

**Return of Organization Exempt From Income Tax**

**2006**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**A For the 2006 calendar year, or tax year beginning** JUL 1, 2006 **and ending** JUN 30, 2007

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

**C Name of organization**  
 Please use IRS label or print or type See Specific Instructions  
**WEST OHIO FOOD BANK**  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
**P.O. BOX 1566, 1380 E. KIBBY STREET**  
 City or town, state or country, and ZIP + 4  
**LIMA, OH 45802-1566**

**D Employer identification number**  
**34-1587528**

**E Telephone number**  
**(419) 222-7946**

**F Accounting method:**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Website:** N/A

**J Organization type** (check only one)  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**K Check here**  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

**H and I are not applicable to section 527 organizations.**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates N/A  
**H(c)** Are all affiliates included? N/A  Yes  No (If "No," attach a list)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number N/A

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 743,015.

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	304,749.		
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>	77,736.		
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>			
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <u>375,031.</u> noncash \$ <u>7,454.</u> )	<b>1e</b>			382,485.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			351,818.
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) Subtract line 6b from line 6a	<b>6c</b>			
	<b>7</b> Other investment income (describe <u>INTEREST INCOME</u> )	<b>7</b>			117.
	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>	(B) Other	
	<b>b</b> Less cost or other basis and sales expenses	<b>8b</b>			
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>			
	<b>d</b> Net gain or (loss) Combine line 8c, columns (A) and (B)	<b>8d</b>			
	<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>			
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events Subtract line 9b from line 9a	<b>9c</b>				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
<b>b</b> Less cost of goods sold	<b>10b</b>				
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	<b>10c</b>				
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			8,595.	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>			743,015.	
<b>13</b> Program services (from line 44, column (B))	<b>13</b>			650,694.	
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			82,249.	
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			61,086.	
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>				
<b>17</b> Total expenses. Add lines 16 and 44, column (A)	<b>17</b>			794,029.	
<b>18</b> Excess or (deficit) for the year Subtract line 17 from line 12	<b>18</b>			-51,014.	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			64,289.	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			0.	
<b>21</b> Net assets or fund balances at end of year Combine lines 18, 19, and 20	<b>21</b>			13,275.	

**RECEIVED**  
 FEB 21 2008  
 OGDEN, UT

SCANNED MAR 10 2006

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**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A <b>STMT 2</b>	51,297.	23,084.	20,519.	7,694.
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	248,170.	220,742.	10,146.	17,282.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	9,297.	7,568.	948.	781.
<b>28</b> Employee benefits not included on lines 25a - 27	28,273.	23,022.	2,899.	2,352.
<b>29</b> Payroll taxes	30,598.	24,913.	3,133.	2,552.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	11,531.		11,531.	
<b>32</b> Legal fees				
<b>33</b> Supplies	15,614.	14,340.	425.	849.
<b>34</b> Telephone	8,984.	7,637.	449.	898.
<b>35</b> Postage and shipping	15,901.	13,426.	952.	1,523.
<b>36</b> Occupancy	177,908.	170,072.	5,877.	1,959.
<b>37</b> Equipment rental and maintenance	17,275.	14,801.	2,332.	142.
<b>38</b> Printing and publications	14,356.	10,767.	718.	2,871.
<b>39</b> Travel	2,164.	1,948.	108.	108.
<b>40</b> Conferences, conventions, and meetings	2,634.	2,614.	20.	
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	40,298.	31,835.	2,015.	6,448.
<b>43</b> Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g <b>SEE STATEMENT 1</b>	119,729.	83,925.	20,177.	15,627.
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	794,029.	650,694.	82,249.	61,086.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A,  
 (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶

ELIMINATION OF HUNGER

Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others )

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a SERVES OVER 100 NONPROFIT MEMBER AGENCIES IN AN 11 COUNTY AREA OF WEST CENTRAL OH.-MEMBER ORG OF 2ND HARVEST NAT'L FOOD BK-WORKS TO ELIMINATE HUNGER IN AREA

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

650,694.

b

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

c

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

d

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

e Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

650,694.

