

BRADY, WARE & SCHOENFELD, INC.
ONE SOUTH MAIN STREET, SUITE 600
DAYTON, OH 45402-2088

THE FOODBANK, INC.
56 ARMOR PLACE
DAYTON, OH 45417



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CLIENT'S COPY



BRADY WARE
& COMPANY

April 28, 2014

The Foodbank, Inc.
56 Armor Place
Dayton, OH 45417

Dear Michelle:

Enclosed is the 2012 Exempt Organization return, as follows...

2012 FORM 990

OHIO ANNUAL CHARITABLE REPORT (Email Copy)

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

BRADY, WARE & SCHOENFELD, INC.

Mary T. Colegate

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2013

Prepared for	The Foodbank, Inc. 56 Armor Place Dayton, OH 45417
Prepared by	Brady, Ware & Schoenfeld, Inc. One South Main Street, Suite 600 Dayton, OH 45402-2088
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 qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 15, 2014.

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FEDERAL INFORMATIONAL FORMS

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FILEABLE FORMS

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE FOODBANK, INC.		D Employer identification number 86-1082880
	Doing Business As		E Telephone number 9374617060
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 9,169,340.
	City, town, or post office, state, and ZIP code DAYTON, OH 45417		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: MICHELLE RILEY SAME AS C ABOVE		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.THEFOODBANK.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2004 M State of legal domicile: OH	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE ORGANIZATION IS COMMITTED TO ALLEVIATING HUNGER IN ITS COMMUNITY.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	29
	6 Total number of volunteers (estimate if necessary)	6	997
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 8,299,225.	Current Year 9,143,559.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,303.	8,912.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,514.	16,869.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,332,042.	9,169,340.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,830,889.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		783,009.	838,772.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 165,534.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		512,613.	683,374.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,126,511.	8,199,702.	
19 Revenue less expenses. Subtract line 18 from line 12	205,531.	969,638.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,009,633.	End of Year 5,215,123.
	21 Total liabilities (Part X, line 26)	55,532.	253,332.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,954,101.	4,961,791.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	MICHELLE RILEY, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARY T. COLEGATE	MARY T. COLEGATE	04/28/14		P00197566
	Firm's name ▶	Firm's EIN ▶			
BRADY, WARE & SCHOENFELD, INC.		35-1476702			
Firm's address ▶		Phone no.			
ONE SOUTH MAIN STREET, SUITE 600 DAYTON, OH 45402-2088		(937) 223-5247			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE FOODBANK IS COMMITTED TO RELIEVING HUNGER THROUGH THE ACQUISITION AND DISTRIBUTION OF FOOD TO HUNGRY PEOPLE THROUGHOUT THE MIAMI VALLEY.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 7,762,147. including grants of \$ 6,677,556.) (Revenue \$) THE ORGANIZATION IS COMMITTED TO ALLEVIATING HUNGER IN ITS COMMUNITY. THE ORGANIZATION ACHIEVES THIS COMMITMENT THROUGH THE DISTRIBUTION OF FOOD COMMODITIES TO MEMBER AGENCIES PRIMARILY IN MONTGOMERY COUNTY, OHIO. THE ORGANIZATION DISTRIBUTED 2,166,198 CASES OF FOOD.

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

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

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

4e Total program service expenses 7,762,147.

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 temporarily restricted endowments, permanent endowments, or 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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <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 25</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) and 501(c)(4) 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 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <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 to any question in this Part V

Main form area containing questions 1a through 14b with Yes/No columns and input fields.

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," 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 OH
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: MICHELLE RILEY - 937-461-7060 56 ARMOR PLACE, DAYTON, OH 45417

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (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) TONY M ALEXANDER CHAIR	1.00	X						0.	0.	0.
(2) JEFFREY SOULE VICE-CHAIR	1.00	X						0.	0.	0.
(3) TERESA MARRINAN TREASURER	1.00	X						0.	0.	0.
(4) DONNA ROSENBAUM COOPER SECRETARY	1.00	X						0.	0.	0.
(5) JENNIFER MCCORMICK BOARD MEMBER	1.00	X						0.	0.	0.
(6) MARILYN HORTON BOARD MEMBER	1.00	X						0.	0.	0.
(7) BETH REDDEN BOARD MEMBER	1.00	X						0.	0.	0.
(8) CATHY PONITZ BOARD MEMBER	1.00	X						0.	0.	0.
(9) MICHELLE KAYE BOARD MEMBER	1.00	X						0.	0.	0.
(10) MICHELLE RILEY EXECUTIVE DIRECTOR	40.00			X				93,386.	0.	8,883.

