

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization **WEST TEXAS FOOD BANK**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 4242
 City or town, state or country, and ZIP + 4
ODESSA TX 79760-4242

D Employer identification number
75-2057692

E Telephone number
(432) 580-6333

G Gross receipts \$ **14,372,468**

F Name and address of principal officer:
AUGIE FERNANDES P.O. BOX 4242, ODESSA, TX 79760

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **www.wtxfoodbank.org**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1985**

M State of legal domicile: **TX**

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>To alleviate hunger in West Texas by distributing food to those in need.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	53
	6 Total number of volunteers (estimate if necessary)	6	1,200
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	10,992,679	13,505,770
	9 Program service revenue (Part VIII, line 2g)	716,348	802,390
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-22,014	5,096
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,552	41,602
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,721,565	14,354,858
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,181,536	1,362,556
	16a Professional fundraising fees (Part IX, column (A), line 11e)	189,413	200,050
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 303,072		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	9,587,594	12,508,994
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	10,958,543	14,071,600	
19 Revenue less expenses. Subtract line 18 from line 12	763,022	283,258	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,089,567	End of Year 5,368,111
	21 Total liabilities (Part X, line 26)	1,105,833	1,077,097
	22 Net assets or fund balances. Subtract line 21 from line 20	3,983,734	4,291,014

Part II Signature Block

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

Sign Here ▶ Signature of officer _____ Date _____
 EXECUTIVE DIRECTOR
 ▶ Type or print name and title

Paid Preparer's Use Only

Print/Type preparer's name RANDY SILHAN	Preparer's signature RANDY SILHAN	Date 3/16/2011	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00107901
Firm's name ▶ RANDY SILHAN, CPA, CFE		Firm's EIN ▶ 26-2515308		
Firm's address ▶ 2817 JBS PARKWAY, C-202, ODESSA, TX 79762		Phone no. (432) 580-0204		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
To alleviate hunger in West Texas by distributing food to those in need.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 13,425,398 including grants of \$ 0) (Revenue \$ 802,390)
Distribution of food to charitable agencies and churches who provide food to the poor and needy.
Agencies are charged a service fee based on pounds of food distributed.

4b (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4c (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 13,425,398

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	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? <i>If "Yes," provide the names and addresses in Schedule O</i>		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ _____
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ _____ (432) 580-6333
 CINDY RICE
 1008 E. 2ND STREET, ODESSA, TX 79761

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Mylo Spencer Director	2	X						0	0	0
(2) David Dowd Director	2	X						0	0	0
(3) Christopher Upton Director	2	X						0	0	0
(4) Wade Kuehler President	2	X		X				0	0	0
(5) Andy Pochatko Vice President	2	X		X				0	0	0
(6) Anibal Olague Past President	2	X		X				0	0	0
(7) Kenneth Winkles Director	2	X						0	0	0
(8) Raymond Chavez Director	2	X						0	0	0
(9) Jim Volk Treasurer	2	X		X				0	0	0
(10) Brenda Bell Director	2	X						0	0	0
(11) Tanny Berg Secretary	2	X		X				0	0	0
(12) Rev. John Schwarting Director	2	X						0	0	0
(13) Emma Acosta Director	2	X						0	0	0
(14) Mike Dipp Director	2	X						0	0	0
(15) Augie Fernandes Current executive director	40	X		X				17,308	0	0
(16) Hyta Folsom Former executive director	40					X		0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										

1b Sub-total	▶	17,308	0	0
c Total from continuation sheets to Part VII, Section A	▶	0	0	0
d Total (add lines 1b and 1c)	▶	17,308	0	0

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

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

Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514					
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 0									
	b Membership dues	1b 0									
	c Fundraising events	1c 0									
	d Related organizations	1d 0									
	e Government grants (contributions)	1e 826,848									
	f All other contributions, gifts, grants, and similar amounts not included above	1f 12,678,922									
	g Noncash contributions included in lines 1a-1f: \$	10,660,729									
	h Total. Add lines 1a-1f	▶ 13,505,770									
	Program Service Revenue						Business Code				
	2a Shared maintenance fees						802,390	802,390			
b		0									
c		0									
d		0									
e		0									
f All other program service revenue		0									
g Total. Add lines 2a-2f	▶	802,390									
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	8,035			8,035					
	4 Income from investment of tax-exempt bond proceeds	▶	0								
	5 Royalties	▶	0								
	6a Gross Rents	(i) Real (ii) Personal									
	b Less: rental expenses										
	c Rental income or (loss)	0 0									
	d Net rental income or (loss)	▶	0								
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other									
	b Less: cost or other basis and sales expenses	0 2,939									
	c Gain or (loss)	0 -2,939									
	d Net gain or (loss)	▶	-2,939								
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a 56,273									
	b Less: direct expenses	b 14,671									
	c Net income or (loss) from fundraising events	▶	41,602								
	9a Gross income from gaming activities. See Part IV, line 19	a 0									
	b Less: direct expenses	b 0									
	c Net income or (loss) from gaming activities	▶	0								
	10a Gross sales of inventory, less returns and allowances	a 0									
b Less: cost of goods sold	b 0										
c Net income or (loss) from sales of inventory	▶	0									
Miscellaneous Revenue		Business Code									
11a		0									
b		0									
c		0									
d All other revenue		0									
e Total. Add lines 11a-11d	▶	0									
12 Total revenue. See instructions	▶	14,354,858	802,390	0	8,035						