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	7,399.	45	11,853.
	46 Savings and temporary cash investments	2,910.	46	3,006.
	47 a Accounts receivable	18,704.		
	47 b Less: allowance for doubtful accounts		47c	18,704.
	48 a Pledges receivable	43,998.		
	48 b Less: allowance for doubtful accounts		48c	43,998.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	50 b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	51 b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use	482,463.	52	453,974.
	53 Prepaid expenses and deferred charges	4,772.	53	3,627.
	54 a Investments - publicly-traded securities STMT 3 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	519.	54a	534.
	54 b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment basis				
55 b Less: accumulated depreciation		55c		
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	329,203.			
57 b Less: accumulated depreciation STMT 4	221,560.	57c	107,643.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> )		58		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	716,095.	59	643,339.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	126,966.	60	132,628.
	61 Grants payable		61	
	62 Deferred revenue	12,377.	62	15,962.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	64 b Mortgages and other notes payable	30,000.	64b	27,500.
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 5 )	482,463.	65	453,974.
66 <b>Total liabilities.</b> Add lines 60 through 65	651,806.	66	630,064.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted	27,396.	67	-20,767.
	68 Temporarily restricted	36,893.	68	34,042.
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	64,289.	73	13,275.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	716,095.	74	643,339.	



Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes No

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 8

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

75b X

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."

75c X

If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy?

75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances. Row 1 contains 'NONE' in column A.

Part VI Other Information (See the instructions.)

Yes No

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change

76 X

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.

77 X

78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year? N/A

78a X

78b

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

79 X

80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

80a X

b If "Yes," enter the name of the organization N/A and check whether it is exempt or nonexempt

81 a Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 0.

b Did the organization file Form 1120-POL for this year?

81b X

Part VI Other Information (continued)

Yes No

82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) organizations Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX 88a X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI 88b X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g X
90 a List the states with which a copy of this return is filed OH
b Number of employees employed in the pay period that includes March 12, 2006 90b 13
91 a The books are in care of BAMBI MARKHAM Telephone no 419-222-7946
Located at 1380 E. KIBBY STREET, LIMA, OH ZIP + 4 45802-1566
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)? If 'Yes,' enter the name of the foreign country N/A
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 91b X

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SHARED MAINTENANCE FEES					351,818.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14		
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			14	117.	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS			01	8,595.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		8,712.	351,818.
105 Total (add line 104, columns (B), (D), and (E))					360,530.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	FEE TO MEMBER AGENCIES FOR TRANSPORTATION, SORTING, STORAGE & HANDLING OF DONATED FOOD

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) N/A

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here

Signature of officer: *Berndt Markham* Date: *2/14/08*  
 Type or print name and title: *BAMB: L. MARKHAM Executive Director*

Paid Preparer's Use Only

Preparer's signature: *Wendy B. Pinsky* Date: *2-6-08* Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: *LENTOL, VIOLET, KIENITZ & COMPANY, LLP*  
*2981 BLUE JACKET COURT*  
*LIMA, OH 45806*  
 EIN: \_\_\_\_\_ Phone no: *(419) 999-2000*

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2006**

Name of the organization **WEST OHIO FOOD BANK** Employer identification number **34 1587528**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BAMBI MARKHAM 123 EAST WAYNE STREET, LIMA, OH 45802	DIRECTOR 40.00	51,297.		
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Total number of other employees paid over \$50,000 ▶	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE OVER \$50,000		0.
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-----		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
-----		
-----		
-----		
-----		
-----		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

**Part III** Statements About Activities (See page 2 of the instructions )

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B )		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )	3a	X
SEE STATEMENT 7			
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
d	Enter the total number of donor advised funds owned at the end of the tax year	▶ N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	▶ N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	▶ 0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	▶ 0.	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions )

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii). (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions )

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					▶

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )



**Part V Private School Questionnaire** (See page 9 of the instructions )

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

**29** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

	Yes	No
<b>29</b>		

**30** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

<b>30</b>		
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**31** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

<b>31</b>		
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If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement )

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**32** Does the organization maintain the following

- a** Records indicating the racial composition of the student body, faculty, and administrative staff?
- b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c** Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d** Copies of all material used by the organization or on its behalf to solicit contributions?

<b>32a</b>		
<b>32b</b>		
<b>32c</b>		
<b>32d</b>		

If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )

---

**33** Does the organization discriminate by race in any way with respect to

- a** Students' rights or privileges?
- b** Admissions policies?
- c** Employment of faculty or administrative staff?
- d** Scholarships or other financial assistance?
- e** Educational policies?
- f** Use of facilities?
- g** Athletic programs?
- h** Other extracurricular activities?

