other					6,360,290.			582,162.	5,778,126.2	574,113.		157,819.2	2,731,932.
	* Grand Total 990 Page 10 Depr					6,777,358.			599,018.	6,178,338.2	617,331.		160,257.2	2,777,588.

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

▶ **Attach to your tax return.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

MONTGOMERY AREA FOOD BANK, Inc.

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63-0931846

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	1,040,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,590,000.
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 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	28,827.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	131,052.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2020 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 2020 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	378.
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 instr.	22	160,257.
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 aircraft, 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? [X] Yes [] No 24b If "Yes," is the evidence written? [X] Yes [] No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Statement 1 378.

27 Property used 50% or less in a qualified business use: S/L -

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 378.

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.

Table for Section B with columns (a) through (f) for Vehicle and rows 30-36 regarding miles driven and 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 aren't more than 5% owners or related persons.

Table for Section C with rows 37-41 regarding policy statements and requirements, and Yes/No columns.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2020 tax year:

43 Amortization of costs that began before your 2020 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Form 4562, Part V Listed Property Information-More Than 50% Statement 1

(a) Description	(b) Date	(c) Bus. %	(d) Cost	(e) Basis	(f) Life	(g) Mth/Cv	(h) Deduction	(i) 179 Elected	
(j) Auto No	(k) Total Miles	(l) Business Miles	(m) Commuting Miles	(n) Personal Miles	(o) Was Veh. Avail.? Y N	(p) > 5% Owner? Y N	(q) Another Veh. Available? Y N		
Toyota Materials electric Forklift	03/17/03	100.00	29,732.	20,812.	5.00	SL	-HY		
Refrigerate truck (Walmart Fnd donation)	10/28/09	100.00	85,000.	85,000.	5.00	200DB	-HY		
Forklift Battery	05/17/17	100.00	3,780.	1,890.	5.00	SL	-HY	378.	
Total to Form 4562, Part V, Line 26								378.	