

PUBLIC INSPECTION COPY

Form **990**

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

2009

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning 7/01, **2009, and ending** 6/30, 2010

B Check if applicable:	C	D Employer Identification Number	E Telephone number	
<input type="checkbox"/> Address change	Please use IRS label or print or type. See specific instructions. The Houston Food Bank 3811 Eastex Freeway Houston, TX 77026	74-2181456	713-223-3700	
<input checked="" type="checkbox"/> Name change		G Gross receipts \$ 138,144,906.		
<input type="checkbox"/> Initial return		F Name and address of principal officer: Beth Tanner	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Termination		Same As C Above	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)	
<input type="checkbox"/> Amended return			H(c) Group exemption number ▶	
<input type="checkbox"/> Application pending				
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ www.houstonfoodbank.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: 1982	M State of legal domicile: TX	

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>The Houston Food Bank coordinates large scale distribution of food and other products to hunger relief agencies throughout the 18 southeast Texas counties.</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		28
	5 Total number of employees (Part V, line 2a)	5		138
	6 Total number of volunteers (estimate if necessary)	6		29,660
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a		0.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	112,190,016.	Prior Year	133,921,599.
	9 Program service revenue (Part VIII, line 2g)	3,231,649.	Current Year	3,934,182.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	156,451.		63,432.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-15,993.		195,752.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	115,562,123.		138,114,965.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	96,129,792.	
14 Benefits paid to or for members (Part IX, column (A), line 4)				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,067,196.		6,237,750.
16a Professional fundraising fees (Part IX, column (A), line 11e)		149,409.		151,382.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,247,965.				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		7,400,200.		7,594,496.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		108,746,597.		115,994,882.
19 Revenue less expenses. Subtract line 18 from line 12	6,815,526.		22,120,083.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	30,707,357.	Beginning of Year	66,143,944.
	21 Total liabilities (Part X, line 26)	2,142,753.	End of Year	15,499,741.
	22 Net assets or fund balances. Subtract line 21 from line 20	28,564,604.		50,644,203.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	PUBLIC INSPECTION COPY		
	Signature of officer	Date	
	Beth Tanner	CFO	
	Type or print name and title.		
Paid Preparer's Use Only	Preparer's signature	Original signed by Jody Blazek	Date
	Firm's name (or yours if self-employed), address, and ZIP + 4	Blazek & Vetterling ▶ 2900 Wesleyan, Suite 200 Houston, TX 77027-5132	Preparer's identifying number (see instructions) N/A
		EIN ▶ N/A	Check if self-employed <input checked="" type="checkbox"/>
		Phone no. ▶ (713) 439-5739	

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

The Houston Food Bank helps feed the hungry by seeking food donations and distributing them to local charitable agencies that care for the needy.

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

Yes No

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

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

Yes No

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

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

4a (Code:) (Expenses \$ 110,383,949. including grants of \$ 102,011,255.) (Revenue \$ 2,970,531.)

Food Distribution: The Houston Food Bank's core business is large-scale distribution of food and select other products (such as diapers and cleaning supplies) to almost 500 hunger relief agencies, which then provide aid directly to more than 137,000 individuals in need each week throughout our 18-county service area. In FY 2009-2010, the Food Bank distributed 63,305,643 pounds of food and products. The value placed on total distribution was calculated at \$1.60/pound, for \$101,289,028 million in product directed into the community (including USDA).

4b (Code:) (Expenses \$ 510,341. including grants of \$) (Revenue \$ 634,494.)

Backpack Buddy Club: On Fridays, at participating schools, children take home child-friendly, nonperishable easily consumed and nutritious food from the Houston Food Bank.

Kids Cafe: In collaboration with the Boys and Girls Clubs, the YMCA and others, the year-round program provides nutritious meals and snacks to at-risk children, as well as nutrition education to help create healthy lifestyles.

4c (Code:) (Expenses \$ 391,373. including grants of \$) (Revenue \$ 329,157.)

Social Services Outreach: Agency clients receive assistance in completing applications for food stamps and other state-funded social services. The program began in September 2006.

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

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

4e Total program service expenses 111,285,663.

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 Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If 'Yes,' complete Schedule C, Part III.</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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; 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 term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	X	
11	Is the organization's answer to any of the following questions 'Yes'? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	X	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>		
	• 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? <i>If 'Yes,' complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statement for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If 'Yes,' completing Schedule D, Parts XI, XII, and XIII 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
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I.</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, Part II.</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, Part III.</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
20	Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <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, and 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, highly 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 a grant selection committee member, or to a person related to such an individual? <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 of the organization (or a family member) 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, Parts II, III, IV, and V, line 1.</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
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 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1 a 82		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1 b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2 a 138		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If 'Yes,' enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
	7 d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10 a	
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from other members or shareholders	11 a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b	
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b	

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosures

- 17 List the states with which a copy of this Form 990 is required to be filed None
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
Beth Tanner 3811 Eastex Freeway Houston TX 77026 713-223-3700

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Scott McClelland Chairman	1	X		X				0.	0.	0.
Armando Perez Vice Chairman	1	X		X				0.	0.	0.
Welcome Wilson Jr. Vice Chairman	1	X		X				0.	0.	0.
Sondee Hatcher Secretary	1	X		X				0.	0.	0.
Leslie Nelson Treasurer	1	X		X				0.	0.	0.
Andrew Alexander Director	1	X						0.	0.	0.
Larry Blackerby Director	1	X						0.	0.	0.
Bill Boyar Director	1	X						0.	0.	0.
Bill Breetz Director	1	X						0.	0.	0.
Mary Chitty Director	1	X						0.	0.	0.
Robert Del Grande Director	1	X						0.	0.	0.
Maria Francis Director	1	X						0.	0.	0.
John N. Goodpasture Director	1	X						0.	0.	0.
Cary Hoffman CFO	1	X						0.	0.	0.
Mike Julian Director	1	X						0.	0.	0.
Andrea Kates Director	1	X						0.	0.	0.
Rebecca King Director	1	X						0.	0.	0.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Christine Macan Director	1	X					0.	0.	0.	
Janet Bryan-Matura Director	1	X					0.	0.	0.	
Ron Messner Director	1	X					0.	0.	0.	
Jim Mills Director	1	X					0.	0.	0.	
Samantha Murray Director	1	X					0.	0.	0.	
Jamey Rootes Director	1	X					0.	0.	0.	
Benjamin Samuels Director	1	X					0.	0.	0.	
Yvonne Schneider Director	1	X					0.	0.	0.	
Albert "Bert" Tabor Director	1	X					0.	0.	0.	
Matt Winter Director	1	X					0.	0.	0.	
Brian Greene President / CEO	40	X		X			167,271.	0.	26,936.	
Beth Tanner CFO	40			X			98,021.	0.	7,020.	
Stan Edde COO	40			X			99,324.	0.	4,151.	
1 b Total							364,616.	0.	38,107.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of Services	(C) Compensation
Skyline GP LLC. 810 Kenrick Drive Houston, TX 77032	Construction	330,107.
Ellie Malavis Creative Service 3127 Kettering Drive Houston, TX 7702	Communications	310,988.
Majesty Hospitality Services 701 Post Oak Rd Houston, TX 77024	Staffing	180,786.
Rey de la Reza Architects Inc. 1245 W 18th Street Houston, TX 77008	Architectural	532,097.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 4

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c 456,036.				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e 3,324,848.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 130140715.				
	g Noncash contribns included in lns 1a-1f: ... \$	101736353.				
h Total. Add lines 1a-1f	▶ 133921599.					
PROGRAM SERVICE REVENUE	2 a Agency fees		Business Code			
		900004	2,435,853.	2,435,853.		
	b Food preparation fees	900004	588,071.	588,071.		
	c Food sales	900004	454,759.	454,759.		
	d Food program revenue	900004	452,788.	452,788.		
	e Recycling revenue	900004	2,711.	2,711.		
	f All other program service revenue					
g Total. Add lines 2a-2f	▶ 3,934,182.					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	▶ 63,432.			63,432.	
	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 \$ 456,036. of contributions reported on line 1c). See Part IV, line 18	a 225,693.					
	b Less: direct expenses	b 29,941.				
	c Net income or (loss) from fundraising events	▶ 195,752.			195,752.	
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						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	▶					
12 Total revenue. See instructions	▶ 138114965.	3,934,182.	0.	259,184.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	102,011,254.	102,011,254.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	387,157.	139,975.	211,585.	35,597.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))	0.	0.	0.	0.
7 Other salaries and wages	4,734,883.	2,930,855.	968,321.	835,707.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	57,508.	35,137.	12,928.	9,443.
9 Other employee benefits	618,210.	377,726.	138,974.	101,510.
10 Payroll taxes	439,992.	268,838.	98,872.	72,282.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17	151,382.			151,382.
f Investment management fees				
g Other	975,069.	238,993.	449,780.	286,296.
12 Advertising and promotion	250,970.	4,925.	181,729.	64,316.
13 Office expenses	735,686.	403,381.	143,620.	188,685.
14 Information technology	39,778.	19,559.	8,154.	12,065.
15 Royalties				
16 Occupancy	295,912.	247,837.	43,028.	5,047.
17 Travel	161,746.	116,534.	28,548.	16,664.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	62,867.	23,233.	19,163.	20,471.
20 Interest	88,369.	88,369.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	873,028.	750,181.	101,365.	21,482.
23 Insurance	176,371.	153,400.	17,288.	5,683.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>Trucking expenses</u>	1,042,180.	1,042,180.		
b <u>VAP fees</u>	865,098.	865,098.		
c <u>Repairs & Maintenance</u>	670,660.	638,964.	20,824.	10,872.
d <u>Printing and Publications</u>	652,263.	242,551.	982.	408,730.
e <u>Warehouse expense</u>	335,989.	335,989.		
f All other expenses	368,510.	350,684.	16,093.	1,733.
25 Total functional expenses. Add lines 1 through 24f	115,994,882.	111,285,663.	2,461,254.	2,247,965.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
ASSETS	1 Cash — non-interest-bearing.....	1,846.	1		
	2 Savings and temporary cash investments.....	5,482,604.	2	300,257.	
	3 Pledges and grants receivable, net.....	8,733,273.	3	13,810,303.	
	4 Accounts receivable, net.....	372,968.	4	621,197.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.....		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.....		6		
	7 Notes and loans receivable, net.....		7	36,856,479.	
	8 Inventories for sale or use.....	3,571,733.	8	4,769,266.	
	9 Prepaid expenses and deferred charges.....	398,364.	9	186,362.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,824,032.			
	b Less: accumulated depreciation.....	10b 6,886,156.	7,018,367.	10c	6,937,876.
	11 Investments — publicly-traded securities.....	4,827,818.	11	2,099,583.	
	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.....	300,384.	15	562,621.	
16 Total assets. Add lines 1 through 15 (must equal line 34).....	30,707,357.	16	66,143,944.		
LIABILITIES	17 Accounts payable and accrued expenses.....	935,825.	17	1,339,185.	
	18 Grants payable.....		18		
	19 Deferred revenue.....	316,626.	19	89,925.	
	20 Tax-exempt bond liabilities.....		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.....		22		
	23 Secured mortgages and notes payable to unrelated third parties.....	890,302.	23	14,070,631.	
	24 Unsecured notes and loans payable to unrelated third parties.....		24		
	25 Other liabilities. Complete Part X of Schedule D.....		25		
	26 Total liabilities. Add lines 17 through 25.....	2,142,753.	26	15,499,741.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27 Unrestricted net assets.....	13,021,171.	27	14,075,667.	
	28 Temporarily restricted net assets.....	15,048,433.	28	36,073,536.	
	29 Permanently restricted net assets.....	495,000.	29	495,000.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds.....		30		
	31 Paid-in or capital surplus, or land, building, and equipment fund.....		31		
	32 Retained earnings, endowment, accumulated income, or other funds.....		32		
33 Total net assets or fund balances.....	28,564,604.	33	50,644,203.		
34 Total liabilities and net assets/fund balances.....	30,707,357.	34	66,143,944.		