<b>33a</b>		
<b>33b</b>		
<b>33c</b>		
<b>33d</b>		
<b>33e</b>		
<b>33f</b>		
<b>33g</b>		
<b>33h</b>		

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )

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**34 a** Does the organization receive any financial aid or assistance from a governmental agency?

<b>34a</b>		
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**b** Has the organization's right to such aid ever been revoked or suspended?

<b>34b</b>		
------------	--	--

If you answered "Yes" to either 34a or b, please explain using an attached statement

**35** Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

<b>35</b>		
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**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  a if the organization belongs to an affiliated group Check  b if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred )		(a) Affiliated group totals	(b) To be completed for all electing organizations												
		N/A													
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>													
<b>39</b>	Other exempt purpose expenditures	<b>39</b>													
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>													
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table - <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is -</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	<b>41</b>	
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>													
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>													
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
20	MODIFICATIONS FOR	020298SL	SL	15.00	17	19,437.			19,437.	10,907.		1,296.
	ICOOOLERS & FREEZERS											
	NEW SIGN @ KIBBY											
2	STREET	063005SL	SL	5.00	17	1,485.			1,485.	297.		297.
	NEW CARPET IN											
3	OFFICE-KIBBY STREET	063005SL	SL	5.00	17	466.			466.	93.		93.
	SCREENING MATERIAL FOR											
44	ISOLATION ROOM	071205SL	SL	5.00	17	1,190.			1,190.	119.		238.
	ALARM SYSTEM UPDATE											
45	INSTALLATION OF	071405SL	SL	5.00	17	900.			900.	90.		180.
	COUNTER, SINK, ETC											
46	NEW SIGNS @ KIBBY	080305SL	SL	10.00	17	2,222.			2,222.	111.		222.
	STREET											
66	* 990 PAGE 2 TOTAL	070105SL	SL	5.00	17	649.			649.	65.		130.
	BUILDINGS											
	ALLOCATE DEPRECIATION											
67	TO FUND RAISING			.000	16	26,349.		0.	26,349.	11,682.	0.	2,456.
	ALLOCATE DEPRECIATION											
68	TO FUND RAISING			.000	16							0.
	* 990 PAGE 2 TOTAL											
	OTHER											
	BUILDINGS											
69	SPRINKLER CONTROL	080706SL	SL	5.00	19B	810.			810.			81.
	VALUE											
70	LIGHT FIXTURES	011907SL	SL	5.00	19B	1,286.			1,286.			129.
	LIGHT FIXTURES											
71	LIGHT FIXTURES	021307SL	SL	5.00	19B	864.			864.			86.
	LIGHT FIXTURES											
72	* 990 PAGE 2 TOTAL	022707SL	SL	5.00	19B	869.			869.			87.
	BUILDINGS											
	* 990 PAGE 2 TOTAL											
	BUILDINGS					3,829.		0.	3,829.	0.	0.	383.

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FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & FIXTURES											
24	ROYAL 515 TYPEWRITER	040692SL	SL	7.00	17	250.			250.	250.		0.
25	SURGE PROTECTORS	040496SL	SL	5.00	17	174.			174.	174.		0.
26	WISHING WELLS	011094SL	SL	7.00	17	2,155.			2,155.	2,155.		0.
27	RISOGRAPH	051097SL	SL	5.00	17	10,000.			10,000.	10,000.		0.
28	BOARD TABLE AND CHAIRS GIFT TRACK	063099SL	SL	10.00	17	500.			500.	350.		50.
29	SOFTWARE-ADVANTA DELL COMPUTER	021800SL	SL	5.00	17	2,525.			2,525.	2,525.		0.
31	TOWER-UPSTAIRS OFFICE DELL COMPUTER	062703SL	SL	3.00	17	792.			792.	792.		0.
32	TOWER-UPSTAIRS OFFICE HEWLETT PACKARD COLOR	062703SL	SL	3.00	17	792.			792.	792.		0.
33	LASER JET 8500-D ACER ALTOS COMPUTER	070103SL	SL	3.00	17	7,500.			7,500.	7,500.		0.
34	SERVER XEON MS WINDOWS SERVER	012404SL	SL	3.00	17	4,796.			4,796.	4,130.		666.
35	SOFTWARE LICENSE	011204SL	SL	3.00	17	232.			232.	196.		36.
36	BAREBONES COMPUTERS PRINTER TEKTRONIX	051504SL	SL	3.00	17	2,336.			2,336.	1,655.		681.
37	PHASER 780/N BY XEROX PRINTER TEKTRONIX	063004SL	SL	3.00	17	4,995.			4,995.	3,330.		1,665.
38	PHASER 780/N BY XEROX PROFESS	063004SL	SL	3.00	17	4,995.			4,995.	3,330.		1,665.
39	COMPUTER-#0513033627 PROFESS	063005SL	SL	3.00	17	1,477.			1,477.	492.		492.
40	COMPUTER#513033613 COMPUTER	063005SL	SL	3.00	17	1,477.			1,477.	492.		492.
41	BACKUP-PROFESSIONAL COMPUTER	063005SL	SL	3.00	17	640.			640.	213.		213.