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	17,308	15,959	1,194	155
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	994,577	916,619	68,501	9,457
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,718	5,261	405	52
9	Other employee benefits	244,099	224,977	16,801	2,321
10	Payroll taxes	100,854	92,987	6,959	908
11	Fees for services (non-employees):				
a	Management	61,825	49,460	12,365	
b	Legal	5,397	1,286	4,111	
c	Accounting	8,500	6,800	1,700	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	200,050			200,050
f	Investment management fees	0			
g	Other	58,858	15,158		43,700
12	Advertising and promotion	46,429			46,429
13	Office expenses	201,396	161,116	40,280	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	248,371	198,697	49,674	
17	Travel	364,112	291,289	72,823	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	3,196	2,557	639	
20	Interest	84,180	67,344	16,836	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	145,576	116,461	29,115	0
23	Insurance	37,969	30,375	7,594	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	<u>COST OF FOOD DISTRIBUTED</u>	11,188,572	11,188,572		
b	<u>DUES, FEES, SUBSCRIPTIONS</u>	36,074	28,859	7,215	
c	<u>SPECIAL FOOD EDUCATION & GRANT PROJECTS</u>	9,052	9,052		
d	-----	0			
e	-----	0			
f	All other expenses <u>MISCELLANEOUS</u>	9,487	2,569	6,918	
25	Total functional expenses. Add lines 1 through 24f	14,071,600	13,425,398	343,130	303,072
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	155,566	1	291,185
	2 Savings and temporary cash investments	501,907	2	418,449
	3 Pledges and grants receivable, net	110,911	3	82,346
	4 Accounts receivable, net	56,811	4	118,691
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	2,094,174	8	1,983,591
	9 Prepaid expenses and deferred charges	11,834	9	11,831
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,395,994		
	b Less: accumulated depreciation	10b 1,541,809	10c	1,854,185
	11 Investments—publicly traded securities	270,595	11	607,833
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,089,567	16	5,368,111	
Liabilities	17 Accounts payable and accrued expenses	60,949	17	44,643
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,044,884	23	1,032,454
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
25 Other liabilities. Complete Part X of Schedule D	0	25	0	
26 Total liabilities. Add lines 17 through 25	1,105,833	26	1,077,097	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,654,308	27	3,733,150
	28 Temporarily restricted net assets	129,426	28	357,864
	29 Permanently restricted net assets	200,000	29	200,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,983,734	33	4,291,014	
34 Total liabilities and net assets/fund balances	5,089,567	34	5,368,111	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,354,858
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,071,600
3	Revenue less expenses. Subtract line 2 from line 1	3	283,258
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,983,734
5	Other changes in net assets or fund balances (explain in Schedule O)	5	24,022
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,291,014

Part XII Financial Statements and Reporting

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

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

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

2010

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return. ▶ See separate instructions.

Attachment

Sequence No. **27**

Name(s) shown on return WEST TEXAS FOOD BANK	Identifying number 75-2057692
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1 Enter the gross proceeds from sales or exchanges reported to you for 2010 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) **1**

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SIGNS RENOVATIONS-BIG S	6/1/1998	1/1/2010	0	450	450	0
	WATER HTR-BIG SPRING	2/24/1999	1/1/2010	0	955	955	0
	GAS LINE - BIG SPRING	3/1/1999	1/1/2010	0	1,667	4,600	-2,933

3 Gain, if any, from Form 4684, line 42	3	
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6 Gain, if any, from line 32, from other than casualty or theft	6	
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7	-2,933

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years (see instructions)	8	
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	9	0

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

		0
		0
		0

11 Loss, if any, from line 7	11	(2,933)
12 Gain, if any, from line 7 or amount from line 8, if applicable	12	
13 Gain, if any, from line 31	13	
14 Net gain or (loss) from Form 4684, lines 34 and 41a	14	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17 Combine lines 10 through 16	17	-2,933

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

a If the loss on line 11 includes a loss from Form 4684, line 38, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	18a	
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b	0

For Paperwork Reduction Act Notice, see separate instructions.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization WEST TEXAS FOOD BANK	Employer identification number 75-2057692
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	<input type="checkbox"/>	<input type="checkbox"/>
(ii) A family member of a person described in (i) above?	<input type="checkbox"/>	<input type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	<input type="checkbox"/>	<input type="checkbox"/>

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,560,685	6,584,855	9,347,105	11,709,027	14,308,160	48,509,832
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0					0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0					0
4 Total. Add lines 1 through 3	6,560,685	6,584,855	9,347,105	11,709,027	14,308,160	48,509,832
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						48,509,832

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	6,560,685	6,584,855	9,347,105	11,709,027	14,308,160	48,509,832
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,300	41,538	7,843	4,327	8,035	88,043
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0					0
11 Total support. Add lines 7 through 10						48,597,875
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.82%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.77%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

WEST TEXAS FOOD BANK

75-2057692

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization WEST TEXAS FOOD BANK	Employer identification number 75-2057692
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	USDA P.O. BOX 12847 AUSTIN TX 78711 Foreign State or Province: _____ Foreign Country: _____	\$ 2,842,305	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	TEXAS DEPT OF AGRICULTURE P.O. BOX 12847 AUSTIN TX 78711 Foreign State or Province: _____ Foreign Country: _____	\$ 456,020	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	JULIAN PAUL WOOD ESTATE TRUST 8 DESTA DRIVE MIDLAND TX 79707 Foreign State or Province: _____ Foreign Country: _____	\$ 321,591	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	H.E.B. 646 S. MAIN SAN ANTONIO TX 78204 Foreign State or Province: _____ Foreign Country: _____	\$ 437,065	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization WEST TEXAS FOOD BANK	Employer identification number 75-2057692
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	FOOD COMMODITIES ----- ----- -----	\$ 2,842,305	-----
4	FOOD ----- ----- -----	\$ 437,065	-----
-----	----- ----- -----	\$ 0	-----
-----	----- ----- -----	\$ 0	-----
-----	----- ----- -----	\$ 0	-----
-----	----- ----- -----	\$ 0	-----