BAA

Part XI Financial Statements and Reporting

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

BAA

Form 990 (2009)

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

2009

Open to Public Inspection

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

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 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 carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that 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?		
(ii) a family member of a person described in (i) above?		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?		

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	65263775.	60335459.	51288550.	111889632.	133921599.	422699015.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-through 3.	65263775.	60335459.	51288550.	111889632.	133921599.	422699015.
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).						3,898,697.
6 Public support. Subtract line 5 from line 4.						418800318.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.	65263775.	60335459.	51288550.	111889632.	133921599.	422699015.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	130,304.	159,883.	121,691.	113,463.	63,432.	588,773.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						423287788.
12 Gross receipts from related activities, etc. (see instructions).					12	14,281,270.
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 2009 (line 6, column (f) divided by line 11, column (f)).	14	98.9%
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	96.5%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the 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 – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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 yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 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

PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization

The Houston Food Bank

Employer identification number

74-2181456

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

The Houston Food Bank

74-2181456

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 25,393,839.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 12,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

The Houston Food Bank

Employer identification number

74-2181456

Part II Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Food	\$ 22,467,680.	Various
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

BAA

Name of organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once – see instructions.) \$ N/A

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

The Houston Food Bank

Employer identification number

74-2181456

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

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

	Held at the End of the 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	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 easement it holds? Yes No

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

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

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

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

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,486,961.	5,968,615.			
b Contributions	26,150.				
c Net Investment earnings, gains, and losses	774,100.	-1,181,270.			
d Grants or scholarships					
e Other expenditures for facilities and programs	305,898.	300,384.			
f Administrative expenses					
g End of year balance	4,981,313.	4,486,961.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 76.00 %
- b Permanent endowment ▶ 24.00 %
- c Term endowment ▶ _____ %

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land		875,291.		875,291.
b Buildings		5,358,280.	2,131,831.	3,226,449.
c Leasehold improvements				
d Equipment		6,645,579.	3,944,838.	2,700,741.
e Other		944,882.	809,487.	135,395.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 6,937,876.

BAA

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

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

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

Part XIV Supplemental Information

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

Part V, Line 4 - Intended Uses Of Endowment Fund

To provide a predictable stream of funding to the Food Bank while seeking to maintain the value of the endowment assets.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
	Hope Luncheon (event type)	Restaurant Wk (event type)	1 (total number)	(Add col. (a) through col. (c))	
1	Gross receipts	242,290.	241,126.	198,313.	681,729.
2	Less: Charitable contributions	106,210.	241,126.	108,700.	456,036.
3	Gross income (line 1 minus line 2)	136,080.		89,613.	225,693.
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	5,331.		24,610.
10	Direct expense summary. Add lines 4- through 9 in column (d)				29,941.
11	Net income summary. Combine lines 3, column (d) and line 10				195,752.

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

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

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If 'No,' explain: -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If 'Yes,' explain: -----		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		YES	NO
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility.....	13a	%	
b An outside facility.....	13b	%	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name: ▶ -----			
Address: ▶ -----			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?.....			
15a			
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.			
c If 'Yes,' enter name and address of the third party:			
Name: ▶ -----			
Address: ▶ -----			
16 Gaming manager information			
Name: ▶ -----			
Gaming manager compensation ▶ \$ _____			
Description of services provided: ▶ -----			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?.....			
17a			
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$			

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

The Houston Food Bank

Employer identification number

74-2181456

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. See Part IV

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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
"Innovative Outreach Int" "1" 6 Westpoint Dr. Missouri City, TX 77459	75-2944786	501 (c) (3)	0.	2,225,561.	FMV	Food	Food distribution program
"Innovative Outreach Int" "1" 6 Westpoint Dr. Missouri City, TX 77459	unknown	501 (c) (3)	0.	176,392.	FMV	Food	Food distribution program
A & M Senior Village Inc. P.O.Box 451533 Houston, TX 77245-1533	23-7265162	501 (c) (3)	0.	21,407.	FMV	Food	Food distribution program
AIDS Coalition - Coastal TX 707 Tremont St. Galveston, TX 77550	76-0230757	501 (c) (3)	0.	6,626.	FMV	Food	Food distribution program
AIDS Foundation of Houston 3202 Wesleyan Houston, TX 77027	76-0073661	501 (c) (3)	0.	126,992.	FMV	Food	Food distribution program
All Saints Catholic Ch SVDP 215 East 10th Houston, TX 77008	unknown	501 (c) (3)	0.	7,050,680.	FMV	Food	Food distribution program
Alvin Community Food Pantry 1212 S. Durant Alvin, TX 77511	76-0403805	501 (c) (3)	0.	15,736.	FMV	Food	Food distribution program
Annam C.D.C 9530 Antoine Houston, TX 77086	31-1733348	501 (c) (3)	0.	115,830.	FMV	Food	Food distribution program

2 Enter total number of section 501(c)(3) and government organizations ▶ 383

3 Enter total number of other organizations ▶ 0

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. Use Part IV and Schedule I-1 (Form 990) 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, and any other additional information.

Part I, Line 2 - Grantmaker's Description of How Grants are Used

The Houston Food Bank helps feed the hungry by seeking food donations and distributing them to local charitable agencies that care for the needy. Agency staff perform frequent site visits to verify the quality and use of food and proper management of the distribution program.