528102  
07-28-06

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
42	NAVISON UPGRADE TO CERES 1.3	063005SL		3.00	17	7,853.			7,853.	2,618.		2,618.
59	OFFICE FURNITURE (DESKS, FILES, ETC)	070105SL		10.00	17	1,285.			1,285.	64.		129.
60	UPGRADE TO CERES 1.3	071805SL		3.00	17	641.			641.	107.		214.
61	UPGRADE TO CERES 1.3	112805SL		3.00	17	1,485.			1,485.	248.		495.
62	VOICE MAIL SYSTEM OFFICE EQUIPMENT (IN KIND)	093005SL		3.00	17	1,260.			1,260.	210.		420.
63	NAVISON SOFTWARE (75% PROGRAM)	070505SL		10.00	17	2,570.			2,570.	129.		257.
64	NAVISON SOFTWARE (25% MANAGEMENT)	062703SL		5.00	17	30,736.			30,736.	30,736.		0.
65	NAVISON SOFTWARE (25% MANAGEMENT) * 990 PAGE 2 TOTAL FURNITURE & FIXTURES MACHINERY & EQUIPMENT	062703SL		5.00	17	10,245.			10,245.	10,245.		0.
4	COMPRESSOR	040894SL		7.00	17	1,112.		0.	1,112.	1,112.		10,093.
5	DIVIDER/TABLES/CHAIRS 1985 UTILITY REEFER	070194SL		7.00	17	640.			640.	640.		0.
6	W/THERMO KING MINI REWORKING WORK STATION	011896SL		5.00	17	8,000.			8,000.	8,000.		0.
7	FLOOR SCALE	051696SL		7.00	17	795.			795.	795.		0.
8	FLOOR SCALE	121596SL		5.00	17	730.			730.	730.		0.
9	BREUCHBUER SCALE KYSOR NEEDHAM WALK IN	112796SL		5.00	17	1,825.			1,825.	1,825.		0.
10	FREEZER FLOOR SCRUBBER-POWELL COMPANY	022098SL		15.00	17	17,000.			17,000.	9,444.		1,133.
11	COMPANY	081598SL		10.00	17	3,868.			3,868.	3,063.		387.

628102  
07-28-06

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
12	3 WAREHOUSE FANS-LIMA FLACK	1211099SL		10.00	17	597.			597.	393.		60.
13	18' INT'L REEFER #IRTSAZRL6RH9064B	122399SL		10.00	17	30,000.			30,000.	19,500.		3,000.
14	INT'L REEFER INCREASED TO 20'	123100SL		5.00	17	13,333.			13,333.	12,144.		0.
15	ELECTRIC PALLET JACK-MIAMI/INDUSTRIALS OVERHAUL 1994 INT'L	111102SL		7.00	17	3,907.			3,907.	2,046.		558.
16	20' REEFER	121902SL		5.00	17	9,297.			9,297.	6,507.		1,859.
17	COPELAND FREEZER COMPRESSOR	063003SL		7.00	17	3,988.			3,988.	1,667.		570.
18	AZOVA'S TEMP MONITORING SYSTEM	021704SL		5.00	17	1,918.			1,918.	1,008.		384.
19	1994 INT'L BACK DOOR (NEW)	060304SL		3.00	17	1,497.			1,497.	1,039.		458.
20	WRIGHTWAY BLDG COMPRESSOR WARRANT	063005SL		5.00	17	978.			978.	196.		196.
21	1992 CHEVROLET LUMINA	021105SL		3.00	17	995.			995.	456.		332.
22	21VAN 91061 MODEL EP15T CAT	063005SL		5.00	17	11,950.			11,950.	2,390.		2,390.
23	MODEL NRR40 2000 CAT	063005SL		5.00	17	14,430.			14,430.	2,886.		2,886.
47	ELEC REACH 2-20K 5' X 7' SCALES WITH FRAMES	072005SL		5.00	17	15,535.			15,535.	1,554.		3,107.
48	INSTALL SCALES AND BATTERY CHARGERS	072205SL		5.00	17	1,813.			1,813.	181.		363.
49	ADDT'L COST OF REACH TRUCK	072705SL		5.00	17	1,000.			1,000.	100.		200.
50	FREEZER WORK	080805SL		5.00	17	2,893.			2,893.	289.		579.
51	RELOCATE WALK IN FREEZER	080305SL		5.00	17	6,773.			6,773.	677.		1,355.
52	SLICER, 12' WITH MANUAL STAND	082405SL		5.00	17	610.			610.	61.		122.

