

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2015 calendar year, or tax year beginning**, 2015, and ending

|  |   |   |  |
|--|---|---|--|
| <p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <p><b>C</b> Name and address of principal officer:<br/> <b>Montgomery County Food Bank, Inc.</b><br/> <b>One Food For Life Way</b><br/> <b>Conroe, TX 77385</b></p> <p><b>F</b> Name and address of principal officer:<br/> <b>Rodney Dickerson</b><br/> <b>Same As C Above</b></p> | <p><b>D</b> Employer identification number<br/>76-0153892</p> <p><b>E</b> Telephone number<br/>936-539-6686</p> <p><b>G</b> Gross receipts \$ <b>15,463,375.</b></p> <p><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/> <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>                 If 'No,' attach a list. (see instructions)</p> |  |
| <p><b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ▶ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>   |   | <p><b>J</b> Website: ▶ <a href="http://www.mcfoodbank.org">www.mcfoodbank.org</a></p>   |  |
| <p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>   |   | <p><b>L</b> Year of formation: <b>1985</b> <b>M</b> State of legal domicile: <b>TX</b></p>  |  |

**Part I Summary**

|   |  |                                  |                     |
|---|--|----------------------------------|---------------------|
|   | <p><b>1</b> Briefly describe the organization's mission or most significant activities: <u>The mission of Montgomery County Food Bank is to feed the hungry of Montgomery County through the assistance of partner agencies and also to support the county with disaster relief. The MCFB facility is a designated Disaster Relief center.</u></p> |                                  |                     |
| Activities & Governance   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |                                  |                     |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....   | <b>3</b>                         | <b>10</b>           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....   | <b>4</b>                         | <b>10</b>           |
|   | <b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) .....  | <b>5</b>                         | <b>40</b>           |
|   | <b>6</b> Total number of volunteers (estimate if necessary) .....  | <b>6</b>                         | <b>6,306</b>        |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....   | <b>7a</b>                        | <b>0.</b>           |
|   | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....  | <b>7b</b>                        | <b>0.</b>           |
| Revenue   | <b>8</b> Contributions and grants (Part VIII, line 1h) .....   | <b>Prior Year</b>                | <b>Current Year</b> |
|   | <b>9</b> Program service revenue (Part VIII, line 2g) .....  | 9,711,530.                       | 14,862,550.         |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....  | 366,690.                         | 392,429.            |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....   | 23,688.                          | 481.                |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....   | 398,805.                         | 109,363.            |
| Expenses  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....   | 10,500,713.                      | 15,364,823.         |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....  |                                  |                     |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....  | 894,119.                         | 966,322.            |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....   |                                  |                     |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>417,096.</b>   |                                  |                     |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....              | 8,776,677.   | 14,904,089.                      |                     |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... | 9,670,796.   | 15,870,411.                      |                     |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....                      | 829,917.   | -505,588.                        |                     |
| Net Assets or Fund Balances   | <b>20</b> Total assets (Part X, line 16) .....   | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|   | <b>21</b> Total liabilities (Part X, line 26) .....  | 11,214,475.                      | 8,946,842.          |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....   | 3,838,602.                       | 2,076,557.          |
|   |  | 7,375,873.                       | 6,870,285.          |

**Part II Signature Block**

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

|                  |   |                                   |
|------------------|---|-----------------------------------|
| <b>Sign Here</b> | <p><u>Rodney Dickerson</u><br/>Signature of officer</p>         | <p><u>5/27/2016</u><br/>Date</p>  |
|                  | <p><b>Rodney Dickerson</b><br/>Type of print name and title</p> | <p><b>President &amp; CEO</b></p> |

|                               |   |  |             |  |                                  |
|-------------------------------|---|--|-------------|--|----------------------------------|
| <b>Paid Preparer Use Only</b> | <p>Print/Type preparer's name<br/><b>Lisa N. Jacobs, CPA</b></p>                                  | <p>Preparer's signature<br/><b>Lisa N. Jacobs, CPA</b></p> | <p>Date</p> | <p>Check <input type="checkbox"/> if self-employed</p> | <p>PTIN<br/><b>P00548979</b></p> |
|                               | <p>Firm's name ▶ <b>SEEFELD LAWSON MOELLER LLP</b></p>  |  |             | <p>Firm's EIN ▶ <b>26-0247722</b></p>                  |                                  |
|                               | <p>Firm's address ▶ <b>1610 WOODSTEAD COURT, SUITE 455</b><br/><b>THE WOODLANDS, TX 77380</b></p> |  |             | <p>Phone no. <b>(281) 362-9732</b></p>                 |                                  |

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

**Part III** Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The mission of Montgomery County Food Bank is to feed the hungry of Montgomery County through the assistance of partner agencies and also to support the county with disaster relief. The MCFB facility is a designated Disaster Relief center.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 14,928,125. including grants of \$ ) (Revenue \$ 392,429.)

See Schedule O

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

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

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

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

4e Total program service expenses ▶ 14,928,125.

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

|  |  | Yes | No |
|--|--|-----|----|
| <b>1 a</b>   | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .  |     |    |
| <b>1 a</b>   | 23   |     |    |
| <b>1 b</b>   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .   |     |    |
| <b>1 b</b>   | 0  |     |    |
| <b>1 c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .   | X   |    |
| <b>2 a</b>   | 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. . . . .   |     |    |
| <b>2 a</b>   | 40   |     |    |
| <b>2 b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .   | X   |    |
| <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) |  |     |    |
| <b>3 a</b>   | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  |     | X  |
| <b>3 b</b>   | If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O. . . . .  |     |    |
| <b>4 a</b>   | 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>4 b</b>   | If 'Yes,' enter the name of the foreign country: ▶<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)  |     |    |
| <b>5 a</b>   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  |     | X  |
| <b>5 b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .   |     | X  |
| <b>5 c</b>   | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . .   |     |    |
| <b>6 a</b>   | 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 as charitable contributions? . . . . .                                    |     | X  |
| <b>6 b</b>   | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                           |  |     |    |
| <b>7 a</b>   | 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>7 b</b>   | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .  | X   |    |
| <b>7 c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   |     | X  |
| <b>7 d</b>   | If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . .   |     |    |
| <b>7 e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  |     | X  |
| <b>7 f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   |     | X  |
| <b>7 g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .   |     |    |
| <b>7 h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .   |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .   |     |    |
| <b>9 a</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .  |     |    |
| <b>9 b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .  |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>10 a</b>  | Initiation fees and capital contributions included on Part VIII, line 12. . . . .  |     |    |
| <b>10 b</b>  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .   |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>11 a</b>  | Gross income from members or shareholders. . . . .   |     |    |
| <b>11 b</b>  | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .   |     |    |
| <b>12 a</b>  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .  |     |    |
| <b>12 b</b>  | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . .   |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>13 a</b>  | Is the organization licensed to issue qualified health plans in more than one state? . . . . .   |     |    |
| <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.         |  |     |    |
| <b>13 b</b>  | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. . . . .   |     |    |
| <b>13 c</b>  | Enter the amount of reserves on hand . . . . .   |     |    |
| <b>14 a</b>  | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .   |     | X  |
| <b>14 b</b>  | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. . . . .   |     |    |

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

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

**Section A. Governing Body and Management**

|     |  | Yes | No |
|-----|--|-----|----|
| 1 a | Enter the number of voting members of the governing body at the end of the tax year. . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. . . . . |     |    |
| 1 a | 10   |     |    |
| 1 b | Enter the number of voting members included in line 1a, above, who are independent . . . . .   |     |    |
| 1 b | 10   |     |    |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .  |     | X  |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .   |     | X  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .   |     | X  |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .   |     | X  |
| 6   | Did the organization have members or stockholders? . . . . .   |     | X  |
| 7 a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .   |     | X  |
| 7 b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .  |     | X  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| 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, 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  | Did the organization have local chapters, branches, or affiliates? . . . . .   |     | X  |
| 10 b  | If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .   |     |    |
| 11 a  | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .  | X   |    |
| 11 b  | Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O . . . . .   |     |    |
| 12 a  | Did the organization have a written conflict of interest policy? If 'No,' go to line 13 . . . . .  | X   |    |
| 12 b  | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | X   |    |
| 12 c  | Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done . . . . . See Schedule O . . . . .  | X   |    |
| 13  | Did the organization have a written whistleblower policy? . . . . .  | X   |    |
| 14  | Did the organization have a written document retention and destruction policy? . . . . .   | X   |    |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| 15 a  | The organization's CEO, Executive Director, or top management official . . . . .   | X   |    |
| 15 b  | Other officers or key employees of the organization. See Schedule O . . . . .  | X   |    |
| If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). |  |     |    |
| 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,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . |     |    |

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ None
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  
Rodney Dickerson One Food For Life Way Conroe TX 77385 936-539-6686

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

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

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

**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.

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

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

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

| (A)<br>Name and Title                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) Harlan Hooks<br>Vice President       | 0.5<br>0   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) Julie Struble<br>Director            | 0.5<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (3) Bill Baier<br>Director               | 0.5<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) Dale Brunswick<br>Director           | 0.5<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) Gill Staley<br>Director              | 0.5<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) Betty Hardy<br>Founding Member       | 0.5<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) Dawn Candy<br>Secretary              | 0.5<br>0   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (8) Michael Goodwin<br>Treasurer         | 0.5<br>0   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (9) Frank Gore<br>Board President        | 0.5<br>0   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (10) Craig Horan<br>Director             | 0.5<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) Rodney Dickerson<br>President & CEO | 40<br>0  |   |                       | X       |              |                              |        | 117,088.   | 0.  | 0.  |
| (12)                                     |  |   |                       |         |              |                              |        |  |   |   |
| (13)                                     |  |   |                       |         |              |                              |        |  |   |   |
| (14)                                     |  |   |                       |         |              |                              |        |  |   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee |  |   |   |
| (15) -----   |  |   |                       |         |              |                              |  |   |   |
| (16) -----   |  |   |                       |         |              |                              |  |   |   |
| (17) -----   |  |   |                       |         |              |                              |  |   |   |
| (18) -----   |  |   |                       |         |              |                              |  |   |   |
| (19) -----   |  |   |                       |         |              |                              |  |   |   |
| (20) -----   |  |   |                       |         |              |                              |  |   |   |
| (21) -----   |  |   |                       |         |              |                              |  |   |   |
| (22) -----   |  |   |                       |         |              |                              |  |   |   |
| (23) -----   |  |   |                       |         |              |                              |  |   |   |
| (24) -----   |  |   |                       |         |              |                              |  |   |   |
| (25) -----   |  |   |                       |         |              |                              |  |   |   |
| <b>1 b Sub-total</b> .....   |  |   |                       |         |              | 117,088.                     | 0.   | 0.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |  |   |                       |         |              | 0.                           | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |  |   |                       |         |              | 117,088.                     | 0.   | 0.  |   |

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

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5.   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons.  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b.  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6.  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b.  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

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

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). | <b>15</b> | % |
| <b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15.                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)). | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17.                        | <b>18</b> | % |

**19a 33-1/3% support tests – 2015.** 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 – 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  |     |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).   |     |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.   |     |    |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.   |     |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.  |     |    |
| 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.   |     |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  |     |    |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.   |     |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). |     |    |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control?   |     |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.  |     |    |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).   |     |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).  |     |    |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.  |     |    |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.  |     |    |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.   |     |    |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.   |     |    |
| b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)  |     |    |



**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a  The organization satisfied the Activities Test. Complete line 2 below.
  - b  The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2** Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

**3** Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.

|    | Yes | No |
|----|-----|----|
| 2a |     |    |
| 2b |     |    |
| 3a |     |    |
| 3b |     |    |

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

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

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

| <b>Section B – Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | Discount claimed for blockage or other factors (explain in detail in Part VI):  |                |                             |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                       | Subtract line 2 from line 1d  | 3              |                             |
| 4                                       | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)                                  | 4              |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                       | Multiply line 5 by .035   | 6              |                             |
| 7                                       | Recoveries of prior-year distributions  | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C – Distributable Amount</b> |  |   | Current Year |
|---|--|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1 |              |
| 2                                       | Enter 85% of line 1  | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3 |              |
| 4                                       | Enter greater of line 2 or line 3  | 4 |              |
| 5                                       | Income tax imposed in prior year   | 5 |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 |              |

7  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

| Section D – Distributions   | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes . . . . .   |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity . . . . .     |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations . . . . .   |              |
| 4 Amounts paid to acquire exempt-use assets . . . . .   |              |
| 5 Qualified set-aside amounts (prior IRS approval required) . . . . .   |              |
| 6 Other distributions (describe in Part VI). See instructions . . . . .   |              |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6 . . . . .  |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions . . . . . |              |
| 9 Distributable amount for 2015 from Section C, line 6 . . . . .  |              |
| 10 Line 8 amount divided by Line 9 amount . . . . .   |              |

| Section E – Distribution Allocations (see instructions)  | (i)<br>Excess<br>Distributions | (ii)<br>Underdistributions<br>Pre-2015 | (iii)<br>Distributable<br>Amount for 2015 |
|--|--------------------------------|--|---|
| 1 Distributable amount for 2015 from Section C, line 6 . . . . .   |                                |  |   |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions) . . . . .   |                                |  |   |
| 3 Excess distributions carryover, if any, to 2015:   |                                |  |   |
| a  |                                |  |   |
| b  |                                |  |   |
| c  |                                |  |   |
| d From 2013 . . . . .  |                                |  |   |
| e From 2014 . . . . .  |                                |  |   |
| f Total of lines 3a through e . . . . .  |                                |  |   |
| g Applied to underdistributions of prior years . . . . .   |                                |  |   |
| h Applied to 2015 distributable amount . . . . .   |                                |  |   |
| i Carryover from 2010 not applied (see instructions) . . . . .   |                                |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f . . . . .   |                                |  |   |
| 4 Distributions for 2015 from Section D, line 7: \$  |                                |  |   |
| a Applied to underdistributions of prior years . . . . .   |                                |  |   |
| b Applied to 2015 distributable amount . . . . .   |                                |  |   |
| c Remainder. Subtract lines 4a and 4b from 4 . . . . .   |                                |  |   |
| 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) . . . . . |                                |  |   |
| 6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) . . . . .                        |                                |  |   |
| 7 <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c . . . . .   |                                |  |   |
| 8 Breakdown of line 7:   |                                |  |   |
| a  |                                |  |   |
| b  |                                |  |   |
| c Excess from 2013 . . . . .   |                                |  |   |
| d Excess from 2014 . . . . .   |                                |  |   |
| e Excess from 2015 . . . . .   |                                |  |   |

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**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

Montgomery County Food Bank, Inc.

76-0153892

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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

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

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

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

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

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

|  | Yes    | No |
|--|--------|----|
| (i) unrelated organizations  | 3a(i)  |    |
| (ii) related organizations   | 3a(ii) |    |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

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

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value    |
|--|--------------------------------------|---------------------------------|------------------------------|-------------------|
| 1 a Land   |                                      | 684,827.                        |                              | 684,827.          |
| b Buildings  |                                      | 4,704,376.                      | 135,061.                     | 4,569,315.        |
| c Leasehold improvements   |                                      |                                 |                              |                   |
| d Equipment  |                                      | 1,198,531.                      | 179,738.                     | 1,018,793.        |
| e Other  |                                      | 366,459.                        | 29,190.                      | 337,269.          |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>6,610,204.</b> |

BAA

**Part VII Investments – Other Securities.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments – Program Related.**

N/A

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

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

**Part IX Other Assets.**

N/A

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

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

**Part X Other Liabilities.**

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

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

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|   |   |     |     |  |
|---|---|-----|-----|--|
| 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 (losses) on investments                                  | 2 a |     |  |
|   | b Donated services and use of facilities  | 2 b |     |  |
|   | c Recoveries of prior year grants   | 2 c |     |  |
|   | d Other (Describe in Part XIII.)  | 2 d |     |  |
|   | e Add lines 2a through 2d   |     | 2 e |  |
| 3 | Subtract line 2e from line 1  |     | 3   |  |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |     |     |  |
|   | a Investment expenses not included on Form 990, Part VIII, line 7b              | 4 a |     |  |
|   | b Other (Describe in Part XIII.)  | 4 b |     |  |
|   | c Add lines 4a and 4b   |     | 4 c |  |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |     | 5   |  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|   |  |     |     |  |
|---|--|-----|-----|--|
| 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   | 2 a |     |  |
|   | b Prior year adjustments   | 2 b |     |  |
|   | c Other losses   | 2 c |     |  |
|   | d Other (Describe in Part XIII.)   | 2 d |     |  |
|   | e Add lines 2a through 2d  |     | 2 e |  |
| 3 | Subtract line 2e from line 1   |     | 3   |  |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |     |     |  |
|   | a Investment expenses not included on Form 990, Part VIII, line 7b               | 4 a |     |  |
|   | b Other (Describe in Part XIII.)   | 4 b |     |  |
|   | c Add lines 4a and 4b  |     | 4 c |  |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |     | 5   |  |

**Part XIII Supplemental Information.**

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



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization

Montgomery County Food Bank, Inc.

Employer identification number

76-0153892

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

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

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    |                                   |   | 0.  |

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

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 -----  
 -----  
 -----

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

| REVENUE         | (a) Event #1   | (b) Event #2               | (c) Other events    | (d) Total events                    |          |
|-----------------|--|----------------------------|---------------------|-------------------------------------|----------|
|                 | Food for Life<br>(event type)                                | Newsletter<br>(event type) | 3<br>(total number) | (add column (a) through column (c)) |          |
| 1               | Gross receipts   | 68,262.                    | 34,357.             | 50,888.                             | 153,507. |
| 2               | Less: Contributions  |                            |                     |                                     |          |
| 3               | Gross income (line 1 minus line 2)                           | 68,262.                    | 34,357.             | 50,888.                             | 153,507. |
| DIRECT EXPENSES | 4  | Cash prizes                |                     |                                     |          |
|                 | 5  | Noncash prizes             |                     |                                     |          |
|                 | 6  | Rent/facility costs        |                     |                                     |          |
|                 | 7  | Food and beverages         |                     |                                     |          |
|                 | 8  | Entertainment              |                     |                                     |          |
|                 | 9  | Other direct expenses      | 14,372.             | 36,228.                             | 47,952.  |
| 10              | Direct expense summary. Add lines 4 through 9 in column (d)  |                            |                     |                                     | 98,552.  |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) |                            |                     |                                     | 54,955.  |

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

| REVENUE         | (a) Bingo  | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming          | (d) Total gaming (add column (a) through column (c)) |
|-----------------|--|---|---------------------------|--|
|                 | 1  | Gross revenue                                 |                           |  |
| DIRECT EXPENSES | 2  | Cash prizes                                   |                           |  |
|                 | 3  | Noncash prizes                                |                           |  |
|                 | 4  | Rent/facility costs                           |                           |  |
|                 | 5  | Other direct expenses                         |                           |  |
|                 | 6  | Volunteer labor                               | Yes _____ %<br>No _____ % | Yes _____ %<br>No _____ %                            |
| 7               | Direct expense summary. Add lines 2 through 5 in column (d)        |   |                           |  |
| 8               | Net gaming income summary. Subtract line 7 from line 1, column (d) |   |                           |  |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If 'No,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

b If 'Yes,' explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

13 Indicate the percentage of gaming activity conducted in:

|                               |      |   |
|-------------------------------|------|---|
| a The organization's facility | 13 a | % |
| b An outside facility         | 13 b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

c If 'Yes,' enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_.

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? \_\_\_\_\_  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open To Public  
Inspection**

Name of the organization

Montgomery County Food Bank, Inc.

Employer identification number

76-0153892

**Part I Types of Property**

|  | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported<br>on Form 990,<br>Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|-------------------------------|---|---|--|
| 1 Art – Works of art   |                               |   |   |  |
| 2 Art – Historical treasures                                 |                               |   |   |  |
| 3 Art – Fractional interests                                 |                               |   |   |  |
| 4 Books and publications                                     |                               |   |   |  |
| 5 Clothing and household goods                               |                               |   |   |  |
| 6 Cars and other vehicles                                    |                               |   |   |  |
| 7 Boats and planes   |                               |   |   |  |
| 8 Intellectual property                                      |                               |   |   |  |
| 9 Securities – Publicly traded                               |                               |   |   |  |
| 10 Securities – Closely held stock                           |                               |   |   |  |
| 11 Securities – Partnership, LLC, or trust interests         |                               |   |   |  |
| 12 Securities – Miscellaneous                                |                               |   |   |  |
| 13 Qualified conservation contribution – Historic structures |                               |   |   |  |
| 14 Qualified conservation contribution – Other               |                               |   |   |  |
| 15 Real estate – Residential                                 |                               |   |   |  |
| 16 Real estate – Commercial                                  |                               |   |   |  |
| 17 Real estate – Other                                       |                               |   |   |  |
| 18 Collectibles  |                               |   |   |  |
| 19 Food inventory  | X                             | 13,730,332  | 13,730,332  | FMV  |
| 20 Drugs and medical supplies                                |                               |   |   |  |
| 21 Taxidermy   |                               |   |   |  |
| 22 Historical artifacts                                      |                               |   |   |  |
| 23 Scientific specimens                                      |                               |   |   |  |
| 24 Archeological artifacts                                   |                               |   |   |  |
| 25 Other ▶ ( )   |                               |   |   |  |
| 26 Other ▶ ( )   |                               |   |   |  |
| 27 Other ▶ ( )   |                               |   |   |  |
| 28 Other ▶ ( )   |                               |   |   |  |

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

29

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

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

Schedule M (Form 990) (2015)

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

Montgomery County Food Bank, Inc.

Employer identification number

76-0153892

**Form 990, Part III, Line 4a - Program Service Accomplishments**

Montgomery County Food Bank (MCFB) collects, purchases and delivers food to a network of 36 Food Pantries located throughout a county that covers over 1,000 square miles. MCFB works with an additional 16 community partners to furnish food through mobile pantries, safe houses, residential programs critical care centers, pet rescue agencies and emergency shelters. Member agencies are accountable for food received and distributed and must qualify as a charitable institution in accordance with Texas laws. Montgomery Country Food Bank provides the most cost-effective way for over 50 separate agencies to access the greatest variety of food and necessities in volume, enabling them to use more of their funds to provide additional services to their clients. This method of collaboration, along with MCFB's own programs (see below), allowed the Food Bank to collect and distribute more than seven million pounds of food, providing millions of nutritious meals to an average of 35,000 food-insecure children, adults and seniors each month during 2015. For each dollar donated, MCFB delivered 3.5 nutritious meals.

In its third location, the renovated 72,000-square-foot facility includes 60,000 square feet of warehouse space. Montgomery County Food Bank enjoys a strong base of community support. In 2015, over 4,000 community volunteers, a volunteer Board of Directors that includes a founding member, and 21 passionate employees operated the facility in addition to running six MCFB programs as follows:

**Buddy Backpack Program:** Provides food-insecure children with nutritional food for the weekends and holidays in an inconspicuous backpack at school. In 2015, MCFB delivered 19,037 backpacks to students attending schools in Montgomery County and Conroe Independent School District areas.

**Senior Care and Share:** MCFB partners with Meals on Wheels and local senior living facilities to provide supplemental food on weekends to senior citizens who may

Name of the organization

Montgomery County Food Bank, Inc.

Employer identification number

76-0153892

**Form 990, Part III, Line 4a - Program Service Accomplishments**

struggle either financially or with mobility issues making it difficult for them to provide for themselves. In 2015, this program benefited 4,819 low-income individuals.

**Mobile and School Pantries (combined):** These programs seek to increase access points to food in areas that are unserved or underserved due to a lack of social service agencies and/or agency resources. Utilizing a refrigerated vehicle, fresh produce, bread/pastries, and a variety of meats were delivered to 16,319 individuals during 2015.

**Food Fairs:** MCFB collaborates with sponsoring organizations in high need areas not only by delivering fresh/perishable, frozen and canned grocery products, but also by providing technical and marketing assistance for each food fair. In 2015, the Food Bank distributed food to 39,415 individuals through food fairs.

**Benefit Fairs:** These educational and interactive outreach events are designed to serve people who are food and service insecure. MCFB collaborated with 72 partners in 2015 that provided unemployment benefit services, Medicare enrollment, health and dental screening, voter registration, SNAP enrollment, flu shots, educational assistance and pet care (spay/neuter and shots), benefiting 687 individuals.

The total number of volunteer hours in 2015 was 44,500. At a value of \$25.11/hour (per Independent Sector) the value of volunteer hours for the year was: \$1,117,395.00.

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

The Form 990 will be provided to the President for review. Once the review is completed the President will supply the 990 to the full board of directors during the normal course of business.

Name of the organization

Montgomery County Food Bank, Inc.

Employer identification number

76-0153892

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

All employees are covered by the conflict of interest policy. Each vendor and or service is vetted to ensure no conflict of interest exists. To date, there are no conflict of interests. If one should occur, it will be referred to the Board Chair for review. The board executive committee will then determine the course of action.

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

The Organization determines compensation by using comparisons of similarly sized organizations to determine a going market rate.

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

The organization makes its governing documents, conflict of interest policy, and financial statements available through written requests to the organization.

Financial statements are available through third party websites such as Guidestar.