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 255,899.				
	b	Membership dues	1b 184,632.				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 406,864.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 8,296,164.				
	g	Noncash contributions included in lines 1a-1f: \$	6,734,932.				
	h	Total. Add lines 1a-1f	▶ 9,143,559.				
	Program Service Revenue	2 a	Business Code				
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f	▶				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶ 8,912.			8,912.	
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
	6 a	Gross rents	(i) Real				
			(ii) Personal				
			b Less: rental expenses				
			c Rental income or (loss)				
	d	Net rental income or (loss)	▶				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			b Less: cost or other basis and sales expenses				
			c Gain or (loss)				
	d	Net gain or (loss)	▶				
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
			b Less: direct expenses	b			
c Net income or (loss) from fundraising events			▶				
9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities	▶				
10 a	Gross sales of inventory, less returns and allowances	a					
		b Less: cost of goods sold	b				
		c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code					
11 a	MISCELLANEOUS	900099	16,869.			16,869.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d	▶	16,869.				
12	Total revenue. See instructions.	▶	9,169,340.	0.	0.	25,781.	

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	6,677,556.	6,677,556.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	107,198.	37,520.	53,598.	16,080.
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	504,521.	404,822.	44,935.	54,764.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,056.	2,820.	4,028.	1,208.
9 Other employee benefits	149,908.	115,731.	17,488.	16,689.
10 Payroll taxes	69,089.	50,347.	10,776.	7,966.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	18,048.		18,048.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
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.)	45,814.	8,433.	33,961.	3,420.
12 Advertising and promotion				
13 Office expenses	114,969.	46,979.	17,881.	50,109.
14 Information technology				
15 Royalties				
16 Occupancy	104,079.	78,059.	26,020.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,884.	7,117.	2,512.	1,255.
20 Interest	11,255.		11,255.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,587.	21,472.	14,115.	
23 Insurance	10,135.	7,601.	2,534.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS GOODS DIS	171,415.	171,415.		
b VEHICLE. REPAIR AND MAI	73,216.	70,845.	1,262.	1,109.
c OTHER DISTRIBUTIONS	34,292.	34,292.		
d MISCELLANEOUS	32,832.	6,290.	13,608.	12,934.
e All other expenses	20,848.	20,848.		
25 Total functional expenses. Add lines 1 through 24e	8,199,702.	7,762,147.	272,021.	165,534.
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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,729,545.	1	692,061.	
	2 Savings and temporary cash investments	1,560,482.	2	2,669,477.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	77,878.	4	35,677.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	329,297.	8	567,514.	
	9 Prepaid expenses and deferred charges	6,787.	9	8,044.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,400,735.			
	b Less: accumulated depreciation	10b 428,374.	63,965.	10c 972,361.	
	11 Investments - publicly traded securities	241,679.	11	269,989.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,009,633.	16	5,215,123.		
Liabilities	17 Accounts payable and accrued expenses	55,532.	17	68,887.	
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24	184,445.	
	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		25		
	26 Total liabilities. Add lines 17 through 25	55,532.	26	253,332.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	3,044,124.	27	3,480,807.	
	28 Temporarily restricted net assets	909,977.	28	1,480,984.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	3,954,101.	33	4,961,791.	
34 Total liabilities and net assets/fund balances	4,009,633.	34	5,215,123.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,169,340.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,199,702.
3	Revenue less expenses. Subtract line 2 from line 1	3	969,638.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,954,101.
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	9,744.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	28,308.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,961,791.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

THE FOODBANK, INC.

Employer identification number

86-1082880

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,384,562.	7,848,470.	8,124,081.	8,299,225.	9,143,559.	39,799,897.
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	6,384,562.	7,848,470.	8,124,081.	8,299,225.	9,143,559.	39,799,897.
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.						39,799,897.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	6,384,562.	7,848,470.	8,124,081.	8,299,225.	9,143,559.	39,799,897.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36,059.	28,320.	25,323.	9,303.	8,912.	107,917.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	20,930.	14,110.	31,274.	23,514.	16,869.	106,697.
11 Total support. Add lines 7 through 10						40,014,511.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	99.46	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	99.35	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2011. 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 - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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

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.

OMB No. 1545-0047

2012

Name of the organization

THE FOODBANK, INC.

Employer identification number

86-1082880

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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

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	UNITED STATES DEPARTMENT OF AGRICULTURE <hr/> 1400 INDEPENDENCE AVENUE <hr/> WASHINGTON, DC 20250	\$ 1,430,035.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	FEEDING AMERICA <hr/> 35 EAST WACKER, SUITE 2000 <hr/> CHICAGO, IL 60601	\$ 3,955,385.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	OHIO ASSOCIATION OF SECOND HARVEST FOOBANKS <hr/> 35 EAST GAY STREET, SUITE 502 <hr/> COLUMBUS, OH 43215	\$ 726,596.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ <hr/> _____ <hr/> _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part II Noncash Property (see instructions). 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
1	DONATED FOOD _____ _____ _____	\$ 1,430,035.	06/30/13
2	DONATED FOOD _____ _____ _____	\$ 3,955,385.	06/30/13
3	DONATED FOOD _____ _____ _____	\$ 726,596.	06/30/13
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information 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," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

THE FOODBANK, INC.

Employer identification number

86-1082880

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an 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 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part 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? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in 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" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

Part VI Land, Buildings, and Equipment. 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		208,844.		208,844.
b Buildings				
c Leasehold improvements		682,045.	428,374.	253,671.
d Equipment				
e Other		509,846.		509,846.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				972,361.

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

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

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

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

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

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

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

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

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

1	Total revenue, gains, and other support per audited financial statements	1	9,197,650.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	28,310.
e	Add lines 2a through 2d	2e	28,310.
3	Subtract line 2e from line 1	3	9,169,340.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	9,169,340.

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

1	Total expenses and losses per audited financial statements	1	8,199,703.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1.
e	Add lines 2a through 2d	2e	1.
3	Subtract line 2e from line 1	3	8,199,702.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	8,199,702.

Part XIII Supplemental Information

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

PART X, LINE 2: ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - THE

ORGANIZATION HAS ADOPTED ACCOUNTING RULES THAT PRESCRIBE WHEN TO RECOGNIZE, AND HOW TO MEASURE THE FINANCIAL STATEMENT EFFECTS OF INCOME TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, ON ITS INCOME TAX RETURNS. THESE RULES REQUIRE MANAGEMENT TO EVALUATE THE LIKELIHOOD THAT, UPON EXAMINATION BY RELEVANT TAXING JURISDICTIONS, THOSE INCOME TAX POSITIONS WOULD BE SUSTAINED. BASED ON THAT EVALUATION, THE ORGANIZATION ONLY RECOGNIZES THE MAXIMUM BENEFIT OF EACH INCOME TAX POSITION THAT IS MORE

Part XIII Supplemental Information (continued)

THAN 50% LIKELY OF BEING SUSTAINED. TO THE EXTENT THAT ALL OR A PORTION OF THE BENEFITS OF AN INCOME TAX POSITION ARE NOT RECOGNIZED, A LIABILITY WOULD BE RECOGNIZED FOR THE UNRECOGNIZED BENEFITS, ALONG WITH ANY INTEREST AND PENALTIES THAT WOULD RESULT FROM DISALLOWANCE OF THE POSITION. SHOULD ANY SUCH PENALTIES AND INTEREST BE INCURRED, THEY WOULD BE RECOGNIZED AS OPERATING EXPENSES.

BASED ON ITS REVIEW, MANAGEMENT DOES NOT BELIEVE THE ORGANIZATION HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS , INCLUDING ANY POSITION THAT WOULD PLACE THE ORGANIZATION'S EXEMPT STATUS IN JEOPARDY AS OF JUNE 30, 2013 AND 2012. THE FEDERAL TAX RETURNS OF THE ORGANIZATION FOR 2009, 2010, AND 2011 ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITY, GENERALLY FOR THREE YEARS AFTER THE DUE DATE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE IN BENEFICIAL INTEREST

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING

PART XI, LINE 2D, OTHER ADJUSTMENTS:

CHANGE IN VALUE IN BENEFICIAL INTEREST 28,310

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFL-CIO 184 SALEM AVE DAYTON, OH 45406	31-1043414		0.	99,765.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
ASSUMPTION - SVDP 1930 FAIRPORT DAYTON, OH 45406	31-0538502		0.	110,665.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
BETHESDA TEMPLE (JOINT) 3701 SALEM AVENUE DAYTON, OH 45406	31-1106217		0.	28,512.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
CATHOLIC SOCIAL SERVICES 922 RIVERVIEW AVE DAYTON, OH 45407	31-0536645		0.	882,679.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
EAST DAYTON FOOD PANTRY 140 STONEMILL ROAD DAYTON, OH 45409	31-2167731		0.	68,339.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
EDGEWOOD BAPTIST CTR (JOINT) 305 EDGEWOOD AVE PO BOX 81330 DAYTON, OH 45406	31-1043414		0.	36,939.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS

- 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) (2012)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIRBORN FISH 1149 N. BROAD FAIRBORN, OH 45324	31-0951020		0.	26,890.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
FAIRVIEW UNITED METHODIST 838 FAIRVIEW AVENUE DAYTON, OH 45406	31-0559891		0.	14,830.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
FT. MCKINLEY PANTRY 3721 W. SEIBENTHALER AVENUE DAYTON, OH 45406	31-0808339		0.	169,613.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
GOOD NEIGHBOR HOUSE 844 S. PATTERSON BLVD. DAYTON, OH 45402	31-1374154		0.	79,406.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
GREENMONT-OAK PARK PANTRY 1921 WOODMAN DRIVE DAYTON, OH 45420	31-0008783		0.	58,230.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
HARRIS MEMORIAL CME CHURCH 3950 HANEY ROAD DAYTON, OH 45416	31-1248101		0.	17,522.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
HOUSE OF BREAD 9 ORTH AVENUE DAYTON, OH 45407	31-1076425		0.	13,610.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
IMMACULATE CONCEPTION 2300 S. SMITHVILLE ROAD DAYTON, OH 45420	31-0536669		0.	24,166.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
MARANATHA CHRISTIAN FELLOWSHIP 4501 WOLF ROAD DAYTON, OH 45418	31-1107354		0.	36,825.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMISBURG HELPING HANDS 224 W. MAPLE STREET P.O. BOX 3 MIAMISBURG, OH 45342	31-1150783		0.	135,807.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
MT. CARMEL CHURCH 5370 DAYTON-LIBERTY ROAD DAYTON, OH 45418	31-1681229		0.	92,538.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
MT. OLIVE BAPTIST CHURCH 502 PONTIAC STREET DAYTON, OH 45408	31-0934783		0.	52,930.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
NEW HOPE LUTHERAN CHURCH 2000 CATALPA DRIVE DAYTON, OH 45406	31-1091099		0.	89,786.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
NORTHEAST CHURCHES 359 MARYLAND AVENUE DAYTON, OH 45404	31-0493107		0.	81,828.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
PREBLE COUNTY FOOD PANTRY 113 S. CHERRY STREET EATON, OH 45320	31-1119178		0.	18,377.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
PROJECT BLESSING 2720 E THIRD DAYTON, OH 45402	31-0537054		0.	2,057.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
RESIDENCE PARK CHURCH 360 ELMHURST AVE. DAYTON, OH 45417	31-0743610		0.	6,425.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
SHILOH MISSION (JOINT) 3801 FAIRBANKS AVE. DAYTON, OH 45407	31-6043502		0.	77,058.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FISH SOUTHEAST SOUTHMINSTER PRESBYTERIAN - 7001 FAR HILLS AVE. - CENTERVILLE, OH 45459	31-0802362		0.	12,690.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
ST. JOHN'S U.C.C. PANTRY 20 W. MARKET STREET GERMANTOWN, OH 45327	13-1957221		0.	33,497.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
DAYTON EPISCOPAL FOOD PANTRY 5301 FREE PIKE 1060 SALEM AVE. DAYTON, OH 45402	31-0573935		0.	95,455.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
ST. PAUL UMC (JOINT) 101 HUFFMAN AVENUE DAYTON, OH 45403	31-0576678		0.	193,032.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
ST. VINCENT DE PAUL COMMUNITY 945 S. EDWIN C. MOSES BLVD. DAYTON, OH 45408	31-1011485		0.	525,134.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
ST. VINCENT GATEWAY 120 W. APPLE DAYTON, OH 45402	31-0576678		0.	27,968.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
WAYMAN AME CHURCH 3317 HOOVER AVE. DAYTON, OH 45407	31-0897219		0.	60,088.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
WAYNE TOWNSHIP FISH 5758 HARSHMANVILLE ROAD DAYTON, OH 45424	23-7148003		0.	15,938.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
WESLEY COMMUNITY CTR (JOINT) 3730 DELPHOS AVENUE DAYTON, OH 45417	36-2167731		0.	151,546.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST CARROLLTON FOOD PANTRY 26 N. LOCUST STREET WEST CARROLLTON, OH 45449	31-0550828		0.	14,711.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
XENIA FISH 541 LEDBETTER AVE. XENIA, OH 45385	31-6000273		0.	245,347.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
THE FOODBANK. INC. 427 WASHINGTON STREET DAYTON, OH 45402	86-1082880		0.	560,417.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
FAMILY VIOLENCE PREVENTION CENTER 380 BELLBROOK AVE XENIA, OH 45385	31-0992401		0.	5,056.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
ST. MARY'S SVDP FOOD PANTRY 310 ALLEN STREET DAYTON, OH 45410	31-1011485		0.	79,378.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
SALVATION ARMY ADULT REHAB 865 S. PATTERSON BLVD. DAYTON, OH 45402	31-0537047		0.	53,509.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
EAST END KIDS CAFE 624 XENIA AVE. DAYTON, OH 45410	31-1508554		0.	9,908.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
LIBERTY WORSHIP CENTER 1180 UPPER BELLBROOK RD. XENIA, OH 45385	31-1367275		0.	52,404.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
NORTHWEST DAYTON (AGAPE) 2560 N. MAIN STREET DAYTON, OH 45405	51-0163257		0.	51,537.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMORIAL UCC FOOD PANTRY 2338 E FIFTH DAYTON, OH 45403	31-0671736		0.	19,269.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
SHEPHERD'S HANDS MINISTRY 665 WESTBROOK ROAD BROOKVILLE, OH 45309	35-1944640		0.	12,173.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
DAYTON CHRISTIAN KIDS CAFE 1352 RIVERVIEW AVENUE DAYTON, OH 45402	31-1593146		0.	22,267.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
GREATER GALILEE BAPTIST CHURCH 1001 BEATRICE DR. RIVERSIDE, OH 45404	31-1185234		0.	50,408.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
ZION BAPTIST CHURCH (JOINT) 1684 EARLHAM DR. DAYTON, OH 45406	31-0975562		0.	5,540.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
FARMERSVILLE FB CHURCH 334 N. ELM STREET FARMERSVILLE, OH 45325	31-4407647		0.	6,016.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
CAMDEN FISH 100 S. LAFAYETTE ST. P.O. BOX 81 CAMDEN, OH 45311	31-0906460		0.	17,873.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
EMMANUEL LUTHERAN CHURCH 4865 WILMINGTON PIKE KETTERING, OH 45440	31-0838106		0.	15,841.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
CHOICES 3004 RUSHLAND DR. DAYTON, OH 45419	31-1180182		0.	8,854.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION MISSION PGM 50 JACKSON STREET FARMERSVILLE, OH 45325	31-1629547		0.	41,728.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
EVANGEL CHURCH OF GOD 132 N. SMITHVILLE RD. DAYTON, OH 45403	31-1404264		0.	104,677.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
TRINITY OUTREACH MINISTRIES 5489 WEST THIRD STREET DAYTON, OH 45427	32-0152735		0.	18,268.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
HOLT STREET MIRACLE CENTER 420 HOLT ST DAYTON, OH 45402	31-1397024		0.	16,361.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
EASTVIEW BAPTIST CHURCH 106 S. TORRENCE ST DAYTON, OH 45403	31-1064678		0.	84,320.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
TRINITY LUTHERAN CHURCH 511 N. COMMERCE ST LEWISBURG, OH 45338	31-0673114		0.	26,914.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
BELMONT UNITED METHODIST 2701 S. SMITHVILLE RD. DAYTON, OH 45420	36-2167131		0.	48,389.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
CROSS CREEK CHURCH 667 MIAMISBURG-CENTERVILLE RD. DAYTON, OH 45459	31-1455572		0.	17,158.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
HOPE FOUNDATION 7106 ALMONT PLACE DAYTON, OH 45424	26-3203901		0.	382,273.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINDEN AVE. BAPTIST CHURCH 101 LINDEN AVE. DAYTON, OH 45403	31-0568478		0.	19,628.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
GREATER ALLEN AME CHURCH 1620 W FIFTH DAYTON, OH 45405	31-1319818		0.	28,290.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
ST. PETER FOOD PANTRY 6161 CHAMBERSBURG ROAD DAYTON, OH 45424	53-0196617		0.	279,683.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
ST. ANTHONY FOOD PANTRY, SVDP 830 BOWEN STREET DAYTON, OH 45410	31-1011485		0.	24,144.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
BOGG MINISTRIES 9095 WASHINGTON CHURCH RD PO BOX 3 MIAMISBURG, OH 45343	27-2107481		0.	170,633.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
VOLUNTEERS OF AMERICA - VOA 4100 W. 3RD ST BUILDING 400 DAYTON, OH 45428	34-0861121		0.	6,714.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
TFI MOBILE FOOD PANTRY (GREENE) 427 WASHINGTON STREET DAYTON, OH 45402	86-1082880		0.	231,604.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
RIVERSIDE NAZARENE FOOD PANTRY 2552 BUSHNELL AVE RIVERSIDE, OH 45404	31-6101154		0.	47,359.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
UNITED AME CHURCH 286 E. CHURCH ST. XENIA, OH 45385	53-0204696		0.	45,729.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VICTORY DELIVERANCE MINISTRIES 4101 NORTH MAIN ST. DAYTON, OH 45405	80-0458539		0.	52,207.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
NEW VISION CHURCH OF GOD 1117 HOME AVE DAYTON, OH 45424	35-6064030		0.	16,928.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
CINCINNATI FREESTORE/FOODBANK 1250 TENNESSEE AVENUE CINCINNATI, OH 45229	23-7122205		0.	29,216.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
SHARED HARVEST FOODBANK, INC. 5901 DIXIE HIGHWAY FAIRFIELD, OH 45014	31-1096571		0.	19,442.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
SHFB OF CLARK CHAMPAIGN LOGAN 701 EAST COLUMBIA STREET SPRINGFIELD, OH 45503	31-0536968		0.	11,520.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
AKRON-CANTON FOOD BANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307	34-1369388		0.	20,451.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
BOYS & GIRLS CLUB OF DAYTON 1828 W. STEWART STREET DAYTON, OH 45417	31-0536657		0.	3,503.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
DAKOTA CENTER KIDS CAFE 33 BARNETT STREET DAYTON, OH 45402	31-0731056		0.	6,920.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
DAYBREAK, INC. 605 S. PATTERSON BLVD. DAYTON, OH 45402	31-0864474		0.	8,797.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST DAYTON CHRISTIAN CHURCH 3415 LINDEN AVE DAYTON, OH 45410	31-6033274		0.	25,534.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
GOOD SAMARITAN OUTREACH MINISTRY 100 GRACE DRIVE XENIA, OH 45385	80-0568533		0.	30,275.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
HARMONY CREEK FOOD PANTRY 5280 BIGGER RD. KETTERING, OH 45440	13-1957221		0.	58,426.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
JAMESTOWN UMC 22 E. WASHINGTON ST. JAMESTOWN, OH 45335	31-6035828		0.	2,752.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
LIVING HOPE CHURCH 229 LENS DALE AVE DAYTON, OH 45417	31-1402391		0.	16,201.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
ROMANS 12:13 INC. 633 W. FUNDERBURG ROAD FAIRBORN, OH 45324	36-4732624		0.	4,288.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
VINEYARD CHURCH OF THE HARVEST 3110 STOP EIGHT RD. DAYTON, OH 45414	31-1720232		0.	8,088.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
WEST OHIO FOOD BANK 123 E. WAYNE STREET LIMA, OH 45802	34-1587528		0.	7,760.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
WSU FRIENDSHIP FOOD PANTRY 3640 COLONEL GLENN HWY. FAIRBORN, OH 45435	31-0732831		0.	2,880.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA MONTGOMERY CO. SHELTER 141 W. THIRD STREET DAYTON, OH 45402	31-0537168		0.	1,899.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
YMCA OF GREATER DAYTON 111 W. FIRST ST SUITE 207 DAYTON, OH 45402	31-0537517		0.	33,260.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
STILLWATER CHURCH FOOD PANTRY 506 E. MAIN ST TROTWOOD, OH 45426	31-1750732		0.	143,611.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
SONSET CAFE 819 N CENTRAL AVENUE FAIRBORN, OH 45324	13-1957221		0.	2,677.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
SVDP FOOD PANTRY 945 S. EDWIN C. MOSES BLVD. DAYTON, OH 34308	31-1011485		0.	5,231.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS
T.O.P.S. INC. 25044 MILL RIVER RD OLMSTED FALLS, OH 44138	80-0278033		0.	1,165.	FMV	FOOD	FOOD DISTRIBUTION TO QUALIFIED RECIPIENTS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

SCHEDULE I, PART I, LINE 2: EVERY RECIPIENT AGENCY HAS AN ON SITE YEARLY VISIT AND AN AGENCY MONITORING FORM IS COMPLETED AND SIGNED BY THE RECIPIENT AGENCY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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.**

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		6,552,832.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

Part II **Supplemental Information.** Complete this part to 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.

Multiple horizontal lines for supplemental information.

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.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

THE FOODBANK, INC.

Employer identification number

86-1082880

FORM 990, PART VI, SECTION B, LINE 11: MANAGEMENT OF THE ORGANIZATION

REVIEWS THE FORM 990 AND PROVIDES A COPY OF THE FORM TO THE BOARD OF

DIRECTORS FOR APPROVAL BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD OF DIRECTORS ARE REQUIRED TO

COMPLETE CONFLICT OF INTEREST FORMS YEARLY AND DISCLOSE BEFORE ANY VOTE ANY

CONFLICT THEY MAY HAVE.

FORM 990, PART VI, SECTION B, LINE 15: COMPARABLE SALARY DATA IS OBTAINED

FROM THE OHIO ASSOCIATION OF NOT FOR PROFIT ORGANIZATIONS SALARY SURVEY.

OFFICER'S SALARIES ARE APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: THE FORM 990 AND AUDITS ARE POSTED

ON THE ORGANIZATION'S WEBSITE, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

POLICY PROVIDED TO APPROPRIATE AUTHORITIES AS REQUESTED OR REQUIRED (NOT

PUBLIC INFORMATION).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF BENEFICIAL INTEREST 28,309.

ROUNDING -1.

TOTAL TO FORM 990, PART XI, LINE 9 28,308.

FORM 990, PART XII, LINE 2C

OVERSIGHT OF FINANCIAL STATEMENT AUDIT

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR SELECTING THE INDEPENDENT

ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions THE FOODBANK, INC.	Employer identification number (EIN) or 86-1082880
	Number, street, and room or suite no. If a P.O. box, see instructions. 56 ARMOR PLACE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DAYTON, OH 45417	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

MICHELLE RILEY

• The books are in the care of **56 ARMOR PLACE - DAYTON, OH 45417**
Telephone No. **937-461-7060** 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 EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2014**.

5 For calendar year _____, or other tax year beginning **JUL 1, 2012**, and ending **JUN 30, 2013**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 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 and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **EXECUTIVE DIRECTOR** Date

For calendar year 2012, or fiscal year beginning JUL 1, 2012, and ending JUN 30, 2013

2012

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

Employer identification number

THE FOODBANK, INC.

86-1082880

Name and title of officer

**MICHELLE RILEY
EXECUTIVE DIRECTOR**

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>9169340</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BRADY, WARE & SCHOENFELD, INC. to enter my PIN 10302
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

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.

35292014767
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ MARY T. COLEGATE Date ▶ 04/28/14

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