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
53	BATTERY PACK OVERHAUL OF	090905SL	SL	5.00	17	1,428.			1,428.	143.		286.
54	INTERNATIONAL 4400 2500 LB LIFTGATE-CON	092705SL	SL	5.00	17	8,115.			8,115.	812.		1,623.
55	AGRA CHASSIS	011206SL	SL	5.00	17	3,100.			3,100.	310.		620.
56	BUG ZAPPER OVERHAUL OF CAT	030606SL	SL	5.00	17	950.			950.	95.		190.
57	ELECTRIC JACK	050506SL	SL	5.00	17	995.			995.	100.		199.
58	2 PALLET HIGH RACKING USED 5 HP VER-TECH	051206SL	SL	5.00	17	1,500.			1,500.	150.		300.
73	BALER	022207SL	SL	5.00	19B	4,000.			4,000.			400.
74	TRUCK LETTERING	082206SL	SL	5.00	19B	340.			340.			34.
75	ELECTRIC PALLET JACK	052107SL	SL	5.00	19B	2,035.			2,035.			204.
76	100 AMP BREAKER	022807SL	SL	5.00	19B	609.			609.			61.
77	OVERHAUL CAT FORKLIFT	053007SL	SL	5.00	19B	2,046.			2,046.			205.
78	MAN LIFT	050107SL	SL	5.00	19B	375.			375.			38.
	* 990 PAGE 2 TOTAL MACHINERY & EQUIPMENT					180,977.		0.	180,977.	80,313.	0.	24,099.
	BUILDINGS FEASIBILITY STUDY FOR											
43	NEW BUILDING	121503SL	SL	5.00	17	16,337.			16,337.	6,534.		3,267.
	* 990 PAGE 2 TOTAL BUILDINGS					16,337.		0.	16,337.	6,534.	0.	3,267.
	* 990 PAGE 2 TOTAL -					302,854.		0.	302,854.	169,580.	0.	37,842.
	* GRAND TOTAL 990 PAGE 2 DEPR					329,203.		0.	329,203.	181,262.	0.	40,298.

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
OUTSIDE LABOR	2,868.	2,868.		
INSURANCE	1,669.		1,669.	
MISCELLANEOUS EXPENSE	3,541.	3,378.	163.	
OTHER PROFESSIONAL FEES	9,552.		9,552.	
BANK AND CREDIT CARD EXPENSE	8,793.		8,793.	
PRODUCT PURCHASES & RELATED EXPENSES	70,102.	70,102.		
SPECIAL EVENTS EXPENSE	23,204.	7,577.		15,627.
TOTAL TO FM 990, LN 43	119,729.	83,925.	20,177.	15,627.

FORM 990	OFFICER COMPENSATION ALLOCATION PART II, LINE 25A	STATEMENT 2
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NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
BAMBI MARKHAM	51,297.			51,297.
A. PROGRAM SERVICES	23,084.			23,084.
B. MANAGEMENT AND GENERAL	20,519.			20,519.
C. FUNDRAISING	7,694.			7,694.
TOTAL PROGRAM SERVICES				23,084.
TOTAL MANAGEMENT AND GENERAL				20,519.
TOTAL FUNDRAISING				7,694.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				51,297.