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
Assumption Catholic Ch SVDP 901 Rose Lane Houston, TX 77037	unknown	501 (c) (3)		17,574.	FMV	Food	Food distribution program
Azleway Food Pantry 15892 CR 2B (mailing) Tyler, TX 75707	EIN	501 (c) (3)		401,885.	FMV	Food	Food distribution program
Bellfort SDA P.O. Box 301052 Houston, TX 77230	EIN	501 (c) (3)		100,669.	FMV	Food	Food distribution program
Bethel's Heavenly Hands 12525 Fondren Rd. Houston, TX 77035	05-0574377	501 (c) (3)		24,709.	FMV	Food	Food distribution program
Boys & Girls Country Houston 18806 Roberts Rd Hockley, TX 77447	74-6026198	501 (c) (3)		118,790.	FMV	Food	Food distribution program
Braes Interfaith Ministries 4300 W. Bellfort Houston, TX 77035	76-0203566	501 (c) (3)		58,135.	FMV	Food	Food distribution program
Brazoria 1st Assem. of God P.O. Box 980 Brazoria, TX 77422	unknown	501 (c) (3)		12,082.	FMV	Food	Food distribution program
Brazos Place P.O. Box 2470 Freeport, TX 77542	74-2122271	501 (c) (3)		108,101.	FMV	Food	Food distribution program
Brazos Valley Food Bank PO BOX 74 Bryan, TX 77806-0074	74-2380446	501 (c) (3)		6,528.	FMV	Food	Food distribution program
Brazosport Cares Inc. 916 N. Gulf Blvd. Freeport, TX 77541	76-0235164	501 (c) (3)		788,634.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
Brentwood Baptist Church 13033 Landmark Houston, TX 77045	76-0454399	501 (c) (3)		368,470.	FMV	Food	Food distribution program
Brookshire/Pattison Pantry P.O. Box 191 Brookshire, TX 77423	76-0460902	501 (c) (3)		130,859.	FMV	Food	Food distribution program
Care/Share Mission Center P.O. Box 818 Coldspring, TX 77331	unknown	501 (c) (3)		10,803.	FMV	Food	Food distribution program
Casa Juan Diego/Maria P.O. Box 70113 Houston, TX 77270	76-0003018	501 (c) (3)		285,557.	FMV	Food	Food distribution program
Catholic Charities - Houston P.O. Box 66508 Houston, TX 77026	74-1109733	501 (c) (3)		185,945.	FMV	Food	Food distribution program
Catholic Charities-Texas City P. O. Box 1931 Texas City, TX 77592	unknown	501 (c) (3)		335,281.	FMV	Food	Food distribution program
Catholic Comm. of St. Joseph P.O.Box 640 Dayton, TX 77535	unknown	501 (c) (3)		2,012,756.	FMV	Food	Food distribution program
Cenikor Foundation Inc. P.O. Box 458 Deer Park, TX 77536	76-0031861	501 (c) (3)		52,037.	FMV	Food	Food distribution program
Central Illionois Foodbank PO Box 8228 Springfield, IL 62791	EIN	501 (c) (3)		42,296.	FMV	Food	Food distribution program
Christian Community Svs. Ctr. P.O. Box 27924 Houston, TX 77227	74-2128141	501 (c) (3)		7,692.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
Christian Helping Hands P.O. Box 34 Pearland, TX 77588-0034	76-0122717	501 (c) (3)		73,941.	FMV	Food	Food distribution program
Christian Outreach Cent/LWFC 4333 W. Little York Rd. Houston, TX 77090	76-0654767	501 (c) (3)		97,566.	FMV	Food	Food distribution program
Churches United in Caring P.O. Box 690 Crosby, TX 77532	76-0118400	501 (c) (3)		92,758.	FMV	Food	Food distribution program
Cleveland Sr. Citizen Org P.O. Box 1095 Cleveland, TX 77328	76-0101109	501 (c) (3)		155,915.	FMV	Food	Food distribution program
Comm. Christians in Action 10800 Hammerly Houston, TX 77043	76-0656508	501 (c) (3)		3,798,352.	FMV	Food	Food distribution program
Communities In Schools-Houston 1235 N Loop West #300 Houston, TX 77008	76-0031827	501 (c) (3)		113,061.	FMV	Food	Food distribution program
Community Family Center 7524 Avenue E Houston, TX 77012	74-1691632	501 (c) (3)		54,120.	FMV	Food	Food distribution program
Community Fellowship M.B.C. 2500 Campbell Street Houston, TX 77026	EIN	501 (c) (3)		170,477.	FMV	Food	Food distribution program
Creative Outreach Ministries 727 W. Davis Conroe, TX 77301	91-1909309	501 (c) (3)		20,018.	FMV	Food	Food distribution program
Emergency Aid Coalition 5401 Fannin St. Houston, TX 77004	76-0060267	501 (c) (3)		19,586.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
Fair Haven Food Pantry 1330 Gessner Houston, TX 77055	unknown	501 (c) (3)		16,811.	FMV	Food	Food distribution program
First Baptist-New Waverly 460 Fisher New Waverly, TX 77358	unknown	501 (c) (3)		344,401.	FMV	Food	Food distribution program
Gleaning from the Harvest 624 4th Ave N Texas City, TX 77591	unknown	501 (c) (3)		134,276.	FMV	Food	Food distribution program
Grace UMC - Heights 1245 Heights Blvd. Houston, TX 77008	unknown	501 (c) (3)		62,071.	FMV	Food	Food distribution program
Grace UMC-Manvel PO Box 369 Manvel, TX 77578	unknown	501 (c) (3)		24,947.	FMV	Food	Food distribution program
Gulf Coast Community Svc 5000 Gulf Freeway Bldg #1 Houston, TX 77023	74-6067937	501 (c) (3)		32,467.	FMV	Food	Food distribution program
Health and Human Services 8000 N. Stadium Dr. Houston, TX 77054	EIN	501 (c) (3)		487,860.			Food distribution program
Helping Hands For Jacinto City 10730 Wiggins St. Jacinto City, TX 77029	EIN	501 (c) (3)		40,748.	FMV	Food	Food distribution program
Holy Cross Lutheran Church 7901 Westview Houston, TX 77055	76-0242071	501 (c) (3)		177,167.	FMV	Food	Food distribution program
Holy Cross Lutheran Church 7901 Westview Houston, TX 77055	unknown	501 (c) (3)		43,992.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

**Open to Public
Inspection**

Name of the organization

The Houston Food Bank

Employer identification number

74-2181456

Part I 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
Holy Family Catholic Church 1510 Fifth St. Missouri City, TX 77489	unknown	501 (c) (3)		235,474.	FMV	Food	Food distribution program
House of Prayer Outreach Min P.O. Box 310031 Houston, TX 77231	EIN	501 (c) (3)		333,710.	FMV	Food	Food distribution program
Houston Area Community Service 6655 Roxburgh Houston, TX 77041	EIN	501 (c) (3)		12,574.	FMV	Food	Food distribution program
Houston First Baptist Church 8009 Long Point Houston, TX 77055	EIN	501 (c) (3)		338,399.	FMV	Food	Food distribution program
Houston First Baptist Church 8009 Long Point Houston, TX 77055	unknown	501 (c) (3)		164,657.	FMV	Food	Food distribution program
Houston Food Bank 3811 Eastex Freeway Houston, TX 77026	74-2181459	501 (c) (3)		139,789.	FMV	Food	Food distribution program
Houston Habitat for Humanity 3750 N. McCarty Houston, TX 77029	EIN	501 (c) (3)		12,464.	FMV	Food	Food distribution program
Houston Launch Pad 2616 S. Loop West Houston, TX 77054	EIN	501 (c) (3)		5,451.	FMV	Food	Food distribution program
Houston NW Spanish SDA 11810 T. C. Jester Blvd. Houston, TX 77067	EIN	501 (c) (3)		52,186.	FMV	Food	Food distribution program
Houston Serenity Place 6509 Morrow Houston, TX 77091	EIN	501 (c) (3)		126,136.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
Humble Area Assist. Ministries P.O. Box 14051 Humble, TX 77347	76-0235937	501 (c) (3)		235,830.	FMV	Food	Food distribution program
Humble Area Assist. Ministries P.O. Box 14051 Humble, TX 77347	76-0298820	501 (c) (3)		92,478.	FMV	Food	Food distribution program
Hummingbird Care Center P.O. Box 36174 Houston, TX 77236	EIN	501 (c) (3)		25,106.	FMV	Food	Food distribution program
Idaho Food Bank PO Box 2055 Boise, ID 83701	EIN	501 (c) (3)		55,914.	FMV	Food	Food distribution program
Iglesia Casa de Dios 8410 Oleander #107 Highlands, TX 77562	EIN	501 (c) (3)		12,811.	FMV	Food	Food distribution program
Iglesia Fuente de Esperanza 11612 Memorial dr. Houston, Tx 77024	EIN	501 (c) (3)		237,873.	FMV	Food	Food distribution program
Iglesia Trinidad 11602 Bobcat Houston, TX 77064	EIN	501 (c) (3)		688,526.	FMV	Food	Food distribution program
IM-Food For Seniors 3217 Montrose Houston, TX 77006	74-1488102	501 (c) (3)		19,574.	FMV	Food	Food distribution program
IM-Food For Seniors 3217 Montrose Houston, TX 77006	74-1488102	501 (c) (3)		328,938.	FMV	Food	Food distribution program
Immaculate Conception CathSVDP 7250 Harrisburg Houston, TX 77011	EIN	501 (c) (3)		109,755.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
Impact Houston 1704 Weber Houston, TX 77007	76-0223834	501 (c) (3)		88,263.	FMV	Food	Food distribution program
Impact Houston 1704 Weber Houston, TX 77007	EIN	501 (c) (3)		1,080,406.	FMV	Food	Food distribution program
Independence Heights Baptist 205 West Crosstimbers Houston, TX 77018	EIN	501 (c) (3)		131,666.	FMV	Food	Food distribution program
Interfaith Caring Ministries 151 Park Avenue League City, TX 77573	EIN	501 (c) (3)		86,017.	FMV	Food	Food distribution program
Interfaith Ministries 3217 Montrose Houston, TX 77006	EIN	501 (c) (3)		1,265,498.	FMV	Food	Food distribution program
J.C. Hester House 2020 Solo Houston, TX 77020	EIN	501 (c) (3)		41,198.	FMV	Food	Food distribution program
Jesus Outreach Ministries P.O. Box 111655 Houston, TX 77293	EIN	501 (c) (3)		72,722.	FMV	Food	Food distribution program
Jewish Community Center 5601 S. Braeswood Houston, TX 77096	EIN	501 (c) (3)		27,250.	FMV	Food	Food distribution program
JHG Kidz Harbor PO Box 95 Liverpool, TX 77577	EIN	501 (c) (3)		63,248.	FMV	Food	Food distribution program
John L. Food Depot (SVDP) 2403 Holcombe Blvd. Houston, TX 77021	unknown	501 (c) (3)		155,622.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
John L. Food Depot (SVDP) 2403 Holcombe Houston, TX 77021	76-0298820	501 (c) (3)		280,491.	FMV	Food	Food distribution program
Jones Memorial U.M.C. 2504 Almeda Genoa Rd. Houston, TX 77047	EIN	501 (c) (3)		61,094.	FMV	Food	Food distribution program
Jordan Grove MBC Pantry 2603 Anita Houston, TX 77004	76-0235164	501 (c) (3)		809,599.	FMV	Food	Food distribution program
Jordan Grove MBC Pantry 2603 Anita Houston, TX 77004	unknown	501 (c) (3)		5,452.	FMV	Food	Food distribution program
Katy Christian Ministries PO Box 986 Katy, TX 77492	EIN	501 (c) (3)		180,547.	FMV	Food	Food distribution program
Kids Cafe 2445 North Freeway Houston, TX 77009	EIN	501 (c) (3)		79,668.	FMV	Food	Food distribution program
Kids' Meals Inc. 205 W. Crosstimbers Houston, TX 77018	76-0330447	501 (c) (3)		32,553.	FMV	Food	Food distribution program
Kids' Meals Inc. 205 W. Crosstimbers Houston, TX 77018	EIN	501 (c) (3)		104,438.	FMV	Food	Food distribution program
KUMC Society of St. Stephen 1799 Woodland Hills Dr. Kingwood, TX 77339	EIN	501 (c) (3)		66,995.	FMV	Food	Food distribution program
Labor of Love Fellowship Church 324 East House Street Alvin, TX 77511	EIN	501 (c) (3)		20,242.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
Ladies In Action 2155 Nus Hwy Groveton, TX 75845	74-1326185	501 (c) (3)		120,453.	FMV	Food	Food distribution program
Ladies In Action 2155 Nus Hwy Groveton, TX 75845	75-2432707	501 (c) (3)		547,666.	FMV	Food	Food distribution program
Laredo/Webb County Food Bank 1907 Freight St. Laredo, TX 78041	EIN	501 (c) (3)		39,554.	FMV	Food	Food distribution program
Liberty Church of Christ 3201 N. Main Liberty, TX 77575	74-2105766	501 (c) (3)		47,042.	FMV	Food	Food distribution program
Liberty Church of Christ 3201 N. Main Liberty, TX 77575	EIN	501 (c) (3)		279,625.	FMV	Food	Food distribution program
Liberty Co. Proj/Aging MS. DA 2000 Panther Lane Liberty, TX 77575	74-1857981	501 (c) (3)		89,837.	FMV	Food	Food distribution program
Liberty Co. Proj/Aging MS. DA 2000 Panther Lane Liberty, TX 77575	EIN	501 (c) (3)		148,954.	FMV	Food	Food distribution program
Light of Christ Lutheran Ch. PO Box 1217 LaPorte, TX 77572	EIN	501 (c) (3)		65,045.	FMV	Food	Food distribution program
Lighthouse Christian Mins 1250 W. League City Pkwy. League City, TX 77573	EIN	501 (c) (3)		214,784.	FMV	Food	Food distribution program
Lighthouse Christian Mins 1250 W. League City Pkwy. League City, TX 77573	unknown	501 (c) (3)		90,033.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
Lily of the Valley COGIC PO Box 1872 Anahuac, TX 77514	EIN	501 (c) (3)		100,105.	FMV	Food	Food distribution program
LINC Houston 161 West Houston, TX 77037	EIN	501 (c) (3)		20,056.	FMV	Food	Food distribution program
Living Faith Outreach 3700 Deats Rd Dickinson, TX 77539	EIN	501 (c) (3)		69,303.	FMV	Food	Food distribution program
Living Word Ministries 15502 Silver Ridge Dr Houston, TX 77090	EIN	501 (c) (3)		38,266.	FMV	Food	Food distribution program
Living Word Outreach P.O. Box 2303 Trinity, TX 75862	EIN	501 (c) (3)		58,605.	FMV	Food	Food distribution program
Lorraine St COGIC 2312 Lorraine St Houston, TX 77026	EIN	501 (c) (3)		47,301.	FMV	Food	Food distribution program
Love & Joy Personal Care Home P.O. Box 330344 Houston, TX 77233	EIN	501 (c) (3)		24,082.	FMV	Food	Food distribution program
LuPaul Mac Medical Mis of Mary 8449 W. Bellfort STE 200 Houston, TX 77071	EIN	501 (c) (3)		152,979.	FMV	Food	Food distribution program
Lydia's Pantry P.O. Box 1119 Tomball, TX 77377	EIN	501 (c) (3)		156,623.	FMV	Food	Food distribution program
Magnificat Houses Inc. 3209 Austin Street Houston, TX 77265	EIN	501 (c) (3)		501,226.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
MANNA House/3rd Ward Pantry 3118 1/2 Blodget St. Houston, TX 77004	31-1548849	501 (c) (3)		104,705.	FMV	Food	Food distribution program
MANNA 1806 W. 43rd. Street Houston, TX 77018	31-1548849	501 (c) (3)		327,617.	FMV	Food	Food distribution program
MANNA 1806 W. 43rd. Street Houston, TX 77018	76-0282653	501 (c) (3)		82,368.	FMV	Food	Food distribution program
Martha's Kitchen 2302 Oak Shores Dr. Kingwood, TX 77339	EIN	501 (c) (3)		54,870.	FMV	Food	Food distribution program
Martin Senior Service Ctr P.O. Box 1999 Trinity, TX 75862	75-2426570	501 (c) (3)		107,368.	FMV	Food	Food distribution program
Martin Senior Service Ctr P.O. Box 1999 Trinity, TX 75862	EIN	501 (c) (3)		41,384.	FMV	Food	Food distribution program
Memorial Baptist Church 22333 Kuykendahl Spring, TX 77379	76-0031827	501 (c) (3)		359,555.	FMV	Food	Food distribution program
Memorial Baptist Church 22333 Kuykendahl Spring, TX 77379	unknown	501 (c) (3)		71,857.	FMV	Food	Food distribution program
Metropolitan SDA 3233 Williamsburg Missouri City, TX 77459	EIN	501 (c) (3)		27,341.	FMV	Food	Food distribution program
MI Lewis Social Service Center P.O. Box 1542 Dickinson, TX 77539	EIN	501 (c) (3)		893,678.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
MI Lewis Social Service Ctr P.O. Box 1542 Dickinson, TX 77539	74-6083306	501 (c) (3)		82,174.	FMV	Food	Food distribution program
Mid Chambers Christian Caring P.O. Box 1498 Anahuac, TX 77514	EIN	501 (c) (3)		59,154.	FMV	Food	Food distribution program
Miles Chapel 4315 Lyons Ave Houston, TX 77020	EIN	501 (c) (3)		31,877.	FMV	Food	Food distribution program
Minola's Place of Texas 8765 Spring Cypress POB#L-179 Spring, TX 77379	EIN	501 (c) (3)		10,688.	FMV	Food	Food distribution program
Mission Bells Food Pantry 14700 Bellaire Houston, TX 77083	EIN	501 (c) (3)		58,855.	FMV	Food	Food distribution program
Mission Centers of Houston/Gan 1815 Gano Houston, TX 77009	74-1944830	501 (c) (3)		116,268.	FMV	Food	Food distribution program
Mission Centers of Houston/Joy P.O. Box 30417 Houston, TX 77249	EIN	501 (c) (3)		86,496.	FMV	Food	Food distribution program
Mission Ctrs of Houston/Gan 1815 Gano Houston, TX 77009	unknown	501 (c) (3)		274,307.	FMV	Food	Food distribution program
Mission Ctrs of Houston/Joy P.O. Box 30417 Houston, TX 77249-0417	unknown	501 (c) (3)		1,012,850.	FMV	Food	Food distribution program
Mission Greenspoint 243 Greens Rd. Houston, TX 77060	76-0541595	501 (c) (3)		204,910.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

**Open to Public
Inspection**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
Mission Greenspoint 243 Greens Rd. Houston, TX 77060	EIN	501 (c) (3)		45,632.	FMV	Food	Food distribution program
Missouri St. Church of Christ P.O. Box 4295 Baytown, TX 77522	74-2155215	501 (c) (3)		6,131.	FMV	Food	Food distribution program
Missouri St. Church of Christ P.O. Box 4295 Baytown, TX 77522	76-0152675	501 (c) (3)		256,272.	FMV	Food	Food distribution program
Montgomery Cnty Food Bank 111 S. 2nd St. Conroe, TX 77305	76-0153892	501 (c) (3)		11,746.	FMV	Food	Food distribution program
Montgomery County Food Bank 111 S. 2nd St. Conroe, TX 77305	76-0541595	501 (c) (3)		5,811,689.	FMV	Food	Food distribution program
Mt. Olives Church of God Inc. P.O. Box 721825 Houston, TX 77272	EIN	501 (c) (3)		43,907.	FMV	Food	Food distribution program
Multi-Family Mission Min. 8484 Jason Houston, TX 77074	EIN	501 (c) (3)		80,235.	FMV	Food	Food distribution program
My Brother's Keeper Outreach P. O. Box 722385 Houston, TX 77272	EIN	501 (c) (3)		66,038.	FMV	Food	Food distribution program
Nassau Bay Baptist Church 18131 Nassau Bay Dr. Houston, TX 77058	EIN	501 (c) (3)		15,977.	FMV	Food	Food distribution program
New Deliverance Fellowship Min 6602 Martin Luther King Blvd. Houston, TX 77033	EIN	501 (c) (3)		216,612.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
New Horizon Family Center P.O. Box 1428 Baytown, TX 77522	EIN	501 (c) (3)		28,223.	FMV	Food	Food distribution program
New Life in Christ Outreach 9324 Eastex Freeway Houston, TX 77093	EIN	501 (c) (3)		33,952.	FMV	Food	Food distribution program
New Life SDA 7800 West Bellfort Ave Houston, TX 77071	EIN	501 (c) (3)		186,073.	FMV	Food	Food distribution program
New Life Tabernacle 3021 Desoto Houston, TX 77091	EIN	501 (c) (3)		37,158.	FMV	Food	Food distribution program
New Light Baptist Church 8005 Fountain St Houston, TX 77051	EIN	501 (c) (3)		15,558.	FMV	Food	Food distribution program
New Mt. Calvary Church 4711 Kelley Houston, TX 77026	EIN	501 (c) (3)		36,785.	FMV	Food	Food distribution program
New Mt. Carmel Baptist Church 4301 Weaver Rd. Houston, TX 77016	EIN	501 (c) (3)		140,243.	FMV	Food	Food distribution program
New Providence Baptist Church 6640 Weston St. Houston, TX 77021	EIN	501 (c) (3)		29,758.	FMV	Food	Food distribution program
Nghborhood Cntrs. Ripley House 4410 Navigation Houston, TX 77011	EIN	501 (c) (3)		68,494.	FMV	Food	Food distribution program
Nghbrhood Ctr Baker-Ripley P. O. Box 271389 Houston, TX 77277	EIN	501 (c) (3)		336,456.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
<u>Nghbrhood Ctr Cleveland/Ripley</u> <u>P.O. Box 271389</u> <u>Houston, TX 77277</u>	EIN	501 (c) (3)		1,115,805.	FMV	Food	Food distribution program
<u>Nghbrhood Ctr LaPorte/Bayshore</u> <u>P.O. Box 271389</u> <u>Houston, TX 77277</u>	EIN	501 (c) (3)		829,775.	FMV	Food	Food distribution program
<u>Nghbrhood Ctr. Harbach/Ripley</u> <u>P.O. Box 271389</u> <u>Houston, TX 77277</u>	EIN	501 (c) (3)		215,059.	FMV	Food	Food distribution program
<u>NGO 's Foundation</u> <u>1919 North Loop West #450</u> <u>Houston, TX 77008</u>	EIN	501 (c) (3)		1,567,603.	FMV	Food	Food distribution program
<u>Norris Chapel UMC</u> <u>P.O. Box 330389</u> <u>Houston, TX 77233</u>	EIN	501 (c) (3)		35,000.	FMV	Food	Food distribution program
<u>North Central Baptist Church</u> <u>2102 Tidwell Rd.</u> <u>Houston, TX 77093</u>	EIN	501 (c) (3)		391,730.	FMV	Food	Food distribution program
<u>North Texas Food Bank</u> <u>4500 S. Cockrell Hill RD.</u> <u>Dallas, TX 75236</u>	EIN	501 (c) (3)		78,912.	FMV	Food	Food distribution program
<u>NRBC Community Outreach Center</u> <u>1885 County Rd. 32</u> <u>Angleton, TX 77515</u>	EIN	501 (c) (3)		18,598.	FMV	Food	Food distribution program
<u>Nrth Channel Assist Ministries</u> <u>13837 Bonham</u> <u>Houston, TX 77015</u>	76-0080764	501 (c) (3)		1,761,670.	FMV	Food	Food distribution program
<u>Nrth Channel Assist Ministries</u> <u>13837 Bonham</u> <u>Houston, TX 77015</u>	76-0152675	501 (c) (3)		470,310.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
NW Assistance Ministries 15555 Kuykendahl Houston, TX 77090	76-0088702	501 (c) (3)		73,897.	FMV	Food	Food distribution program
NW Assistance Ministries 15555 Kuykendahl Houston, TX 77090	EIN	501 (c) (3)		200,181.	FMV	Food	Food distribution program
NW Community Baptist Pantry 1023 Pinemont Houston, TX 77018	74-1157370	501 (c) (3)		500,674.	FMV	Food	Food distribution program
Open Door Ministries 7138 Kassarine Pass Houston, TX 77033	76-0060267	501 (c) (3)		138,018.	FMV	Food	Food distribution program
Open Door Mission PO Box 9356 Houston, TX 77261	76-0146890	501 (c) (3)		39,560.	FMV	Food	Food distribution program
Open Door Mission PO Box 9356 Houston, TX 77261	EIN	501 (c) (3)		337,592.	FMV	Food	Food distribution program
Operation Refuge P.O. Box 355 Cleveland, TX 77328	EIN	501 (c) (3)		65,887.	FMV	Food	Food distribution program
Our Daily Bread P. O. Box 922018 Houston, TX 77292	EIN	501 (c) (3)		5,234.	FMV	Food	Food distribution program
Our Lady of Guadalupe-Baytown 1124 Beech St. Baytown, TX 77520	75-2432707	501 (c) (3)		573,306.	FMV	Food	Food distribution program
Our Lady of Guadalupe-Baytown 1124 Beech St. Baytown, TX 77520-4198	76-0172507	501 (c) (3)		160,709.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
Our Lady Star of the Sea SVDP 8707 Cowart St. mailing Houston, TX 77029	EIN	501 (c) (3)		298,952.	FMV	Food	Food distribution program
Our Lady Star of the Sea SVDP 8707 Cowart St. mailing Houston, TX 77029	unknown	501 (c) (3)		233,160.	FMV	Food	Food distribution program
Outreach Missionary Baptist Ch 5103 Bellfort St Houston, TX 77033	EIN	501 (c) (3)		272,771.	FMV	Food	Food distribution program
Palmer Episc.-Way Station 6221 Main Houston, TX 77030	74-1157370	501 (c) (3)		181,913.	FMV	Food	Food distribution program
Palmer Episcopal - Way Station 6221 Main Houston, TX 77030	51-0151491	501 (c) (3)		131,817.	FMV	Food	Food distribution program
Pantherland Elderly Aging P.O. Box 553 Prairie View, TX 77446	EIN	501 (c) (3)		102,145.	FMV	Food	Food distribution program
Pasadena Comm. Ministries P.O. BOX 4954 Pasadena, TX 77502	unknown	501 (c) (3)		81,225.	FMV	Food	Food distribution program
Pasadena Community Ministries P.O. BOX 4954 Pasadena, TX 77502	74-1132578	501 (c) (3)		128,306.	FMV	Food	Food distribution program
Path to Success 4802 Caroline Houston, TX 77004	EIN	501 (c) (3)		9,228.	FMV	Food	Food distribution program
Pearland Neighborhood Center 2335 N. Texas Ave. Pearland, TX 77581	EIN	501 (c) (3)		84,795.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
Pine Drive Community Church 705 FM 517 Rd. E Dickinson, TX 77537	EIN	501 (c) (3)		176,887.	FMV	Food	Food distribution program
Pinnacle Adult Care Inc. 3321 Dixie Drive Houston, TX 77021	EIN	501 (c) (3)		132,531.	FMV	Food	Food distribution program
Pinnacle Adult Care Inc. 3321 Dixie Drive Houston, TX 77021	unknown	501 (c) (3)		30,474.	FMV	Food	Food distribution program
Precinct2gether Inc. 13828 Corpus Christi St. Houston, TX 77015	EIN	501 (c) (3)		40,018.	FMV	Food	Food distribution program
Primero Igelisa Asamble d Dios 3402 Runnels St. Houston, TX 77003	EIN	501 (c) (3)		181,894.	FMV	Food	Food distribution program
Prince of Peace Catholic Ch 19222 Tomball Pkwy. Houston, TX 77070	76-0656508	501 (c) (3)		178,097.	FMV	Food	Food distribution program
Prince of Peace Catholic Ch 19222 Tomball Pkwy. Houston, TX 77070	unknown	501 (c) (3)		69,206.	FMV	Food	Food distribution program
Prison Prevention Ministries P.O. Box 21173 Houston, TX 77226	EIN	501 (c) (3)		157,690.	FMV	Food	Food distribution program
Prophetic Word of Faith Church 10724 S. Gessner Rd. Houston, TX 77071	EIN	501 (c) (3)		27,808.	FMV	Food	Food distribution program
Pure Light MBC 5208 Noble Street Houston, TX 77020	EIN	501 (c) (3)		89,116.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
Purpose Community Church 4830 Wilson Road Suite #300 Humble, TX 77396	EIN	501 (c) (3)		8,563.	FMV	Food	Food distribution program
Queen Of Peace Cath PantrySVDP 3011 Telephone Rd. Houston, TX 77023	EIN	501 (c) (3)		163,375.	FMV	Food	Food distribution program
RCCG Issac Generation 10330 Sugar Branch Dr. Houston, TX 77036	EIN	501 (c) (3)		352,488.	FMV	Food	Food distribution program
RCCG Living Word Chapel 13833 Richmond Ave Houston, TX 77082	EIN	501 (c) (3)		48,786.	FMV	Food	Food distribution program
RCCG New Life Chapel 9525 Town Park Houston, TX 77036	EIN	501 (c) (3)		223,462.	FMV	Food	Food distribution program
Repair the Breach Ministries 1713 Lilley Ave Cleveland, TX 77327	EIN	501 (c) (3)		126,885.	FMV	Food	Food distribution program
Rescue Bank 6363 Woodway Suite 975 Houston, TX 77057	EIN	501 (c) (3)		318,094.	FMV	Food	Food distribution program
Restoration Assistance Min. 1369 Spears Rd Houston, TX 77067	EIN	501 (c) (3)		136,358.	FMV	Food	Food distribution program
Richey Street Baptist Church 1010 S. Richey Pasadena, TX 77506	EIN	501 (c) (3)		228,494.	FMV	Food	Food distribution program
Rising Star MBC 8201 Darlington Dr. Houston, TX 77028	EIN	501 (c) (3)		53,575.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
Riverside Baptist Church P.O. Box 9 Riverside, TX 77367	31-1548849	501 (c) (3)		84,059.	FMV	Food	Food distribution program
Riverside Baptist Church PO Box 9 Riverside, TX 77367	unknown	501 (c) (3)		51,768.	FMV	Food	Food distribution program
Riverside General Hospital P.O. Box 8128 Houston, TX 77288	74-2155215	501 (c) (3)		157,309.	FMV	Food	Food distribution program
Riverside General Hospital P.O. Box 8128 Houston, TX 77288	unknown	501 (c) (3)		32,973.	FMV	Food	Food distribution program
S.T.A.N.D Christian Ministries 15914 Blue Ridge Road Missouri City, TX 77489	EIN	501 (c) (3)		26,142.	FMV	Food	Food distribution program
Saafe House P.O. Box 1893 Huntsville, TX 77342	EIN	501 (c) (3)		5,042.	FMV	Food	Food distribution program
Sacred Heart Ch-Conroe SVDP 109 N. Frazier Conroe, TX 77301	74-6028556	501 (c) (3)		413,935.	FMV	Food	Food distribution program
Sacred Heart of Jesus Catholic 14307 Highway 6 Rosharon, TX 77583	EIN	501 (c) (3)		29,293.	FMV	Food	Food distribution program
Sacred Heart of Jesus Catholic 14307 Highway 6 Rosharon, TX 77583	unknown	501 (c) (3)		18,586.	FMV	Food	Food distribution program
Salvation Army - East Harris 2732 Cherrybrook Ln. Pasadena, TX 77501	unknown	501 (c) (3)		122,686.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
Salvation Army - East Harris 2732 Cherrybrook Ln. Pasadena, TX 77502	EIN	501 (c) (3)		122,686.	FMV	Food	Food distribution program
Salvation Army - Sally's House 1717 Congress St. Houston, TX 77002	EIN	501 (c) (3)		72,354.	FMV	Food	Food distribution program
Salvation Army Adult Rehab Cnt 1015 Hemphill Houston, TX 77007	EIN	501 (c) (3)		49,934.	FMV	Food	Food distribution program
Salvation Army Family Resid 1603 McGowen St. Houston, TX 77004	EIN	501 (c) (3)		76,590.	FMV	Food	Food distribution program
Salvation Army Family Resid 1603 McGowen St. Houston, TX 77004	unknown	501 (c) (3)		36,375.	FMV	Food	Food distribution program
Salvation Army Harbor Light 2407 N. Main Houston, TX 77009	76-0238315	501 (c) (3)		526,554.	FMV	Food	Food distribution program
Salvation Army Harbor Light 2407 N. Main Houston, TX 77009	unknown	501 (c) (3)		626,001.	FMV	Food	Food distribution program
Salvation Army of Galveston P.O. Box 990 Galveston, TX 77550	76-0614682	501 (c) (3)		162,257.	FMV	Food	Food distribution program
Salvation Army of Galveston P.O. Box 990 Galveston, TX 77550	unknown	501 (c) (3)		40,158.	FMV	Food	Food distribution program
Salvation Army Social Service 2208 Main St. Houston, TX 77002	EIN	501 (c) (3)		41,040.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
Salvation Army-Aldine W/field P.O. Box 11368 Houston, TX 77293	EIN	501 (c) (3)		11,897.	FMV	Food	Food distribution program
Salvation Army-Internat'l Corp 5757 Ranchester Dr. # 1900 Houston, TX 77036	EIN	501 (c) (3)		140,001.	FMV	Food	Food distribution program
San Antonio Food Bank 4311 Director Dr. San Antonio, TX 78219	EIN	501 (c) (3)		496,384.	FMV	Food	Food distribution program
Santa Maria Hostel 7807 Long Point Rd. #345 Houston, TX 77055	74-1669131	501 (c) (3)		253,749.	FMV	Food	Food distribution program
Santa Maria Hostel 7807 Long Point Rd. #345 Houston, TX 77055	EIN	501 (c) (3)		277,446.	FMV	Food	Food distribution program
Sealy Christian Pantry P.O. Box 162 Sealy, TX 77474	76-0235937	501 (c) (3)		161,987.	FMV	Food	Food distribution program
Sealy Christian Pantry P.O. Box 162 Sealy, TX 77474	EIN	501 (c) (3)		111,765.	FMV	Food	Food distribution program
SEARCH Homeless Project 2505 Fannin St. Houston, TX 77002	EIN	501 (c) (3)		55,781.	FMV	Food	Food distribution program
Second Mile Mission Center 504 FM 1092 Suite 1 Stafford, TX 77477	81-0556112	501 (c) (3)		7,082.	FMV	Food	Food distribution program
Second Mile Mission Center 504 FM 1092 Suite 1 Stafford, TX 77477	EIN	501 (c) (3)		1,942,660.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
Senior Center of Walker County 340 F SH 75 N Huntsville, TX 77320	EIN	501 (c) (3)		25,859.	FMV	Food	Food distribution program
Senior Citizens of San Jacinto P.O. Box 145 Coldspring, TX 77331	51-0151491	501 (c) (3)		60,490.	FMV	Food	Food distribution program
Senior Citizens of San Jacinto P.O. Box 145 Coldspring, TX 77331	76-0031861	501 (c) (3)		52,577.	FMV	Food	Food distribution program
Senior Friends Inc 8001 McHard Houston, TX 77053	EIN	501 (c) (3)		6,435.	FMV	Food	Food distribution program
Servant of Nations P.O. Box 573052 Houston, TX 77257	EIN	501 (c) (3)		189,452.	FMV	Food	Food distribution program
Shamar Hope Haven 2913 Wheeler St. Houston, TX 77004	EIN	501 (c) (3)		25,038.	FMV	Food	Food distribution program
Shay's House P.O. Box 21166 Houston, TX 77226	EIN	501 (c) (3)		46,139.	FMV	Food	Food distribution program
Shepherd Senior Citizen Inc. P.O. Box 1091 Shepherd, TX 77371	EIN	501 (c) (3)		31,353.	FMV	Food	Food distribution program
Small Steps Nurturing Center 1709 DePelchin Houston, TX 77007	EIN	501 (c) (3)		33,463.	FMV	Food	Food distribution program
Sonrise Community Church 5609 East Mount Houston Houston, TX 77093	76-0146890	501 (c) (3)		249,109.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
Sonrise Community Church 5609 East Mount Houston Houston, TX 77093	unknown	501 (c) (3)		553,629.	FMV	Food	Food distribution program
South Park Baptist Church 5830 Van Fleet Houston, TX 77033	EIN	501 (c) (3)		102,113.	FMV	Food	Food distribution program
South Park Church of God 6310 Weston Houston, TX 77021	EIN	501 (c) (3)		57,606.	FMV	Food	Food distribution program
South Union Church of Christ 7427 Ardmore Houston, TX 77054	74-2122271	501 (c) (3)		293,912.	FMV	Food	Food distribution program
South Union Church of Christ 7427 Ardmore Houston, TX 77054	76-0094028	501 (c) (3)		258,355.	FMV	Food	Food distribution program
South Union M.B.C. 3550 Lydia Street Houston, TX 77021	EIN	501 (c) (3)		224,183.	FMV	Food	Food distribution program
Southeast Area Ministries P.O. Box 267 South Houston, TX 77587	76-0238315	501 (c) (3)		8,731.	FMV	Food	Food distribution program
Southeast Area Ministries P.O. Box 267 South Houston, TX 77587	76-0515175	501 (c) (3)		189,858.	FMV	Food	Food distribution program
Southside Church of Christ 13825 Buxley Houston, TX 77045	EIN	501 (c) (3)		65,416.	FMV	Food	Food distribution program
Southwest Social Services 6722 Rowell Court (mailing) Missouri City, TX 77489	EIN	501 (c) (3)		25,245.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
Sp. & Life Ch of Deliverance 5026 Langley Houston, TX 77016	EIN	501 (c) (3)		42,048.	FMV	Food	Food distribution program
Spirit of Sharing P.O. Box 8045 Liberty, TX 77575	74-6028556	501 (c) (3)		99,079.	FMV	Food	Food distribution program
Spirit of Sharing P.O. Box 8045 Liberty, TX 77575	76-0039177	501 (c) (3)		122,403.	FMV	Food	Food distribution program
St. Andrew Catholic Ch SVDP P. O. Box 549 Channelview, TX 77530	74-2105766	501 (c) (3)		29,702.	FMV	Food	Food distribution program
St. Andrew Catholic Ch SVDP P. O. Box 549 Channelview, TX 77530	76-0080764	501 (c) (3)		92,049.	FMV	Food	Food distribution program
St. Andrews UMC 6235 Maybell St. Houston, TX 77091	unknown	501 (c) (3)		45,594.	FMV	Food	Food distribution program
St. Andrews UMC 6235 Maybell Street Houston, TX 77091	76-0039177	501 (c) (3)		249,708.	FMV	Food	Food distribution program
St. Anne de Beaupre SVDP 4310 Cadmus (mailing address) Houston, TX 77022	EIN	501 (c) (3)		126,144.	FMV	Food	Food distribution program
St. Anne's Pantry SVDP 1111 S. Cherry St. Tomball, TX 77375	76-0050071	501 (c) (3)		359,528.	FMV	Food	Food distribution program
St. Anne's Pantry SVDP 1111 S. Cherry St. Tomball, TX 77375	76-0230757	501 (c) (3)		579,251.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
St. Bartholomew SVDP 5356 11th. Street Katy, TX 77493	EIN	501 (c) (3)		46,646.	FMV	Food	Food distribution program
St. Benedict Pantry SVDP 4025 Grapevine Houston, TX 77045	EIN	501 (c) (3)		59,273.	FMV	Food	Food distribution program
St. Charles Borromeo 501 Tidwell Houston, TX 77022	20-1290510	501 (c) (3)		806,557.	FMV	Food	Food distribution program
St. Charles Borromeo 501 Tidwell Houston, TX 77022	74-1476529	501 (c) (3)		2,017,005.	FMV	Food	Food distribution program
St. Christophers SVDP 8150 Park Place Blvd. Houston, TX 77017	76-0172507	501 (c) (3)		56,348.	FMV	Food	Food distribution program
St. Christophers SVDP 8150 Park Place Blvd. Houston, TX 77017	unknown	501 (c) (3)		228,017.	FMV	Food	Food distribution program
St. Frances Cabrini SVDP 10727 Hartsook Houston, TX 77034	EIN	501 (c) (3)		34,808.	FMV	Food	Food distribution program
St. Francis Xavier SVDP 4600 Reed Road Houston, TX 77051	EIN	501 (c) (3)		39,863.	FMV	Food	Food distribution program
St. Giles Presbyterian Ch. 5900 Pinemont Houston, TX 77092	EIN	501 (c) (3)		172,617.	FMV	Food	Food distribution program
St. Jerome Vincentian Ctr SDVP 8825 Kempwood Houston, TX 77080	76-0285734	501 (c) (3)		564,005.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

**Open to Public
Inspection**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
St. Jerome Vincentian Ctr SDVP 8825 Kempwood Houston, TX 77080	EIN	501 (c) (3)		259,060.	FMV	Food	Food distribution program
St. John Fisher SVDP 410 Clay Richmond, TX 77469	EIN	501 (c) (3)		17,956.	FMV	Food	Food distribution program
St. John Neumann SVDP 2730 Nelwood Houston, TX 77038	74-1944830	501 (c) (3)		36,112.	FMV	Food	Food distribution program
St. John Neumann SVDP 2730 Nelwood Houston, TX 77038	76-0101109	501 (c) (3)		818,408.	FMV	Food	Food distribution program
St. John U.M.C. Bread of Life 1703 Gray Houston, TX 77002	76-0654767	501 (c) (3)		1,179,186.	FMV	Food	Food distribution program
St. John U.M.C. Bread of Life 1703 Gray Houston, TX 77003	unknown	501 (c) (3)		152,955.	FMV	Food	Food distribution program
St. Joseph Catholic 1505 Kane Houston, TX 77007	EIN	501 (c) (3)		57,602.	FMV	Food	Food distribution program
St. Joseph-New Waverly 101 Elmore St. New Waverly, TX 77358	EIN	501 (c) (3)		11,171.	FMV	Food	Food distribution program
St. Juan Diego Church 3301 Pasadena Blvd. Pasadena, TX 77503	EIN	501 (c) (3)		96,944.	FMV	Food	Food distribution program
St. Justin Martyr Pantry 13350 Ashford Point Dr. Houston, TX 77082	EIN	501 (c) (3)		83,854.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
St. Justin Martyr Pantry 13350 Ashford Point Dr. Houston, TX 77082-5280	unknown	501 (c) (3)		47,365.	FMV	Food	Food distribution program
St. Leo the Great Cath SVDP 15601 Lillja Houston, TX 77060	EIN	501 (c) (3)		301,109.	FMV	Food	Food distribution program
St. Leo the Great Cath SVDP 15601 Lillja Houston, TX 77060	unknown	501 (c) (3)		8,204.	FMV	Food	Food distribution program
St. Louis Parish - SVDP 315 A- W. Buccaneer Dr. Winnie, TX 77665	unknown	501 (c) (3)		137,791.	FMV	Food	Food distribution program
St. Louis Parish - SVDP P.O. Box 2213 Winnie, TX 77665	EIN	501 (c) (3)		79,130.	FMV	Food	Food distribution program
St. Mark Catholic Church SVdP 5430 W. Ridgecreek Dr. Houston, TX 77053	EIN	501 (c) (3)		29,024.	FMV	Food	Food distribution program
St. Martin's Episcopal Church 717 Sage Rd. Houston, TX 77056	EIN	501 (c) (3)		65,501.	FMV	Food	Food distribution program
St. Mary Magdalene Humble 527 S. Houston Humble, TX 77338	EIN	501 (c) (3)		52,655.	FMV	Food	Food distribution program
St. Mary's United Methodist 6731 Scott St. Houston, TX 77021	EIN	501 (c) (3)		79,712.	FMV	Food	Food distribution program
St. Matthew Catholic Ch. 9915 Hollister Houston, TX 77040	EIN	501 (c) (3)		29,816.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
St. Monica Catholic Ch SVDP 8421 W. Montgomery Houston, TX 77088	EIN	501 (c) (3)		29,877.	FMV	Food	Food distribution program
St. Nicholas Catholic SVDP 2508 Clay Houston, TX 77003	EIN	501 (c) (3)		203,990.	FMV	Food	Food distribution program
St. Paul 4702 Ireland Houston, TX 77016	EIN	501 (c) (3)		45,057.	FMV	Food	Food distribution program
St. Peter Episcopal 705 Williams St. Pasadena, TX 77506	EIN	501 (c) (3)		57,426.	FMV	Food	Food distribution program
St. Peter the Apostle SVDP 6220 La Salette Houston, TX 77021	EIN	501 (c) (3)		14,445.	FMV	Food	Food distribution program
St. Philip Neri Catholic SVDP 10960 MLK Blvd. Houston, TX 77048	EIN	501 (c) (3)		5,344.	FMV	Food	Food distribution program
St. Pius V Catholic Church 824 South Main Pasadena, TX 77506	EIN	501 (c) (3)		18,324.	FMV	Food	Food distribution program
St. Rose of Lima SVDP 3600 Brinkman Houston, TX 77008	EIN	501 (c) (3)		140,034.	FMV	Food	Food distribution program
St. Rose of Lima SVDP 3600 Brinkman Houston, TX 77018	unknown	501 (c) (3)		74,497.	FMV	Food	Food distribution program
St. Stephen Presbyterian 2217 Theta St. Houston, TX 77034	EIN	501 (c) (3)		65,423.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
St. Thomas Center 415 S. Erskine Angleton, TX 77515	EIN	501 (c) (3)		80,708.	FMV	Food	Food distribution program
St. Thomas Center 415 S. Erskine Angleton, TX 77515	unknown	501 (c) (3)		8,384.	FMV	Food	Food distribution program
St. Thomas More Catholic SVDP 10330 Hillcroft Houston, TX 77096	EIN	501 (c) (3)		30,249.	FMV	Food	Food distribution program
St. Vincent's House 2817 Postoffice St. Galveston, TX 77550	EIN	501 (c) (3)		15,248.	FMV	Food	Food distribution program
Star of Hope Mission/Men 1811 Ruiz Houston, TX 77002	76-0001309	501 (c) (3)		387,853.	FMV	Food	Food distribution program
Star of Hope Mission/Men 6801 Ardmore Houston, TX 77054	74-1152599	501 (c) (3)		77,757.	FMV	Food	Food distribution program
Star of Hope Women/Family Shlr 1811 Ruiz Houston, TX 77002	EIN	501 (c) (3)		5,123.	FMV	Food	Food distribution program
Star of Hope 1811 Ruiz Houston, TX 77002	EIN	501 (c) (3)		429,379.	FMV	Food	Food distribution program
Stay Connected P.O. Box 271389 Houston, TX 77277	EIN	501 (c) (3)		59,875.	FMV	Food	Food distribution program
Sugar Grove Church of Christ 11600 W. Airport Blvd. Meadows Place, TX 77447	unknown	501 (c) (3)		13,556.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
Sugar Grove Church of Christ 11600 W. Airport Blvd. Meadows Place, TX 77477	76-0330447	501 (c) (3)		131,688.	FMV	Food	Food distribution program
Summer Feeding 2445 North Freeway Houston, TX 77009	EIN	501 (c) (3)		29,354.	FMV	Food	Food distribution program
SVDP Sacred Heart Church P.O. Box 422 Raywood, TX 77582	EIN	501 (c) (3)		101,582.	FMV	Food	Food distribution program
T.H.R.U.S.T. 3701 Hardy Houston, TX 77009	EIN	501 (c) (3)		119,725.	FMV	Food	Food distribution program
Target Hunger 2814 Quitman Houston, TX 77026	31-1548849	501 (c) (3)		26,340.	FMV	Food	Food distribution program
Target Hunger 2814 Quitman Houston, TX 77026	76-0203566	501 (c) (3)		5,265,161.	FMV	Food	Food distribution program
Tarrant Area Food Bank 2600 Cullen Ft. Worth, TX 76107	EIN	501 (c) (3)		67,360.	FMV	Food	Food distribution program
Teen Challenge 802 Fresa Rd. Pasadena, TX 77502	EIN	501 (c) (3)		39,051.	FMV	Food	Food distribution program
Tejano Cnter for Community Con 6901 Brownwood St. Houston, TX 77020	EIN	501 (c) (3)		123,546.	FMV	Food	Food distribution program
Texas City Life Trans Ministry 401 3rd Ave. North Texas City, TX 77590	59-3831190	501 (c) (3)		41,296.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

**Open to Public
Inspection**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
Texas City Life Trans Ministry 401 3rd Ave. North Texas City, TX 77590	74-6026198	501 (c) (3)		144,066.	FMV	Food	Food distribution program
Texas House 34th St Center 2208 W. 34th Street Houston, TX 77018	76-0502916	501 (c) (3)		22,382.	FMV	Food	Food distribution program
Texas House 34th St Center 2208 W. 34th Street Houston, TX 77018	EIN	501 (c) (3)		203,023.	FMV	Food	Food distribution program
The Amazing Place Foundation P.O. Box 5 West Columbia, TX 77486	EIN	501 (c) (3)		379,452.	FMV	Food	Food distribution program
The Amazing Place Foundn. P.O. Box 5 West Columbia, TX 77486	76-0614682	501 (c) (3)		79,374.	FMV	Food	Food distribution program
The Beacon 1117 Texas Avenue Houston, TX 77002	EIN	501 (c) (3)		108,288.	FMV	Food	Food distribution program
The Bridge P.O. Box 3488 Pasadena, TX 77501	EIN	501 (c) (3)		49,850.	FMV	Food	Food distribution program
The Center Inc. 3809 Main St. Houston, TX 77002	76-0094028	501 (c) (3)		170,875.	FMV	Food	Food distribution program
The Center Inc. 3809 Main St. Houston, Tx 77002-9612	74-1326185	501 (c) (3)		104,368.	FMV	Food	Food distribution program
The Church at Houston 12303 Mile Dr Houston, TX 77065	76-0270436	501 (c) (3)		1,268,655.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

**Open to Public
Inspection**

Name of the organization

The Houston Food Bank

Employer identification number

74-2181456

Part I 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
The Church at Houston 1400 Brittmore Houston, TX 77043	unknown	501 (c) (3)		288,218.	FMV	Food	Food distribution program
The Church of Tomball 73 Tall Oaks Huffman, TX 77336	EIN	501 (c) (3)		69,456.	FMV	Food	Food distribution program
The Food Basket/Interfaith FB P. O. Box 1448 Clute, TX 77531	14-1849963	501 (c) (3)		26,021.	FMV	Food	Food distribution program
The Food Basket/Interfaith FB P. O. Box 1448 Clute, TX 77531	EIN	501 (c) (3)		294,550.	FMV	Food	Food distribution program
The House of Amos P.O.Box 720779 Houston, TX 77072	EIN	501 (c) (3)		377,490.	FMV	Food	Food distribution program
The House of Amos P.O.Box 720779 Houston, TX 77072-0779	76-0512280	501 (c) (3)		528,480.	FMV	Food	Food distribution program
The Jesse Tree P. O. Box 575 Galveston, TX 77553	EIN	501 (c) (3)		2,389,959.	FMV	Food	Food distribution program
The Jesse Tree P. O. Box 575 Galveston, TX 77553-0575	76-0518766	501 (c) (3)		77,210.	FMV	Food	Food distribution program
The Mainstream Connection P o Box 924406 Houston, TX 77292	EIN	501 (c) (3)		226,185.	FMV	Food	Food distribution program
The Salvation Army Freeport P.O. Box 2029 Freeport, TX 77542	EIN	501 (c) (3)		53,155.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
The Salvation Army Freeport P.O. Box 2029 Freeport, TX 77542-2029	unknown	501 (c) (3)		154,195.	FMV	Food	Food distribution program
Tomball Emerg. Assist Min P.O. Box 286 Tomball, TX 77377-0286	76-0195526	501 (c) (3)		47,331.	FMV	Food	Food distribution program
Tomball Emergency Assist Min P.O. Box 286 Tomball, TX 77377	EIN	501 (c) (3)		182,908.	FMV	Food	Food distribution program
Transitions Inc. 16406 Fondren Grove Drive Missouri City, TX 77489	EIN	501 (c) (3)		57,967.	FMV	Food	Food distribution program
Trinity Gardens COC 7725 Sandra Houston, TX 77016	EIN	501 (c) (3)		19,816.	FMV	Food	Food distribution program
Trinity Loaves and Fishes PO Box 2356 Trinity, TX 75862	23-7265162	501 (c) (3)		202,890.	FMV	Food	Food distribution program
Trinity Loaves and Fishes PO Box 2356 Trinity, TX 75862	75-2944786	501 (c) (3)		1,084,729.	FMV	Food	Food distribution program
True Gospel Holiness Church P.O. Box 1254 Rosenberg, TX 77471	EIN	501 (c) (3)		23,393.	FMV	Food	Food distribution program
True Love MBC 4029 Falls St Houston, TX 77026	EIN	501 (c) (3)		321,836.	FMV	Food	Food distribution program
Turning Point Center 1701 Jacquelyn St. Houston, TX 77055	76-0270436	501 (c) (3)		98,282.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
Turning Point Center 1701 Jacquelyn St. Houston, TX 77055	EIN	501 (c) (3)		107,254.	FMV	Food	Food distribution program
U.S. Vets II 4604 Main St Houston, TX 77002	EIN	501 (c) (3)		7,459.	FMV	Food	Food distribution program
U.S. Vets 4604 Main St Houston, TX 77002	EIN	501 (c) (3)		32,963.	FMV	Food	Food distribution program
Unlimited Visions Aftercare 5527 Lawndale Houston, TX 77023	EIN	501 (c) (3)		60,482.	FMV	Food	Food distribution program
Uvalde Baptist Church 901 Uvalde Rd. Houston, TX 77015	74-6022584	501 (c) (3)		207,237.	FMV	Food	Food distribution program
Uvalde Baptist Church 901 Uvalde Rd. Houston, TX 77015	EIN	501 (c) (3)		303,894.	FMV	Food	Food distribution program
Victory Family Outreach Min. 222 Royder Houston, TX 77587	31-1548849	501 (c) (3)		167,007.	FMV	Food	Food distribution program
Victory Family Outreach Min. 222 Royder Houston, TX 77587	76-0515175	501 (c) (3)		84,403.	FMV	Food	Food distribution program
Victory Gospel Church P.O.Box 810 Coldspring, TX 77331	EIN	501 (c) (3)		53,027.	FMV	Food	Food distribution program
Vietnamese Community Services 9218 Baber Dr. Houston, TX 77095	EIN	501 (c) (3)		107,258.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
<u>Visions of Faith Ministries</u> <u>4812 Bennington St.</u> <u>Houston, TX 77016</u>	EIN	501 (c) (3)		113,909.	FMV	Food	Food distribution program
<u>Visions of Rose Outreach Min</u> <u>P.O. Box 711102</u> <u>Houston, TX 77271</u>	EIN	501 (c) (3)		249,781.	FMV	Food	Food distribution program
<u>VOA Rogers St. Recovery Center</u> <u>5630 Lavender St.</u> <u>Houston, TX 77026</u>	EIN	501 (c) (3)		36,169.	FMV	Food	Food distribution program
<u>VOA-Lavender St.</u> <u>5630 Lavender St.</u> <u>Houston, TX 77026</u>	EIN	501 (c) (3)		44,490.	FMV	Food	Food distribution program
<u>W. Galveston Interfaith Min</u> <u>P.O. Box 1426</u> <u>Santa Fe, TX 77510</u>	76-0322279	501 (c) (3)		201,159.	FMV	Food	Food distribution program
<u>W. Galveston Interfaith Min</u> <u>P.O. Box 1426</u> <u>Santa Fe, TX 77510</u>	EIN	501 (c) (3)		96,889.	FMV	Food	Food distribution program
<u>W. Leo Daniels Tower</u> <u>8826 Harrell</u> <u>Houston, TX 77093</u>	EIN	501 (c) (3)		10,066.	FMV	Food	Food distribution program
<u>Waller Assis Restoration Minis</u> <u>P.O. Box 1774</u> <u>Waller, TX 77484</u>	20-2649651	501 (c) (3)		409,984.	FMV	Food	Food distribution program
<u>Waller Assis Restoration Minis</u> <u>P.O. Box 1774</u> <u>Waller, TX 77484</u>	75-2426570	501 (c) (3)		151,987.	FMV	Food	Food distribution program
<u>Wellsprings Inc.</u> <u>P.O. Box 311017</u> <u>Houston, TX 77231</u>	EIN	501 (c) (3)		69,406.	FMV	Food	Food distribution program

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

Name of the organization The Houston Food Bank	Employer identification number 74-2181456
--	---

Part I 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
Wesley Community Center 1410 Lee Street Houston, TX 77008	EIN	501 (c) (3)		224,255.	FMV	Food	Food distribution program
Wesley Community Center 1410 Lee Street Houston, TX 77009	74-1132578	501 (c) (3)		317,304.	FMV	Food	Food distribution program
West Brazos Cares 1008 E. Ashley Wilson Dr. Sweeny, TX 77480	31-1548849	501 (c) (3)		56,922.	FMV	Food	Food distribution program
West Brazos Cares 1008 E. Ashley Wilson Dr. Sweeny, TX 77480	76-0242071	501 (c) (3)		2,726,787.	FMV	Food	Food distribution program
West End Baptist Church 802 Shepherd Dr. Houston, TX 77007	74-6022584	501 (c) (3)		108,430.	FMV	Food	Food distribution program
West End Baptist Church 802 Shepherd Dr. Houston, TX 77007	unknwon	501 (c) (3)		575,768.	FMV	Food	Food distribution program
West Houston Assist. Min. 10501 Meadowglen Houston, TX 77042	31-1548849	501 (c) (3)		246,514.	FMV	Food	Food distribution program
West Houston Assist. Min. 10501 Meadowglen Houston, TX 77042	76-0001309	501 (c) (3)		29,452.	FMV	Food	Food distribution program
Westbury Church of Christ 10424 Hillcroft Houston, TX 77096	EIN	501 (c) (3)		167,144.	FMV	Food	Food distribution program
West-Side Social Services 1315 S. Dairy Ashford Houston, TX 77077	20-1290510	501 (c) (3)		135,950.	FMV	Food	Food distribution program

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

The Houston Food Bank

Employer identification number

74-2181456

Part I Questions Regarding Compensation

	Yes	No
1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.	1 b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4 a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4 b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4 c	X
If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5 a	X
b Any related organization?	5 b	X
If 'Yes' to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6 a	X
b Any related organization?	6 b	X
If 'Yes' to line 6a or 6b, describe in Part III.		
7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.	8	X
If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	X

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
Brian Greene	(i)	167,271.	0.	0.	0.	26,936.	194,207.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

The Houston Food Bank

Employer identification number

74-2181456

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	112,653.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	2	8,117.	FMV
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	19,295	101,473,986.	Retail value
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Computer equip)	X	1	74,166.	FMV
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

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?

	Yes	No
30a		X
31		X
32a		X
33		

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2009

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

The Houston Food Bank

Employer identification number

74-2181456

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Houston Food Bank Endowment, Inc. 3811 Eastex Freeway Houston, TX 77026 76-0311190	Support Houston Food Bank	TX	501(c)(3)	509(a)(3) 3	N/A
Mary Barden Keegan Food Fund, Inc. 3811 Eastex Freeway Houston, TX 77026 30-0104378	Hunger relief	TX	501(c)(3)	509(a)(3) 1	N/A

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No
HFB_QUALICB 3811 Eastex Freeway Houston, TX 77026 76-0352234	Hold Bldg	TX	Food Bank	related	99.	99.		X	N/A	X	

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

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

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

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

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

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) Houston Food Bank Endowment, Inc.	c	330,198.
(2) Houston Food Bank Endowment, Inc.	e	1,950,000.
(3)		
(4)		
(5)		
(6)		

Supplemental Information to Form 990

2009

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

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

The Houston Food Bank

Employer identification number

74-2181456

Consolidated Audit

An audit of the consolidated statements of financial position of Houston Food Bank, Houston Food Bank Endowment, Inc., and The Mary Barden Keegan Food Fund, Inc. was conducted for the year ended June 30, 2010.

Form 990, Part VI, Line 11 - Form 990 Review Process

The Form 990 is reviewed by the CFO and staff. A copy of the form is provided to all Board members prior to filing.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

HFB policies regarding nepotism are clearly outlined in the employee manual. Any such relationship must be immediately reported to HFB management.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment

CEO's salary approved by the board of directors based on comparable salaries paid by comparable organizations.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees

Others salaries decided by the CEO with board approval.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Upon request