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Name of the organization

Employer identification number

WEST TEXAS FOOD BANK

75-2057692

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Line number, Description, Amount. Includes questions 1a-1b and 2a-2b regarding collections of art and historical treasures.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|--------|
| c Beginning balance | 0 |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | 0 |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	270,595	299,250	364,742		
b Contributions			0		
c Net investment earnings, gains, and losses	17,853	35,409	-61,605		
d Grants or scholarships					
e Other expenditures for facilities and programs		61,268			
f Administrative expenses	2,206	2,796	3,887		
g End of year balance	286,242	270,595	299,250		

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment 30%
 - b** Permanent endowment 70%
 - c** Term endowment %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	8,200		8,200
b Buildings	0	1,811,429	0	1,811,429
c Leasehold improvements	0	237,468	-2,979	237,468
d Equipment	0	1,338,897	110,480	1,338,897
e Other	0	0	1,541,809	-1,541,809

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 1,854,185

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I). Total value is 0.

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1-10. Total value is 0.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1-10. Total value is 0.

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

Table with 2 columns: (a) Description of liability, (b) Amount. Row 1: Federal income taxes. Total value is 0.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1 14,354,858
2	Total expenses (Form 990, Part IX, column (A), line 25)	2 14,071,600
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3 283,258
4	Net unrealized gains (losses) on investments	4 24,022
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9 24,022
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10 307,280

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1 14,393,551
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a 24,022
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d 14,671
e	Add lines 2a through 2d	2e 38,693
3	Subtract line 2e from line 1	3 14,354,858
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c 0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5 14,354,858

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1 14,086,271
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d 14,671
e	Add lines 2a through 2d	2e 14,671
3	Subtract line 2e from line 1	3 14,071,600
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c 0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5 14,071,600

Part XIV Supplemental Information

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

Part XII Line 2d Special event expenses

Part XIII Line 2d Special event expenses

Part V Line 4 The purpose of the endowment is to hold the corpus in perpetuity; while the principal is invested in securities managed by the Permian Basin Area Foundation. Income may be distributed based on the permanent endowment agreement. Distributed funds may be used for operations, food purchases, or capital asset acquisitions.

Part II Fundraising Events. Complete if the organization answered "Yes" to 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	
		Culinary Canvas (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	56,273	0	0	56,273
	2	Less: Charitable contributions	0	0	0	0
	3	Gross income (line 1 minus line 2)	56,273	0	0	56,273
Direct Expenses	4	Cash prizes	0	0	0	0
	5	Noncash prizes	0	0	0	0
	6	Rent/facility costs	0	0	0	0
	7	Food and beverages	0	0	0	0
	8	Entertainment	0	0	0	0
	9	Other direct expenses	14,671	0	0	14,671
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				(14,671)
11	Net income summary. Combine line 3, column (d), and line 10 ▶				41,602	

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				0
	3	Noncash prizes				0
	4	Rent/facility costs				0
	5	Other direct expenses				0
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				(0)	
8	Net gaming income summary. Combine line 1, column d, and line 7 ▶				0	

9 Enter the state(s) in which the organization operates gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

WEST TEXAS FOOD BANK

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

75-2057692

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)	21,173	0	2,475	0	0	23,648	85,860
	(ii)	0	0	0	0	0	0	0
2	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
3	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
4	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
5	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
6	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
7	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
8	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
9	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
10	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
11	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
12	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
13	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
14	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
15	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
16	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

WEST TEXAS FOOD BANK

75-2057692

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	9,193,000	10,660,729	FMV per lb of food donated
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....)		0	0	
26 Other ▶ (.....)		0	0	
27 Other ▶ (.....)		0	0	
28 Other ▶ (.....)		0	0	

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

WEST TEXAS FOOD BANK

75-2057692

Form 990 Part VI Section B Line 11b The 990 is presented to the board along with the
audited financial statements; the board reviews and approves during their regular board
meeting.

Form 990 Part VI Section B Line 12c Board members complete a conflict of interest form
upon being elected to the board to disclose their business interests. Management and the
executive committee monitor during board meetings and any action taken by a member with a
potential conflict must abstain. An annual questionnaire is also sent out during the annual
audit to disclose any conflicts of interest.

Form 990 Part VI Section B Line 15b The executive director is evaluated annually by the
board, normally in December. Evaluation sheets are compiled and summarized. The executive
committee presents the evaluation to the executive director in an executive session.
Compensation surveys are utilized.

Form 990 Part VI Section C Line 19 Public inspection documents are made available upon
request at the Food Bank's administrative offices in Odessa, Texas. The IRS Form 990 is also
available on guidestar.org.

Form 990 Part XI Line 5 Unrealized gains on investments.

Detail Report

12/31/2010 WEST TEXAS FOOD BANK 75-2057692

990													3,402,921	1,400,225	145,581	1,545,806	149,604	1,691,413
Item No.	Description of Property **** indicates DISPOSED	Date Placed in Service	Asset Code	Bus. Use %	Cost or Other Basis	Recovery Period (years)	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2010 Current Deprec.	2010 Accum. Deprec.	2011 Next Year Deprec.	2011 Accum. Deprec.					
1	FORKLIFT BATTERY	5/8/2007	F-15	100.00%	5,039	5	SL/GDS	HY	2,520	1,008	3,528	1,008	4,536					
2	VARIOUS PALLETS	3/28/2007	F-15	100.00%	10,506	5	SL/GDS	HY	5,145	2,101	7,246	2,101	9,347					
3	FRZR CMPRSR/COND	7/27/2007	F-15	100.00%	4,052	5	SL/GDS	HY	2,025	810	2,835	810	3,645					
4	DELL COMPUTERS (13)	7/2/2007	F-5	100.00%	10,443	5	SL/GDS	MM	5,135	2,089	7,224	2,089	9,313					
5	FREIGHT COSTS	3/28/2007	F-15	100.00%	4,290	5	SL/GDS	HY	2,145	858	3,003	858	3,861					
6	DELL COMPUTERS (10)	9/12/2007	F-5	100.00%	7,925	5	SL/GDS	MM	3,632	1,585	5,217	1,585	6,802					
7	CONVEYOR	10/10/2007	F-15	100.00%	5,224	5	SL/GDS	FM	2,351	1,045	3,396	1,045	4,441					
8	BLDG-ODESSA	7/1/1987	R-5	100.00%	218,065	30	SL/GDS	MM	163,548	7,268	170,816	7,268	178,084					
9	BLDG-EL PASO	11/30/1996	R-5	100.00%	259,173	30	SL/GDS	MM	113,025	8,638	121,663	8,638	130,301					
10	BLDG-ALPINE	9/1/1998	R-5	100.00%	129,043	30	SL/GDS	MM	48,748	4,301	53,049	4,301	57,350					
12	BLDG RENOVATIONS-ODESSA	5/1/1988	R-5	100.00%	4,954	10	SL/GDS	MM	4,954	0	4,954	0	4,954					
13	BLDG RENOVATIONS-ODESSA	3/1/1989	R-5	100.00%	127,399	30	SL/GDS	MM	88,471	4,246	92,717	4,246	96,963					
14	BLDG RENOVATIONS-ODESSA	6/30/1989	R-5	100.00%	3,095	10	SL/GDS	MM	3,095	0	3,095	0	3,095					
15	BLDG RENOVATIONS-ODESSA	6/30/1989	R-5	100.00%	4,500	20	SL/GDS	MM	4,500	0	4,500	0	4,500					
16	BLDG RENOVATIONS-ODESSA	5/31/1991	R-5	100.00%	4,445	10	SL/GDS	MM	4,445	0	4,445	0	4,445					
17	BLDG RENOVATIONS-ODESSA	6/30/1997	R-5	100.00%	18,684	10	SL/GDS	MM	18,606	0	18,606	0	18,606					
18	SIGNS RENOVATIONS-ODESSA	6/1/1998	R-7	100.00%	380	10	SL/GDS	MM	380	0	380	0	380					
19	COOLERS/FANS RENOVATIONS-ODESSA	6/1/1998	R-5	100.00%	1,438	10	SL/GDS	MM	1,438	0	1,438	0	1,438					
20	PAINTING RENOVATIONS-ODESSA	6/1/1998	R-5	100.00%	1,655	10	SL/GDS	MM	1,655	0	1,655	0	1,655					
21	COOLERS RENOVATIONS-ODESSA	7/1/1998	R-5	100.00%	396	10	SL/GDS	MM	396	0	396	0	396					
22	4T A/C UNIT-ODESSA	2/2/1999	R-7	100.00%	1,350	10	SL/GDS	MM	1,350	0	1,350	0	1,350					
23	WALL PROTECTORS-ODESSA	3/2/1999	R-5	100.00%	1,189	30	SL/GDS	MM	431	40	471	40	511					
24	COOLER RENOVATIONS	8/1/2000	R-7	100.00%	1,782	5	SL/GDS	MM	1,782	0	1,782	0	1,782					
25	WATER HEATER	10/1/2000	R-7	100.00%	648	5	SL/GDS	MM	648	0	648	0	648					
26	DOCK LEVELER	4/8/2005	R-7	100.00%	1,300	7	SL/GDS	MM	836	186	1,022	186	1,208					
27	COOLERS RENOVATIONS-EL PASO	7/1/1998	R-5	100.00%	3,181	10	SL/GDS	MM	3,181	0	3,181	0	3,181					
28	A/C COMPRESSOR-EL PASO	9/15/2005	R-7	100.00%	4,994	7	SL/GDS	MM	3,209	713	3,922	713	4,635					
29	LOADING DOCK RENOVATIONS-ALPINE	9/1/1998	R-5	100.00%	4,900	20	SL/GDS	MM	2,777	245	3,022	245	3,267					
30	WATER CONNECTIONS RENOV - ALPINE	9/1/1998	R-5	100.00%	5,330	20	SL/GDS	MM	3,022	267	3,289	267	3,556					
31	ELECTRICAL RENOV-ALPINE	10/1/1998	R-5	100.00%	555	10	SL/GDS	MM	555	0	555	0	555					
32	WATER/SEWER LINE-ALPINE	3/12/1999	R-5	100.00%	1,425	30	SL/GDS	MM	512	47	559	47	606					
33	SHOP HTR VENTS-ALPINE	3/19/1999	R-5	100.00%	679	30	SL/GDS	MM	245	23	268	23	291					
34	WALL PROTECTORS-ALPINIE	3/23/1999	R-5	100.00%	1,765	30	SL/GDS	MM	635	59	694	59	753					
35	EVAP COOLERS-ALPINE	5/12/1999	R-7	100.00%	1,260	5	SL/GDS	HY	1,260	0	1,260	0	1,260					
36	ELECTRICAL-ALPINE	5/20/1999	R-5	100.00%	1,545	30	SL/GDS	MM	545	51	596	51	647					
37	** SIGNS RENOVATIONS-BIG SPRING	6/1/1998	R-7	100.00%	450	10	SL/GDS	MM	450	0	450	0	0					
38	** WATER HTR-BIG SPRING	2/24/1999	R-7	100.00%	955	5	SL/GDS	MM	955	0	955	0	0					
39	** GAS LINE - BIG SPRING	3/1/1999	R-5	100.00%	4,600	30	SL/GDS	MM	1,661	6	1,667	0	0					
40	** CONDENSING UNIT COMP-BIG SPRING	5/5/2000	R-7	100.00%	925	5	SL/GDS	MM	925	0	925	0	0					
41	W/H EQUIPMENT-ODESSA	12/31/1992	F-15	100.00%	39,598	5	SL/GDS	MM	39,598	0	39,598	0	39,598					
42	14 PALLETS/2 DOLLIES-ODESSA	10/9/1993	F-15	100.00%	2,250	5	SL/GDS	MM	2,250	0	2,250	0	2,250					
43	SUMP PUMP	6/1/1994	F-15	100.00%	367	5	SL/GDS	MM	367	0	367	0	367					
44	ST STEEL SINK-ODESSA	9/15/1995	F-15	100.00%	500	5	SL/GDS	MM	500	0	500	0	500					
45	W/H EQUIPMENT-ODESSA	6/1/1996	F-15	100.00%	6,137	5	SL/GDS	MM	6,137	0	6,137	0	6,137					
46	DONATED FORK LIFT-ODESSA	7/31/1997	F-15	100.00%	15,000	5	SL/GDS	MM	15,000	0	15,000	0	15,000					
47	LADDER-ODESSA	9/1/1998	F-15	100.00%	300	5	SL/GDS	MM	300	0	300	0	300					
48	STORAGE UNIT-ODESSA	3/13/1999	F-15	100.00%	1,305	5	SL/GDS	MM	1,305	0	1,305	0	1,305					
49	5 PALLET JACKS-ODESSA	3/29/2000	F-15	100.00%	1,700	5	SL/GDS	HY	1,700	0	1,700	0	1,700					
50	LG FLOOR CIRC FAN-ODESSA	7/17/2001	F-15	100.00%	735	5	SL/GDS	MM	735	0	735	0	735					
51	NYK ELECTRIC FORKLIFT-ODESSA	12/14/2001	F-15	100.00%	9,500	5	SL/GDS	MM	9,500	0	9,500	0	9,500					
52	DONATED FORKLIFT-ODESSA	2/28/2002	F-15	100.00%	5,000	5	SL/GDS	HY	5,000	0	5,000	0	5,000					
53	2 STORAGE UNITS-ODESSA	5/22/2006	F-15	100.00%	1,110	5	SL/GDS	HY	802	222	1,024	86	1,110					
54	SCALE-ODESSA	10/5/2006	F-15	100.00%	2,155	5	SL/GDS	HY	1,397	431	1,828	216	2,044					

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990													3,402,921	1,400,225	145,581	1,545,806	149,604	1,691,413
Item No.	Description of Property **** indicates DISPOSED	Date Placed in Service	Asset Code	Bus. Use %	Cost or Other Basis	Recovery Period (years)	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2010 Current Deprec.	2010 Accum. Deprec.	2011 Next Year Deprec.	2011 Accum. Deprec.					
55	W/H EQUIPMENT-ALPINE	6/1/1996	F-15	100.00%	435	5	SL/GDS	HY	435	0	435	0	435					
56	FORKLIFT-ALPINE	8/2/1999	F-15	100.00%	4,495	5	SL/GDS	HY	4,495	0	4,495	0	4,495					
57	W/H EQUIPMENT-BIG SPRING	6/1/1996	F-15	100.00%	400	5	SL/GDS	HY	400	0	400	0	400					
58	FORKLIFT-BIG SPRING	2/10/1999	F-15	100.00%	5,071	5	SL/GDS	HY	5,071	0	5,071	0	5,071					
59	STORAGE UNIT-BIG SPRING	3/17/1999	F-15	100.00%	1,185	5	SL/GDS	HY	1,185	0	1,185	0	1,185					
60	1981 FORD 3 TN TRUCK-ODESSA	6/1/1987	V-4	100.00%	4,000	5	SL/GDS	HY	4,000	0	4,000	0	4,000					
61	1990 INTL REF TRUCK-ODESSA	10/1/1989	V-4	100.00%	52,319	5	SL/GDS	HY	52,319	0	52,319	0	52,319					
62	1993 INTL REF TRUCK-ODESSA	9/30/1992	V-4	100.00%	56,905	5	SL/GDS	HY	56,905	0	56,905	0	56,905					
63	1994 INTL TRUCK-ODESSA	11/3/1993	V-4	100.00%	64,625	5	SL/GDS	HY	64,625	0	64,625	0	64,625					
64	VAN-ODESSA	4/30/1996	V-4	100.00%	4,000	5	SL/GDS	HY	4,000	0	4,000	0	4,000					
65	1991 TRUCK-ODESSA	5/31/1996	V-4	100.00%	7,000	5	SL/GDS	HY	7,000	0	7,000	0	7,000					
66	1985 3.5 TN FORD REEFER-ODESSA	12/22/1997	V-4	100.00%	10,000	5	SL/GDS	HY	10,000	0	10,000	0	10,000					
67	TUK-A-WAY LIFT GATE-ODESSA	8/1/1998	V-4	100.00%	1,700	5	SL/GDS	HY	1,700	0	1,700	0	1,700					
68	1989 INTL 1754 TRUCK-ODESSA	12/1/1998	V-4	100.00%	11,319	5	SL/GDS	HY	11,318	0	11,318	0	11,318					
69	85 FORD LIFT-ODESSA	1/28/1999	V-4	100.00%	2,977	5	SL/GDS	HY	2,977	0	2,977	0	2,977					
70	89 INTL LIFT-ODESSA	2/9/1999	V-4	100.00%	3,379	5	SL/GDS	HY	3,379	0	3,379	0	3,379					
71	ENGINE-91 FORD P/U-ODESSA	1/11/2001	V-4	100.00%	2,514	5	SL/GDS	HY	2,514	0	2,514	0	2,514					
72	BOX 85 FORD-ODESSA	1/31/2001	V-4	100.00%	2,485	5	SL/GDS	HY	2,485	0	2,485	0	2,485					
73	REIFER UNIT 89 INTL TRUCK-ODESSA	2/7/2001	V-4	100.00%	7,527	5	SL/GDS	HY	7,527	0	7,527	0	7,527					
74	OVERHEAD DOOR 85 FORD-ODESSA	5/25/2001	V-4	100.00%	2,775	5	SL/GDS	HY	2,775	0	2,775	0	2,775					
75	89 REFRIG TRAILER-ODESSA	10/18/2001	V-4	100.00%	8,000	5	SL/GDS	HY	8,000	0	8,000	0	8,000					
76	97 FORD AEROMAX TRACTOR-ODESSA	10/29/2001	V-4	100.00%	40,000	5	SL/GDS	HY	40,000	0	40,000	0	40,000					
77	1995 FORD WINDSTAR VAN-ODESSA	1/24/2003	V-4	100.00%	6,100	5	SL/GDS	HY	6,100	0	6,100	0	6,100					
78	2004 FORD 550 TRUCK-ODESSA	3/31/2004	V-4	100.00%	40,226	5	SL/GDS	HY	40,226	0	40,226	0	40,226					
79	ENGINE 91 INTL TRUCK-ODESSA	6/7/2004	V-4	100.00%	9,069	5	SL/GDS	HY	9,069	0	9,069	0	9,069					
80	2002 FREIGHTLINER BOBTAIL-ODESSA	1/16/2006	V-4	100.00%	37,801	5	SL/GDS	HY	29,620	7,560	37,180	621	37,801					
81	2007 PETERBILT TRACTOR RIG-ODESSA	6/22/2006	V-4	100.00%	103,780	7	SL/GDS	HY	45,330	14,826	60,156	14,826	74,982					
82	2007 GREAT DANE REFRIG TRAILER-ODESSA	6/22/2006	V-4	100.00%	59,227	7	SL/GDS	HY	25,870	8,461	34,331	8,461	42,792					
83	1995 UTILITY REFRIG TRAILER-ODESSA	10/2/2006	V-4	100.00%	10,500	5	SL/GDS	HY	5,248	2,100	7,348	1,050	8,398					
84	2001 FORD F550 SUPER DUTY TRUCK-EL PASO	6/13/2001	V-4	100.00%	53,576	5	SL/GDS	HY	53,576	0	53,576	0	53,576					
85	FREEZER/COOLER-ODESSA	4/1/1989	R-7	100.00%	93,804	20	SL/GDS	HY	93,804	0	93,804	0	93,804					
86	FREEZER/COOLER REPAIRS-ODESSA	4/30/1996	R-7	100.00%	8,341	20	SL/GDS	HY	5,700	417	6,117	417	6,534					
87	FREEZER/COOLER REPAIRS-ODESSA	6/28/2002	R-7	100.00%	4,242	20	SL/GDS	HY	1,593	212	1,805	212	2,017					
88	FREEZER/COOLER REPAIRS-ODESSA	6/30/2002	R-7	100.00%	2,395	20	SL/GDS	HY	900	120	1,020	120	1,140					
89	UPGRADE COOLING SYSTEM-EL PASO	5/5/1999	R-7	100.00%	1,135	20	SL/GDS	HY	591	57	648	57	705					
90	COIL & T-STAT-EL PASO	8/1/2000	R-7	100.00%	2,927	5	SL/GDS	HY	2,927	0	2,927	0	2,927					
91	FREEZER/COOLER-ALPINE	9/1/1998	R-7	100.00%	580	20	SL/GDS	HY	329	29	358	29	387					
92	FREEZER-ALPINE	10/8/1999	R-7	100.00%	98,733	20	SL/GDS	HY	50,517	4,937	55,454	4,937	60,391					
93	ELECTRICAL WORK-ALPINE	1/6/2000	R-7	100.00%	8,169	20	SL/GDS	HY	3,879	408	4,287	408	4,695					
94	ELECTRICAL RENOVATIONS-ALPINE	5/1/2000	R-7	100.00%	627	20	SL/GDS	HY	297	31	328	31	359					
95	FREEZER IMPROV-ALPINE	10/8/2000	R-7	100.00%	40,383	20	SL/GDS	HY	19,181	2,019	21,200	2,019	23,219					
96	COMPRESSOR-ALPINE	6/30/2002	R-7	100.00%	7,853	20	SL/GDS	HY	2,949	393	3,342	393	3,735					
97	COMPRESSOR-ALPINE	9/16/2004	R-7	100.00%	11,256	5	SL/GDS	HY	10,789	0	10,789	0	10,789					
98	FREEZER/COOLER-BIG SPRING	8/1/1998	R-7	100.00%	7,500	20	SL/GDS	HY	4,281	375	4,656	375	5,031					
99	FREEZER IMPROV-BIG SPRING	3/31/1999	R-7	100.00%	1,200	20	SL/GDS	HY	645	60	705	60	765					
100	WALK IN FREEZER-BIG SPRING	10/19/2000	R-7	100.00%	710	5	SL/GDS	HY	710	0	710	0	710					
101	WALK IN COOLER-BIG SPRING	10/19/2000	R-7	100.00%	751	5	SL/GDS	HY	751	0	751	0	751					
102	FREEZER-BIG SPRING	10/19/2000	R-7	100.00%	3,115	5	SL/GDS	HY	3,115	0	3,115	0	3,115					
103	FREEZER NWL THERMA KING-BIG SPRING	3/22/2001	R-7	100.00%	5,572	20	SL/GDS	HY	2,369	279	2,648	279	2,927					
104	LASER PRINTER-ODESSA	12/1/1992	F-5	100.00%	1,540	5	SL/GDS	HY	1,540	0	1,540	0	1,540					
105	HP LASER PRINTER	10/11/1993	F-5	100.00%	749	5	SL/GDS	HY	749	0	749	0	749					
106	HP PRINTER-ODESSA	3/17/1999	F-5	100.00%	568	5	SL/GDS	HY	568	0	568	0	568					
107	COMPUTER UPGRADE-ODESSA	7/20/2000	F-5	100.00%	3,125	3	SL/GDS	HY	3,125	0	3,125	0	3,125					
108	2 COMPUTERS-ODESSA	7/10/2001	F-5	100.00%	1,520	3	SL/GDS	HY	1,520	0	1,520	0	1,520					

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109	COMPUTER-ODESSA	2/21/2002	F-5	100.00%	1,508	3	SL/GDS	HY	1,508	0	1,508	0	1,508					
110	5 COMPUTERS & PRINTER-ODESSA	7/8/2002	F-5	100.00%	4,601	5	SL/GDS	HY	4,587	0	4,587	0	4,587					
111	SOFTWARE-CERES	5/19/2003	F-5	100.00%	7,927	5	SL/GDS	HY	7,927	0	7,927	0	7,927					
112	HP NOTEBOOK ROBERT-ODESSA	7/14/2003	F-5	100.00%	1,720	5	SL/GDS	HY	1,720	0	1,720	0	1,720					
113	SERVER TRIPLE C-ODESSA	12/30/2003	F-5	100.00%	1,840	5	SL/GDS	HY	1,840	0	1,840	0	1,840					
114	SOFTWARE UPGRADE-ODESSA	1/21/2004	F-5	100.00%	804	5	SL/GDS	HY	804	0	804	0	804					
115	2 LAPTOP COMPUTERS-ODESSA	12/10/2004	F-5	100.00%	1,716	5	SL/GDS	HY	1,567	0	1,567	0	1,567					
116	COMPUTER UPGRADE-EL PASO	7/20/2000	F-5	100.00%	3,125	3	SL/GDS	HY	3,125	0	3,125	0	3,125					
117	COMPUTER NETWRK UPGRADE-EL PASO	7/18/2002	F-5	100.00%	920	3	SL/GDS	HY	920	0	920	0	920					
118	COMPUTER UP GRADE-ALPINE	7/20/2000	F-5	100.00%	3,125	3	SL/GDS	HY	3,125	0	3,125	0	3,125					
119	COMPUTER UPGRADE-BIG SPRING	7/20/2000	F-5	100.00%	3,125	3	SL/GDS	HY	3,125	0	3,125	0	3,125					
120	LAND	1/1/1999	N-1	100.00%	7,700				0	0	0	0	0					
121	OFFICE EQUIPMENT-ODESSA	12/31/1992	F-6	100.00%	9,155	5	SL/GDS	HY	9,155	0	9,155	0	9,155					
122	ITEMS-1996-ODESSA	6/1/1996	F-6	100.00%	2,981	5	SL/GDS	HY	2,981	0	2,981	0	2,981					
123	RISO GR1700 COPIER-ODESSA	1/1/1998	F-6	100.00%	5,267	5	SL/GDS	HY	5,267	0	5,267	0	5,267					
124	TAHOE BOTTLED WATER COOLER-ODESSA	7/1/1998	F-6	100.00%	250	5	SL/GDS	HY	250	0	250	0	250					
125	TIME CLOCK	8/1/1998	F-6	100.00%	330	5	SL/GDS	HY	330	0	330	0	330					
126	COMPUTER PRINTERS-ODESSA	9/1/1998	F-6	100.00%	350	5	SL/GDS	HY	350	0	350	0	350					
127	FAX MACHINE	1/4/2001	F-6	100.00%	600	5	SL/GDS	HY	600	0	600	0	600					
128	OFFICE FURNITURE	4/30/2002	F-6	100.00%	2,814	5	SL/GDS	HY	2,814	0	2,814	0	2,814					
129	PROJECTOR-ODESSA	6/15/2005	F-6	100.00%	750	5	SL/GDS	HY	675	75	750	0	750					
130	2 TON CONDENSING UNIT	4/14/2006	F-6	100.00%	1,121	5	SL/GDS	HY	833	224	1,057	64	1,121					
131	ITEMS 1996-EL PASO	6/1/1996	F-6	100.00%	260	5	SL/GDS	HY	260	0	260	0	260					
132	ITEMS 1996-ALPINE	6/1/1996	F-6	100.00%	2,109	5	SL/GDS	HY	2,109	0	2,109	0	2,109					
133	COPIER-BIG SPRING	4/30/2002	F-6	100.00%	875	5	SL/GDS	HY	875	0	875	0	875					
134	FREEZER & COMPRESSOR-ODESSA	8/20/2008	F-15	100.00%	15,000	5	SL/GDS	FM	4,250	3,000	7,250	3,000	10,250					
135	KITCHEN EQUIPMENT-ODESSA	8/20/2008	F-15	100.00%	10,300	5	SL/GDS	FM	2,918	2,060	4,978	2,060	7,038					
137	HVAC-EL PASO	1/21/2008	F-10	100.00%	4,850	7	SL/GDS	FM	1,386	693	2,079	693	2,772					
138	COOLING UNIT-EL PASO	1/21/2008	F-10	100.00%	2,340	7	SL/GDS	FM	668	334	1,002	334	1,336					
139	ROOF-EL PASO	8/5/2008	R-2	100.00%	18,450	20	SL/GDS	FM	1,307	923	2,230	923	3,153					
140	HOPPER-ODESSA	2/21/2008	F-10	100.00%	10,500	7	SL/GDS	FM	2,875	1,500	4,375	1,500	5,875					
141	UNIT HEATER-ODESSA	3/12/2008	F-15	100.00%	1,430	5	SL/GDS	FM	524	286	810	286	1,096					
142	EVAP COOLERS (3)-ODESSA	7/16/2008	F-15	100.00%	7,470	5	SL/GDS	FM	2,241	1,494	3,735	1,494	5,229					
143	TRANSMISSION-ODESSA	8/20/2008	V-4	100.00%	11,924	5	SL/GDS	FM	3,379	2,385	5,764	2,385	8,149					
144	SMALL FREEZER-ODESSA	3/12/2008	F-15	100.00%	551	5	SL/GDS	FM	202	110	312	110	422					
145	DELL LAPTOPS	2/4/2008	F-5	100.00%	1,958	5	SL/GDS	FM	751	392	1,143	392	1,535					
146	DELL LAPTOP	5/11/2008	F-5	100.00%	1,067	5	SL/GDS	FM	355	213	568	213	781					
147	DELL LAPTOP	9/1/2008	F-5	100.00%	1,019	5	SL/GDS	FM	272	204	476	204	680					
148	OFFICE FURNITURE	11/14/2008	F-15	100.00%	550	5	SL/GDS	FM	128	110	238	110	348					
149	EL PASO BLDG	10/20/2009	R-5	100.00%	1,205,147	39	SL/GDS	FM	7,725	30,901	38,626	30,900	69,526					
150	WALK-IN FREEZER COMPRESSOR-EL PASO	7/17/2009	F-15	100.00%	6,192	5	SL/GDS	FM	619	1,238	1,857	1,238	3,095					
151	FURNACE-ODESSA	3/10/2009	F-15	100.00%	1,939	5	SL/GDS	FM	323	388	711	388	1,099					
152	EVAP COOLERS - ODESSA	8/3/2009	F-15	100.00%	5,890	5	SL/GDS	FM	491	1,178	1,669	1,178	2,847					
153	BEAMS/DECKING-EL PASO	2/3/2009	R-7	100.00%	3,742	15	SL/GDS	FM	229	249	478	249	727					
154	PORTABLE FLEX CONVEYOR - ODESSA	3/27/2009	F-15	100.00%	1,561	5	SL/GDS	FM	260	312	572	312	884					
155	WHISPER LOADER-ODESSA	8/14/2009	F-15	100.00%	18,500	5	SL/GDS	FM	1,542	3,700	5,242	3,700	8,942					
156	2001 INT'L TRUCK - EL PASO	3/23/2009	V-4	100.00%	23,000	5	SL/GDS	FM	3,833	4,600	8,433	4,600	13,033					
157	FREEZER CONDENSOR - ODESSA	6/10/2009	F-15	100.00%	3,094	5	SL/GDS	FM	361	619	980	619	1,599					
158	DELL PC - ALPINE	9/11/2009	F-15	100.00%	1,161	5	SL/GDS	FM	77	232	309	232	541					
160	Dell Latitude Laptop	10/1/2010	F-5	100.00%	1,121	5	SL/GDS	MM	0	47	47	224	271					
161	Dell Latitude Laptop	10/1/2010	F-5	100.00%	1,121	5	SL/GDS	MM	0	47	47	224	271					
162	Land - Community Garden	10/25/2010	N-1	100.00%	500				0	0	0	0	0					
163	Dell Application Server	8/6/2010	F-5	100.00%	2,140	5	SL/GDS	MM	0	161	161	428	589					
164	Dell Data Server	8/6/2010	F-5	100.00%	4,298	5	SL/GDS	MM	0	322	322	860	1,182					

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165	2006 White Int'l Bobtail Truck	4/13/2010	V-4	100.00%	39,387	5	SL/GDS	MM	0	5,580	5,580	7,877	13,457					
166	2007 Ford Van	9/29/2010	V-6	100.00%	2,289	5	SL/GDS	MQ3	0	172	172	458	630					
167	A/C Unit - Alpine	3/25/2010	F-10	100.00%	3,951	7	SL/GDS	MM	0	447	447	564	1,011					
168	Conveyor Steel Skate	5/27/2010	F-10	100.00%	4,155	7	SL/GDS	MM	0	371	371	594	965					
169	KC - Refrigerator & Freezer	6/22/2010	F-10	100.00%	1,997	7	SL/GDS	MM	0	155	155	285	440					
170	KC - Freezer	1/28/2010	F-10	100.00%	549	7	SL/GDS	MM	0	75	75	78	153					
171	Battery Charger-Zamboni	4/26/2010	F-10	100.00%	595	7	SL/GDS	MM	0	60	60	85	145					
172	2011 Walmart Truck	10/1/2010	V-4	100.00%	52,829	5	SL/GDS	MM	0	2,201	2,201	10,566	12,767					
SubTotals					3,402,921				1,400,225	145,581	1,545,806							
Less: Disposed Assets					(6,930)				(3,991)	(6)	(3,997)							
Ending Totals					<u>3,395,991</u>				<u>1,396,234</u>	<u>145,575</u>	<u>1,541,809</u>	<u>149,604</u>	<u>1,691,413</u>					