FORM 990	GOVERNMENT SECURITIES	STATEMENT 3
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
INVESTMENTS IN STOCKS	FMV	534.		534.
TOTAL TO FORM 990, LINE 54A, COL B		534.		534.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 4
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDINGS	46,515.	24,322.	22,193.
FURNITURE & FIXTURES	101,711.	92,826.	8,885.
MACHINERY & OTHER EQUIPMENT	180,977.	104,412.	76,565.
TOTAL TO FORM 990, PART IV, LN 57	329,203.	221,560.	107,643.

FORM 990	OTHER LIABILITIES	STATEMENT	5
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DESCRIPTION	AMOUNT
AGENCY FOOD HELD FOR DISTRIBUTION	453,974.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	453,974.

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	6
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BAMBI MARKHAM 123 EAST WAYNE STREET LIMA, OH 45802	EXECUTIVE DIRECTOR 40.00	51,297.	0.	0.
ART VERSNICK PO BOX 1128 LIMA, OH 45802	PRESIDENT 4.00	0.	0.	0.
KAY WELLMAN 5564 POLING ROAD ELIDA, OH 45807	PRESIDENT ELECT 2.00	0.	0.	0.
RANDEE HENSON PO BOX 1566 LIMA, OH 45802	SECRETARY 2.00	0.	0.	0.
GARY SELHORST 3850 SEARFOSS RD. COLUMBUS GROVE, OH 45830	TREASURER 2.00	0.	0.	0.
KAREL OXLEY 515 CALUMET AVE. LIMA, OH 45804	BOARD MEMBER 2.00	0.	0.	0.
BARBARA J. MCCRORY 118 E PEARL ST FINDLAY, OH 45840	BOARD MEMBER 2.00	0.	0.	0.
PASTOR KENNETH BAKER 229 E. LIVINGSTON CELINA, OH 45822	BOARD MEMBER 2.00	0.	0.	0.

WEST OHIO FOOD BANK

34-1587528

MELVIN WOODARD II  
550 S COLLETT ST  
LIMA, OH 45805

BOARD MEMBER  
2.00

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V-A

51,297. 0. 0.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 7  
PART III, LINE 3A

ONLY NONPROFIT AGENCIES QUALIFY TO RECEIVE FOOD--NO DISTRIBUTIONS TO  
INDIVIDUALS

SCHEDULE A OTHER INCOME STATEMENT 8

DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
MISCELLANEOUS	0.	0.	536.	207.
SPECIAL EVENTS	0.	0.	0.	47,485.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	536.	47,692.

**Depreciation and Amortization** 990  
**(Including Information on Listed Property)**

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

Business or activity to which this form relates

Identifying number

**WEST OHIO FOOD BANK**

**FORM 990 PAGE 2**

**34-1587528**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	430,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2006	17	38,973.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

**Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		13,234.	5 YRS.	HY	SL	1,325.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (see instructions)**

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	40,298.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?  Yes  No 24b If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? <b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year:					
43 Amortization of costs that began before your 2006 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Application for Extension of Time To File an Exempt Organization Return

Mailed 11/10/07

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box [X]
If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only [ ]

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T.

Form fields: Type or print, Name of Exempt Organization (WEST OHIO FOOD BANK), Employer identification number (34-1587528), File by the due date for filing your return, Number, street, and room or suite no. (P.O. BOX 1566, 1380 E. KIBBY STREET), City, town or post office, state, and ZIP code (LIMA, OH 45802-1566)

Check type of return to be filed (file a separate application for each return).

- Form 990 [X], Form 990-T (corporation) [ ], Form 990-T (sec 401(a) or 408(a) trust) [ ], Form 990-T (trust other than above) [ ], Form 1041-A [ ], Form 990-BL [ ], Form 990-EZ [ ], Form 990-PF [ ], Form 4720 [ ], Form 5227 [ ], Form 6069 [ ], Form 8870 [ ]

- The books are in the care of BAMBI MARKHAM, Telephone No 419-222-7946, FAX No.
If the organization does not have an office or place of business in the United States, check this box [ ]
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) [ ]

1 I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for: [ ] calendar year or [X] tax year beginning JUL 1, 2006, and ending JUN 30, 2007

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

Table with 3 rows: 3a nonrefundable credits, 3b refundable credits and estimated tax payments, 3c Balance Due. Columns for amount and N/A.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions