

**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)

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 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> GOD'S PANTRY FOOD BANK, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1685 JAGGIE FOX WAY City or town, state or country, and ZIP + 4 LEXINGTON, KY 40511	<b>D Employer identification number</b> 31-0979404
		<b>E Telephone number</b> 859-255-6592	<b>G Gross receipts \$</b> 19,492,797.
		<b>F Name and address of principal officer:</b> MARIAN F. GUINN SAME AS C ABOVE	<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
		<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
		<b>J Website:</b> ▶ GODSPANTRY.ORG	
		<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L Year of formation:</b> 1955 <b>M State of legal domicile:</b> KY

Part I Summary				
	<b>1</b>	Briefly describe the organization's mission or most significant activities: _____		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
Activities & Governance	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	26	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	26	
	<b>5</b>	Total number of employees (Part V, line 2a)	34	
	<b>6</b>	Total number of volunteers (estimate if necessary)	5715	
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.	
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	0.	
	Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	14,967,870.
<b>9</b>		Program service revenue (Part VIII, line 2g)	737,015.	
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	69,705.	
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,788.	
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,783,378.	
Expenses		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,524,500.
		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	
		<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,165,891.
		<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	
		<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 332,925.	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,981,344.	
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,671,735.		
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	111,643.		
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	5,089,227.	
	<b>21</b>	Total liabilities (Part X, line 26)	187,016.	
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	4,902,211.	

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
<b>Sign Here</b>	Signature of officer MARIAN F. GUINN, CEO Type or print name and title	Date	
<b>Paid Preparer's Use Only</b>	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 BLUE & CO., LLC 301 EAST MAIN STREET, SUITE 1100 LEXINGTON, KENTUCKY 40507	Date	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ (859) 253-1100

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: THE MISSION OF GOD'S PANTRY FOOD BANK IS TO REDUCE HUNGER IN KENTUCKY THROUGH COMMUNITY COOPERATION MAKING THE BEST POSSIBLE USE OF ALL AVAILABLE RESOURCES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No 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 [X] 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 \$ 17,766,024. including grants of \$ ) (Revenue \$ 16,202,868. ) GOD'S PANTRY DISTRIBUTED 15,546,550 MILLION POUNDS OF FOOD TO MORE THAN 390 NON-PROFIT AGENCIES SERVING 50 CENTRAL AND EASTERN KENTUCKY COUNTIES. MORE THAN 16,300 HOUSEHOLDS IN FAYETTE COUNTY RECEIVED THE EMERGENCY FOOD BOX PROGRAM.

4b (Code: ) (Expenses \$ 155,855. including grants of \$ ) (Revenue \$ 11,678. ) THE FAYETTE COUNTY EMERGENCY FOOD BOX PROGRAM SERVES CLIENTS DIRECTLY THROUGH THE DISTRIBUTION OF A SEVEN DAY SUPPLY OF FOOD TO APPROXIMATELY 1,400 HOUSEHOLDS EACH MONTH. WE HAVE SIX LOCATIONS IN LEXINGTON.

4c (Code: ) (Expenses \$ 60,994. including grants of \$ ) (Revenue \$ 0. ) THE MOBILE AND SATELLITE PANTRY PROGRAMS PROVIDES TEMPORARY EMERGENCY FOOD BOX SERVICE TO 500 HOUSEHOLDS IN COUNTIES WITH FEW OR NO PANTRY SERVICE. IT ALSO WORKS TO FOSTER THE DEVELOPMENT OF PERMANENT FOOD PANTRY PROGRAMS IN THOSE COUNTIES. WE USE GAP ANALYSIS AND POUNDS PER PERSON IN POVERTY NUMBER TO DETERMINE WHICH COUNTIES ARE UNDERSERVED.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 90,000. including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 18,072,873. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6	Did the organization maintain any donor advised funds or any 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 hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
13	Is the organization a school as 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 U.S.? .....		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 U.S.? <i>If "Yes," complete Schedule F, Part I</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> .....		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> .....		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 1		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 34		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>5c</b>			
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>7h</b>			
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>8</b>			
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Gross income from members or shareholders		
	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>		
	<b>12b</b>		

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body .....		
<b>1b</b>	Enter the number of voting members that are independent .....		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? .....		X
<b>6</b>	Does the organization have members or stockholders? .....		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....		X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? .....	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? .....		X
<b>9b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....	X	
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	X	
<b>13</b>	Does the organization have a written whistleblower policy? .....	X	
<b>14</b>	Does the organization have a written document retention and destruction policy? .....		X
<b>15</b>	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:		
<b>15a</b>	The organization's CEO, Executive Director, or top management official? .....	X	
<b>15b</b>	Other officers or key employees of the organization? .....	X	
<b>16a</b>	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
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **►KY**
- 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: **►**  
**MARIAN F GUINN - GOD'S PANTRY FOOD BANK, INC. - 859-255-6592**  
**1685 JAGGIE FOX WAY, LEXINGTON, KY 40511**

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MINDY BARFIELD MEMBER AT LARGE	2.00	X					0.	0.	0.	
BRIAN GARDNER MEMBER AT LARGE	1.00	X					0.	0.	0.	
JOHN BURKHARD PRESIDENT	5.00	X		X			0.	0.	0.	
KRISTI MORRIS TREASURER	2.00	X		X			0.	0.	0.	
KELLY CARTER SECRETARY	1.00	X		X			0.	0.	0.	
DAVE HARPER MEMBER AT LARGE	1.00	X					0.	0.	0.	
HOLLY BRANHAM MEMBER AT LARGE	1.00	X					0.	0.	0.	
TOM BOHON MEMBER AT LARGE	1.00	X					0.	0.	0.	
ELIZABETH PREWITT MEMBER AT LARGE	1.00	X					0.	0.	0.	
TOM PADGETT MEMBER AT LARGE	1.00	X					0.	0.	0.	
REED POLK MEMBER AT LARGE	1.00	X					0.	0.	0.	
TIM SCHULER MEMBER AT LARGE	1.00	X					0.	0.	0.	
MAURY SPARROW MEMBER AT LARGE	1.00	X					0.	0.	0.	
CHERYL JAMES MEMBER AT LARGE	1.00	X					0.	0.	0.	
DOUG BRUCE MEMBER AT LARGE	1.00	X					0.	0.	0.	
MATT GUTE MEMBER AT LARGE	1.00	X					0.	0.	0.	
VICKI OLIVER MEMBER AT LARGE	1.00	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	(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			
GEORGE WALLACE MEMBER AT LARGE	1.00	X						0.	0.	0.
BYRON WAYNE WESLEY MEMBER AT LARGE	3.00	X						0.	0.	0.
STEVE JENNINGS FIRST VICE PRESIDENT	1.00	X		X				0.	0.	0.
BRUCE DAVIS SECOND VICE PRESIDENT	1.00	X		X				0.	0.	0.
KERRY LOY MEMBER AT LARGE	1.00	X						0.	0.	0.
MYRA RIDLEY MEMBER AT LARGE	1.00	X						0.	0.	0.
TUCKER BALLINGER MEMBER AT LARGE	1.00	X						0.	0.	0.
KENT BARBER MEMBER AT LARGE	1.00	X						0.	0.	0.
DON FRAZIER MEMBER AT LARGE	1.00	X						0.	0.	0.
<b>1b Total</b>								0.	0.	0.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CITYSERVICE 1461 RT. 28, LOVELAND, OH 45140	TRANSPORTATION AND TRUCKING SERVICE	146,506.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 1

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	5179965.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	13374776.				
	g	Noncash contributions included in lines 1a-1f: \$		15534368.				
	h	<b>Total.</b> Add lines 1a-1f		18554741.				
	Program Service Revenue	2 a	COOPERATIVE BUYING REV	Business Code	445100	529,003.	529,003.	
b		SHARED MAINTENANCE INC	445100	234,198.	234,198.			
c		DISCOUNTS EARNED	445100	1,434.	1,434.			
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f		764,635.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		39,984.	39,984.			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
			b	Less: rental expenses				
			c	Rental income or (loss)				
			d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)				
			d	Net gain or (loss)		-312.	-312.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	126,334.				
			b	Less: direct expenses		26,090.		
			c	Net income or (loss) from fundraising events		100,244.	100,244.	
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b			Less: direct expenses					
c			Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11 a								
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d							
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			19459292.	904,551.	0.	0.	

**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 .....	15,508,755.	15,508,755.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	260,936.	141,422.	84,270.	35,244.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	920,783.	664,104.	141,489.	115,190.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	65,834.	36,975.	21,809.	7,050.
10 Payroll taxes .....	70,775.	47,796.	14,045.	8,934.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....				
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other .....	28,980.	5,796.	18,257.	4,927.
12 Advertising and promotion .....	23,251.	22,310.	941.	
13 Office expenses .....	111,525.	6,723.	2,440.	102,362.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	70,827.	54,254.	8,756.	7,817.
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	8,271.	3,771.	3,600.	900.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	163,650.	122,737.	40,913.	
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....				
a <b>COST OF PURCHASED FOOD</b> .....	834,228.	834,228.		
b <b>FREIGHT</b> .....	339,134.	339,134.		
c <b>VEHICLE EXPENSES</b> .....	123,127.	116,781.	4,322.	2,024.
d <b>REPAIRS &amp; MAINTENANCE</b> .....	84,158.	71,095.	13,063.	
e <b>MISCELLANEOUS EXPENSES</b> .....	52,209.	20,958.	4,521.	26,730.
f All other expenses .....	115,111.	76,034.	17,330.	21,747.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	18,781,554.	18,072,873.	375,756.	332,925.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	558,019.	<b>1</b>	1,064,568.
	<b>2</b> Savings and temporary cash investments .....	886,294.	<b>2</b>	555,462.
	<b>3</b> Pledges and grants receivable, net .....	15,565.	<b>3</b>	16,165.
	<b>4</b> Accounts receivable, net .....	290,358.	<b>4</b>	236,721.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	1,477,784.	<b>8</b>	1,512,999.
	<b>9</b> Prepaid expenses and deferred charges .....	25,030.	<b>9</b>	11,252.
	<b>10a</b> Land, buildings, and equipment: cost basis ...	<b>10a</b> 3,428,673.		
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D .....	<b>10b</b> 1,615,823.	<b>10c</b>	1,812,850.
	<b>11</b> Investments - publicly traded securities .....	159,709.	<b>11</b>	614,254.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	227.	<b>15</b>	614.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	5,089,227.	<b>16</b>	5,824,885.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	187,016.	<b>17</b>	273,514.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable .....		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	187,016.	<b>26</b>	273,514.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	3,916,701.	<b>27</b>	4,736,847.
	<b>28</b> Temporarily restricted net assets .....	905,510.	<b>28</b>	734,524.
	<b>29</b> Permanently restricted net assets .....	80,000.	<b>29</b>	80,000.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	4,902,211.	<b>33</b>	5,551,371.	
<b>34</b> Total liabilities and net assets/fund balances .....	5,089,227.	<b>34</b>	5,824,885.	

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? .....	X	
<b>c</b> If "Yes" to lines 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? .....	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	X	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? .....	X	



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1180909.	7582730.	12784572.	14967870.	18811465.	55327546.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 - 3 .....	1180909.	7582730.	12784572.	14967870.	18811465.	55327546.
<b>5</b> 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) .....						
<b>6 Public Support.</b> Subtract line 5 from line 4.						55327546.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 .....	1180909.	7582730.	12784572.	14967870.	18811465.	55327546.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	36,535.	63,781.	64,408.	69,705.	39,672.	274,101.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	46,739.	57,687.	67,986.	8,788.	100,244.	281,444.
<b>11 Total support.</b> Add lines 7 through 10						55883091.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	4,754,628.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.01	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	<b>15</b>	90.01	%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2007.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 - 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

Name of the organization

GOD'S PANTRY FOOD BANK, INC.

Employer identification number

31-0979404

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

<b>Name of organization</b>  GOD'S PANTRY FOOD BANK, INC.	<b>Employer identification number</b>  31-0979404
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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	<u>FEEDING AMERICA</u>  <u>35 EAST WACKER</u>  <u>CHICAGO, IL 60601</u>	\$ <u>8,561,315.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>KENTUCKY DEPARTMENT OF AGRICULTURE</u>  <u>1014 VINE STREET</u>  <u>CINCINNATI, OH 45202</u>	\$ <u>4,304,540.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<u>FEEDING AMERICA</u>  <u>35 EAST WACKER</u>  <u>CHICAGO, IL 60601</u>	\$ <u>102,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b>  GOD'S PANTRY FOOD BANK, INC.	<b>Employer identification number</b>  31-0979404
---	---

**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 _____ _____ _____	\$ 8,561,315.	12/31/09
2	FOOD _____ _____ _____	\$ 4,305,540.	12/31/09
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____

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

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ **To be completed by organizations described below.**  
▶ **Attach to Form 990 or Form 990-EZ.**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p align="center"><b>GOD'S PANTRY FOOD BANK, INC.</b></p>	Employer identification number <p align="center"><b>31-0979404</b></p>
---	---

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**

See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours .....

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**

See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**

See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

- A** Check  if the filing organization belongs to an affiliated group.  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....															
<b>d</b> Other exempt purpose expenditures .....															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</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> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
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>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....															
<b>h</b> Subtract line 1g from line 1a. Enter -0- if line g is more than line a .....															
<b>i</b> Subtract line 1f from line 1c. Enter -0- if line f is more than line c .....															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**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 2a through 2f of the instructions.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2a</b> Lobbying non-taxable amount	0.	0.	0.		
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures	0.	0.	0.		
<b>d</b> Grassroots non-taxable amount	0.	0.	0.		
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures	0.	0.	0.		

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		554.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? .....		X	
<b>i</b> Other activities? If "Yes," describe in Part IV .....	X		134.
<b>j</b> Total lines 1c through 1i .....			688.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year? .....	3	

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details.

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) .....	5	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

**PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:**

**MILEAGE AND MEALS**

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**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

GOD'S PANTRY FOOD BANK, INC.

Employer identification number

31-0979404

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

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

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

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

Preservation of land for public use (e.g., recreation or pleasure)       Preservation of an historically important land area

Protection of natural habitat       Preservation of certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? .....  Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

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

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

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

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

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

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

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

- 3** Using the organization's 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 Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	136,347.				
<b>b</b> Contributions .....					
<b>c</b> Investment earnings or losses .....	-22,319.				
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....	17,907.				
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....	96,121.				

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment ▶ 16.78 %
  - b** Permanent endowment ▶ 83.22 %
  - 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                                  |
|--|--------------------------|-------------------------------------|
| <b>(i)</b> unrelated organizations ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> related organizations .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land .....		130,332.		130,332.
<b>b</b> Buildings .....		1,907,284.	644,821.	1,262,463.
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		1,391,057.	971,002.	420,055.
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,812,850.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products .....		
Closely-held equity interests .....		
Other .....		
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>Total.</b> (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	

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

(a) Description of liability	(b) Amount	
Federal income taxes		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶		

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.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,459,292.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,781,554.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	677,738.
4	Net unrealized gains (losses) on investments	4	-28,578.
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 4-8	9	-28,578.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	649,160.

**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	19,687,438.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-28,578.
b	Donated services and use of facilities	2b	256,724.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	228,146.
3	Subtract line 2e from line 1	3	19,459,292.
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 should equal Form 990, Part I, line 12.)	5	19,459,292.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	19,038,278.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	256,724.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	256,724.
3	Subtract line 2e from line 1	3	18,781,554.
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 should equal Form 990, Part I, line 18.)	5	18,781,554.

**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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART V, LINE 4: ENDOWMENT INCOME IS MADE AVAILABLE ACCORDING TO THE TERMS OF THE RESPECTIVE ENDOWMENT GIFT AND FOR OPERATIONS TO FURTHER OUR EXEMPT PURPOSE.**



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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		TASTE OF THE BLUEGRASS (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	126,334.			126,334.
	<b>2</b> Less: Charitable contributions .....				
	<b>3</b> Gross revenue (line 1 minus line 2) .....	126,334.			126,334.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Non-cash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Other direct expenses .....	26,090.			26,090.
	<b>8</b> Direct expense summary. Add lines 4 through 7 in column (d) .....				( 26,090.)
	<b>9</b> Net income summary. Combine lines 3 and 8 in column (d) .....				100,244.

**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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Non-cash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
	<b>8</b> Net gaming income summary. Combine lines 1 and 7 in column (d) .....				

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

**13** Indicate the percentage of gaming activity operated in:

<b>a</b> The organization's facility .....	<b>13a</b>	%
<b>b</b> An outside facility .....	<b>13b</b>	%

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

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....

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

**c** If "Yes," enter name and address:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....

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

	Yes	No
<b>13a</b>		
<b>13b</b>		
<b>14</b>		
<b>15a</b>		
<b>16</b>		
<b>17a</b>		

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

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

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

Name of the organization  
**GOD'S PANTRY FOOD BANK, INC.**

Employer identification number  
**31-0979404**

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMEN HOUSE, S.U.M. P.O. BOX 211 GEORGETOWN, KY 40324			0.	31,184.	FMV	FOOD	REDUCE HUNGER
AMERICA'S 2ND HRVST KY HRTLAND 1685 JAGGIE FOX WAY LEXINGTON, KY 40511			0.	10,575.	FMV	FOOD	REDUCE HUNGER
APPALACHIA REACH OUT HC 68 BOX 150 INEZ, KY 41224			0.	34,972.	FMV	FOOD	REDUCE HUNGER
ARK OF MERCY FOOD PANTRY 240 WINN AVENUE WINCHESTER, KY 40391			0.	171,346.	FMV	FOOD	REDUCE HUNGER
ARK OF MERCY SOUP KITCHEN 240 WINN AVENUE WINCHESTER, KY 40391			0.	34,301.	FMV	FOOD	REDUCE HUNGER
AUXIER FOOD PANTRY PO BOX 135 AUXIER, KY 41602			0.	30,139.	FMV	FOOD	REDUCE HUNGER

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

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

Schedule I (Form 990) 2008

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

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

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: COMMODITIES RECEIVED UNDER TEFAP ARE DESIGNATED FOR NON-PROFIT AGENCIES SERVING LOW-INCOME FAMILIES AND INDIVIDUALS THROUGH THEIR EMERGENCY MEAL AND PANTRY PROGRAMS. GOD'S PANTRY IS COMPENSATED FOR THE DISTRIBUTION BASED ON THE NUMBER OF POUNDS OF FOOD DISTRIBUTED OR THE NUMBER OF RECIPIENTS SERVED.

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

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
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OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**GOD'S PANTRY FOOD BANK, INC.**

Employer identification number

**31-0979404**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEAR PEN ABIDING HOPE PANTRY PO BOX 426 CAMPTON, KY 41301			0.	214,985.	FMV	FOOD	REDUCE HUNGER
BEREA BAPTIST CHURCH 310 CHESTNUT STREET BEREA, KY 40403			0.	17,700.	FMV	FOOD	REDUCE HUNGER
BEREA COMMUNITY FOOD BANK 103 PARKWAY AVE. BEREA, KY 40403			0.	43,699.	FMV	FOOD	REDUCE HUNGER
BEREA FOURSQUARE-ROL 104 JOHN STREET BEREA, KY 40403			0.	67,538.	FMV	FOOD	REDUCE HUNGER
BETHANY HOUSE CHRISTIAN CENTER PO BOX 599 OLIVE HILL, KY 41164			0.	37,391.	FMV	FOOD	REDUCE HUNGER
BETHEL MENNONITE CAMP 1773 BETHEL ROAD CLAYHOLE, KY 41317			0.	5,581.	FMV	FOOD	REDUCE HUNGER
BETSY LAYNE SENIORS PO BOX 88 BETSY LAYNE, KY 41605			0.	24,064.	FMV	FOOD	REDUCE HUNGER
BG DOMESTIC VIOLENCE PROGRAM 4400 BRIAR HILL ROAD LEXINGTON, KY 40516			0.	23,510.	FMV	FOOD	REDUCE HUNGER

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

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

Department of the Treasury  
Internal Revenue Service

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUEBANK CHURCH MINISTRY 2601 BLUEBANK ROAD MOREHEAD, KY 40351			0.	67,267.	FMV	FOOD	REDUCE HUNGER
BLUEGRASS PERSONAL CARE HOME 627 WEST 4TH STREET LEXINGTON, KY 40508			0.	8,173.	FMV	FOOD	REDUCE HUNGER
BOB BROWN HOUSING 507 ROGERS ROAD LEXINGTON, KY 40505			0.	24,706.	FMV	FOOD	REDUCE HUNGER
BOND BAPTIST FOOD PANTRY P.O. BOX 520 ANNVILLE, KY 40402			0.	8,788.	FMV	FOOD	REDUCE HUNGER
BOURBON COUNTY COMP CARE ACCT 269 EAST MAIN STREET PARIS, KY 40361			0.	8,581.	FMV	FOOD	REDUCE HUNGER
BREAD OF LIFE BOX 418 BETSY LAYNE, KY 41604			0.	65,140.	FMV	FOOD	REDUCE HUNGER
BREAD OF LIFE OUTREACH JOHNSON 7840 KY ROUTE 40W OIL SPRINGS, KY 41238			0.	17,792.	FMV	FOOD	REDUCE HUNGER
BREAD OF LIFE OUTREACH JOHNSON 7840 KY ROUTE 40W OIL SPRINGS, KY 41238			0.	104,935.	FMV	FOOD	REDUCE HUNGER

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(Form 990)**

Department of the Treasury  
Internal Revenue Service

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAD OF LIFE OUTREACH MAGOPIN 7840 KY ROUTE 40W OIL SPRINGS , KY 41238			0.	44,945.	FMV	FOOD	REDUCE HUNGER
BROOKSVILLE BAPTIST FOODPANTRY P.O. BOX 126 BROOKSVILLE, KY 41004			0.	33,507.	FMV	FOOD	REDUCE HUNGER
BUCKHORN CHILDREN & FAMILY SVC 116 BUCKHORN LANE BUCKHORN, KY 41721			0.	95,812.	FMV	FOOD	REDUCE HUNGER
BURNSIDE YOUTH CAMP 2064 NELSON VALLEY ROAD SCIENCE HILL, KY 42553			0.	10,711.	FMV	FOOD	REDUCE HUNGER
CALVARY BAPTIST FOOD PANTRY 416 PELHAM STREET MAYSVILLE, KY 41056			0.	19,898.	FMV	FOOD	REDUCE HUNGER
CANEY BAPTIST MISSION 4744 HWY 899 PIPPA PASSES, KY 41844			0.	17,663.	FMV	FOOD	REDUCE HUNGER
CAP-BIG SANDY FAMILY ABUSE CTR PO BOX 1297 PRESTONSBURG, KY 41653			0.	5,479.	FMV	FOOD	REDUCE HUNGER
CAP-FAMILY ADVOCACY MT VERNON 495 WAYNES STREET MT. VERNON, KY 40456			0.	23,758.	FMV	FOOD	REDUCE HUNGER

**2** Enter total number of Section 501(c)(3) and government organizations ..... **▶**

**3** Enter total number of other organizations ..... **▶**

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(Form 990)**

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAP-FAMILY LIFE ABUSE CENTER PO BOX 674 MT. VERNON, KY 40456			0.	8,518.	FMV	FOOD	REDUCE HUNGER
CAP-GRATEFUL BREAD FOOD PANTRY 495 WILLIAMS STREET MOUNT VERNON, KY 40456			0.	92,036.	FMV	FOOD	REDUCE HUNGER
CAP-OUTREACH SERVICES FLOYD 14 HAPPY HOLLOW ROAD PRESTONSBURG, KY 41653			0.	10,715.	FMV	FOOD	REDUCE HUNGER
CAP-SANDY VALLEY VOLUNTEER PGM PO BOX 459 HAGERHILL, KY 41222			0.	12,455.	FMV	FOOD	REDUCE HUNGER
CARTER COUNTY CARES PO BOX 1139 GRAYSON, KY 41143			0.	10,025.	FMV	FOOD	REDUCE HUNGER
CARTER COUNTY MOBILE PANTRY 1685 JAGGIE FOX WAY LEXINGTON, KY 40511			0.	27,007.	FMV	FOOD	REDUCE HUNGER
CHAD'S HOPE 300 CHAD MCWORTER LANE MANCHESTER, KY 40962			0.	14,779.	FMV	FOOD	REDUCE HUNGER
CHRIST CATHEDRAL CHURCH OF GOD 1685 JAGGIE FOX WAY LEXINGTON, KY 40511			0.	64,633.	FMV	FOOD	REDUCE HUNGER

**2** Enter total number of Section 501(c)(3) and government organizations .....

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN COMMUNITY CENTER 283 KY 59 VANCEBURG, KY 41179			0.	20,177.	FMV	FOOD	REDUCE HUNGER
CHRISTIAN LIFE CENTER 108 S. MAIN ST HARRODSBURG, KY 40330			0.	9,111.	FMV	FOOD	REDUCE HUNGER
CHRISTIAN LIFE FOOD BANK P.O. BOX 818 BARBOURVILLE, KY 40906			0.	53,861.	FMV	FOOD	REDUCE HUNGER
CHRISTIAN LIFE SOUP KITCHEN P.O. BOX 818 BARBOURVILLE, KY 40906			0.	15,380.	FMV	FOOD	REDUCE HUNGER
CHRISTIAN SOCIAL SERVICES BATH 44 COYLE STREET OWINGSVILLE, KY 40360			0.	27,364.	FMV	FOOD	REDUCE HUNGER
CHRISTIAN SOCIAL SVCS ROWAN PO BOX 147 MOREHEAD, KY 40351			0.	36,355.	FMV	FOOD	REDUCE HUNGER
CHRIST'S HANDS FOOD PANTRY 112 RAILROAD STREET HARLAN, KY 40831			0.	66,359.	FMV	FOOD	REDUCE HUNGER
CHRIST'S HANDS SOUP KITCHEN 112 RAILROAD STREET HARLAN, KY 40831			0.	14,884.	FMV	FOOD	REDUCE HUNGER

**2** Enter total number of Section 501(c)(3) and government organizations .....

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

Department of the Treasury  
Internal Revenue Service

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARK COUNTY COMMUNITY SERVICE 30 TAYLOR LANE WINCHESTER, KY 40391			0.	253,758.	FMV	FOOD	REDUCE HUNGER
COLLEGE OF TECHNICAL EDUCATION 1165 CENTRE PARKWAY, STE 120 LEXINGTON, KY 40517			0.	299,581.	FMV	FOOD	REDUCE HUNGER
COME-UNITY COOPERATIVE CARE P.O. BOX 56 LONDON, KY 40743			0.	70,296.	FMV	FOOD	REDUCE HUNGER
COMMONWEALTH BAPTIST COLLEGE 3440 VERSAILLES ROAD LEXINGTON, KY 40513			0.	12,259.	FMV	FOOD	REDUCE HUNGER
COMMUNITY ACTION NICHOLAS COUN 149 SCRUB GRASS ROAD CARLISLE, KY 40311			0.	6,933.	FMV	FOOD	REDUCE HUNGER
COMMUNITY BAPTIST FOOD PANTRY 490 ELIHU CABIN HOLLOW ROAD SOMERSET, KY 42501			0.	40,344.	FMV	FOOD	REDUCE HUNGER
COMMUNITY FOOD PANTRY GRAYSON 287 POMEROY STREET GRAYSON, KY 41143			0.	28,477.	FMV	FOOD	REDUCE HUNGER
COMMUNITY FRIENDS OUTREACH 205 OTTER STREET DANVILLE, KY 40422			0.	21,663.	FMV	FOOD	REDUCE HUNGER

**2** Enter total number of Section 501(c)(3) and government organizations .....

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

Department of the Treasury  
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**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY OUTREACH CENTER 1 FAYETTE PROPERTIES 1C MANCHESTER, KY 40962			0.	88,351.	FMV	FOOD	REDUCE HUNGER
COMMUNITY SERVICE CENTER WILMO 335 E. MAIN STREET WILMORE, KY 40390			0.	21,175.	FMV	FOOD	REDUCE HUNGER
COOPERATIVE CHRISTIAN MINISTRY PO BOX 721 MIDDLESBORO, KY 40965			0.	39,290.	FMV	FOOD	REDUCE HUNGER
CORBIN COMMUNITY BACKPACK PRGM PO BOX 1891 CORBIN, KY 40702			0.	16,787.	FMV	FOOD	REDUCE HUNGER
CORBIN PRESBYTERIAN FOOD PANTR 601 MASTER STREET CORBIN, KY 40701			0.	68,266.	FMV	FOOD	REDUCE HUNGER
CUMBERLAND RIVER MH/MR BOARD PO BOX 568 CORBIN, KY 40702			0.	5,067.	FMV	FOOD	REDUCE HUNGER
CUMBERLAND RIVER MH/MR BOARD PO BOX 568 CORBIN, KY 40702			0.	5,079.	FMV	FOOD	REDUCE HUNGER
CUMBERLAND RIVER MH/MR BOARD PO BOX 568 CORBIN, KY 40702			0.	5,524.	FMV	FOOD	REDUCE HUNGER

**2** Enter total number of Section 501(c)(3) and government organizations .....

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

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
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**2008**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CUMBERLAND RIVER MH/MR BOARD PO BOX 568 CORBIN, KY 40702			0.	6,490.	FMV	FOOD	REDUCE HUNGER
CUMBERLAND RIVER MH/MR BOARD PO BOX 568 CORBIN, KY 40702			0.	7,069.	FMV	FOOD	REDUCE HUNGER
CUMBERLAND RIVER MH/MR BOARD PO BOX 568 CORBIN, KY 40702			0.	7,650.	FMV	FOOD	REDUCE HUNGER
CUMBERLAND RIVER MH/MR BOARD PO BOX 568 CORBIN, KY 40702			0.	12,726.	FMV	FOOD	REDUCE HUNGER
CUMBERLAND RIVER MH/MR BOARD PO BOX 568 CORBIN, KY 40702			0.	21,971.	FMV	FOOD	REDUCE HUNGER
DARE TO CARE FOOD BANK 1685 JAGGIE FOX WAY LEXINGTON, KY 40511			0.	6,318.	FMV	FOOD	REDUCE HUNGER
DAYSRING FOOD PANTRY HIGHWAY 460 FRENCHBURG, KY 40322			0.	97,476.	FMV	FOOD	REDUCE HUNGER
DESSIE SCOTT CHILDREN'S HOME PO BOX 717 CAMPTON, KY 41301			0.	39,256.	FMV	FOOD	REDUCE HUNGER

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

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

Department of the Treasury  
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DOUBLE SPRINGS FOOD PANTRY P.O. BOX 70 WAYNESBURG, KY 40489			0.	58,308.	FMV	FOOD	REDUCE HUNGER
EAST LETCHER MINISTRIES PO BOX 457 FLEMING-NEON, KY 41840			0.	201,182.	FMV	FOOD	REDUCE HUNGER
ECCO FOOD PANTRY 135 EMILY LANE EOLIA, KY 40826			0.	52,964.	FMV	FOOD	REDUCE HUNGER
ECM FOOD PANTRY PO BOX 1107 WILLIAMSBURG, KY 40769			0.	69,231.	FMV	FOOD	REDUCE HUNGER
ECM SOUP KITCHEN PO BOX 1107 WILLIAMSBURG, KY 40769			0.	25,289.	FMV	FOOD	REDUCE HUNGER
ELKHORN GRACE BAPTIST FEED 1161 RED MILE ROAD LEXINGTON, KY 40504			0.	84,949.	FMV	FOOD	REDUCE HUNGER
ELKHORN SENIOR CITIZENS PO BOX 366 ELKHORN CITY, KY 41522			0.	5,110.	FMV	FOOD	REDUCE HUNGER
ELLA'S OUTREACH 4322 CAMARGO ROAD MOUNT STERLING, KY 40353			0.	132,595.	FMV	FOOD	REDUCE HUNGER

**2** Enter total number of Section 501(c)(3) and government organizations .....

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

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
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OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**GOD'S PANTRY FOOD BANK, INC.**

Employer identification number

**31-0979404**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELLIOTT COUNTY CCCFP PO BOX 512 SANDY HOOK, KY 41171			0.	41,974.	FMV	FOOD	REDUCE HUNGER
ELLIOTT COUNTY MOBILE PANTRY 1685 JAGGIE FOX WAY LEXINGTON, KY 40511			0.	43,636.	FMV	FOOD	REDUCE HUNGER
ESTILL COUNTY MOBILE PANTRY 532 STACY LANE IRVINE, KY 40336			0.	24,220.	FMV	FOOD	REDUCE HUNGER
EUBANK WOODSTOCK FOOD MINISTRY P.O. BOX 145 EUBANK, KY 42567			0.	135,264.	FMV	FOOD	REDUCE HUNGER
EVARTS COG FOOD PANTRY PO BOX 367 EVARTS, KY 40828			0.	64,092.	FMV	FOOD	REDUCE HUNGER
EXTENDED HAND MINISTRY 9286 FLEMINGSBURG ROAD FLEMINSBURG, KY 41041			0.	66,672.	FMV	FOOD	REDUCE HUNGER
FAMILY CARE CENTER 1135 RED MILE PLACE LEXINGTON, KY 40504			0.	7,911.	FMV	FOOD	REDUCE HUNGER
FAMILY FIRST MINISTRIES 310 ROY CAMPBELL DRIVE BULAN, KY 41702			0.	42,039.	FMV	FOOD	REDUCE HUNGER

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FEED MY SHEEP PANTRY 5842 KY ROUTE 2030 HONAKER, KY 41603			0.	34,100.	FMV	FOOD	REDUCE HUNGER
FIRST BAPTIST CORBIN 401 N LAUREL CORBIN, KY 40701			0.	61,779.	FMV	FOOD	REDUCE HUNGER
FIRST BAPTIST WILLIAMSBURG 230 S 5TH STREET WILLIAMSBURG, KY 40769			0.	10,884.	FMV	FOOD	REDUCE HUNGER
FIRST CHRISTIAN BACKPACK PRGM 300 SOUTH MAIN STREET LAWRENCEBURG, KY 40342			0.	10,326.	FMV	FOOD	REDUCE HUNGER
FIRST CHURCH OF GOD 205 8TH STREET PAINSTVILLE, KY 41240			0.	210,752.	FMV	FOOD	REDUCE HUNGER
FISHES AND LOAVES FOOD PANTRY 562 UNIVERSITY DRIVE PRESTONSBURG, KY 41653			0.	17,493.	FMV	FOOD	REDUCE HUNGER
FITZPATRICK 1ST BAPTIST CHURCH PO BOX 410 PRESTONSBURG, KY 41653			0.	9,303.	FMV	FOOD	REDUCE HUNGER
FOUR C'S FOUNDATION FOR CHILDR PO BOX 114 LITTCARR, KY 41834			0.	9,592.	FMV	FOOD	REDUCE HUNGER

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FREEDOM WORSHIP CENTER P.O. BOX 1168 SOMERSET, KY 42502			0.	41,620.	FMV	FOOD	REDUCE HUNGER
GARRARD COUNTY FOOD PANTRY 308 W MAPLE AVENUE LANCASTER, KY 40444			0.	44,044.	FMV	FOOD	REDUCE HUNGER
GARRARD COUNTY MOBILE PANTRY 1685 JAGGIE FOX WAY LEXINGTON, KY 40511			0.	10,443.	FMV	FOOD	REDUCE HUNGER
GARRARD CTY PARTNERS FOR PROGR 219 DANVILLE STREET LANCASTER, KY 40444			0.	30,164.	FMV	FOOD	REDUCE HUNGER
GARRET CHURCH OF GOD FOOD BANK PO BOX 705 GARRETT, KY 41630			0.	196,709.	FMV	FOOD	REDUCE HUNGER
GATEWAY HOMELESS COALITION 695 FLEMINGSBURG ROAD MOREHEAD, KY 40390			0.	40,466.	FMV	FOOD	REDUCE HUNGER
GOD'S FOOD PANTRY SOMERSET 52 PUBLIC SQUARE SOMERSET, KY 42501			0.	199,410.	FMV	FOOD	REDUCE HUNGER
GOLDEN YEARS REST HOME PO BOX 867 JENKINS, KY 41537			0.	9,091.	FMV	FOOD	REDUCE HUNGER

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GRACE FELLOWSHIP COGOP 755 E COLLEGE STREET STANTON, KY 40380			0.	27,838.	FMV	FOOD	REDUCE HUNGER
GRACE NOW 110 SOUTH COLLINS STREET RICHMOND, KY 40475			0.	35,700.	FMV	FOOD	REDUCE HUNGER
GRACE ON THE HILL FOOD PANTRY 1632 CUMBERLAND FALLS HWY CORBIN, KY 40701			0.	186,866.	FMV	FOOD	REDUCE HUNGER
HANDFULS ON PURPOSE PO BOX 2535 PIKEVILLE, KY 41502			0.	39,757.	FMV	FOOD	REDUCE HUNGER
HARRISON SATELLITE PANTRY PRGM 1685 JAGGIE FOX WAY LEXINGTON, KY 40511			0.	68,007.	FMV	FOOD	REDUCE HUNGER
HART BAPTIST FEED THE NEED PO BOX 696 LONDON, KY 40743			0.	19,024.	FMV	FOOD	REDUCE HUNGER
HARVEST FAMILY FELLOWSHIP 621 SOUTH KEENELAND DRIVE RICHMOND, KY 40475			0.	22,529.	FMV	FOOD	REDUCE HUNGER
HARVEST TIME FOOD MINISTRY 634 OLD MONICELLO RD SOMERSET, KY 42503			0.	28,020.	FMV	FOOD	REDUCE HUNGER

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HARVEST TIME MINISTRIES 4957 MUDDY FORD ROAD GEORGETOWN, KY 40324			0.	159,224.	FMV	FOOD	REDUCE HUNGER
HEAVEN'S HARVEST PO BOX 394 MARTIN, KY 41649			0.	71,841.	FMV	FOOD	REDUCE HUNGER
HELP, INC. PO BOX 96 PHELPS, KY 41553			0.	156,802.	FMV	FOOD	REDUCE HUNGER
HELPING HAND YOUTH PROGRAMS PO BOX 1226 JACKSON, KY 41339			0.	5,579.	FMV	FOOD	REDUCE HUNGER
HELPING HANDS CORBIN FP 3021 CUMBERLAND FALLS HWY CORBIN, KY 40701			0.	234,050.	FMV	FOOD	REDUCE HUNGER
HELPING HANDS JACKSON PO BOX 1226 JACKSON, KY 41339			0.	107,269.	FMV	FOOD	REDUCE HUNGER
HENDERSON SETTLEMENT FOODBBOX P.O. BOX 205 FRAKES, KY 40940			0.	60,249.	FMV	FOOD	REDUCE HUNGER
HENDERSON SETTLEMENT KITCHEN P.O. BOX 205 FRAKES, KY 40940			0.	49,553.	FMV	FOOD	REDUCE HUNGER

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HIGH TOP FOOD PANTRY 1512 FIRE TRAIL ROAD JACKSON, KY 41339			0.	59,743.	FMV	FOOD	REDUCE HUNGER
HIGHLAND COMMUNITY FOOD BASKET PO BOX 1318 PAINTSVILLE, KY 41240			0.	106,481.	FMV	FOOD	REDUCE HUNGER
HOME MISSIONS OUTREACH PO BOX 2602 PIKEVILLE, KY 41502			0.	204,063.	FMV	FOOD	REDUCE HUNGER
HOPE CENTER FOR WOMEN 1524 VERSAILLES ROAD LEXINGTON, KY 40504			0.	14,997.	FMV	FOOD	REDUCE HUNGER
HOPE CENTER KITCHEN P.O. BOX 6 LEXINGTON, KY 40588			0.	126,186.	FMV	FOOD	REDUCE HUNGER
HOPE CENTER RECOVERY P.O. BOX 6 LEXINGTON, KY 40588			0.	81,071.	FMV	FOOD	REDUCE HUNGER
HOPE INC. 850 COLLINS HWY PIKEVILLE, KY 41501			0.	670,768.	FMV	FOOD	REDUCE HUNGER
HOPE MINISTRIES FOOD PANTRY 379 SOUTH MAIN STREET VERSAILLES, KY 40383			0.	63,054.	FMV	FOOD	REDUCE HUNGER

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HOPE MOBILE P.O. BOX 6 LEXINGTON, KY 40588			0.	38,323.	FMV	FOOD	REDUCE HUNGER
HOPE WILLIAMSON AREA PO BOX 305 BELFRY, KY 41514			0.	173,721.	FMV	FOOD	REDUCE HUNGER
HUNTINGTON AREA FOOD BANK 1685 JAGGIE FOX WAY LEXINGTON, KY 40511			0.	186,589.	FMV	FOOD	REDUCE HUNGER
INTEGRATED COMMUNITY MINSTRIES 4837 RATTLESNAKE RIDGE STEARNS, KY 42647			0.	55,134.	FMV	FOOD	REDUCE HUNGER
JACKSON COUNTY FOOD BANK 230 MCCAMMON RIDGE ROAD MCKEE, KY 40447			0.	49,762.	FMV	FOOD	REDUCE HUNGER
JACOB'S LADDER FOOD PANTRY PO BOX 434 ALLEN, KY 41601			0.	10,463.	FMV	FOOD	REDUCE HUNGER
JESSAMINE COUNTY FOOD PANTRY 104 SOUTH SECOND STREET NICHOLASVILLE, KY 40356			0.	92,458.	FMV	FOOD	REDUCE HUNGER
JOHNSON COUNTY SENIORS PO BOX 446 PAINTSVILLE, KY 41240			0.	5,900.	FMV	FOOD	REDUCE HUNGER

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KENTUCKY MEN OF INTEGRITY P.O. BOX 428 BEREA, KY 40403			0.	25,739.	FMV	FOOD	REDUCE HUNGER
KENTUCKY RIVER FOOTHILLS ESTIL 209 RIVERDRIVE IRVINE, KY 40336			0.	6,431.	FMV	FOOD	REDUCE HUNGER
KY MOUNTAIN BIBLE ONSITE PO BOX 1068 VANCLEVE, KY 41385			0.	13,745.	FMV	FOOD	REDUCE HUNGER
LA ROCA AFTERSCHOOL 1015 NORTH LIMESTONE STREET LEXINGTON, KY 40505			0.	40,469.	FMV	FOOD	REDUCE HUNGER
LEE COUNTY FRC CARING FOOD PO BOX L BEATTYVILLE, KY 41311			0.	5,335.	FMV	FOOD	REDUCE HUNGER
LENDING A HELPING HAND MNISTRY PO BOX 364 TOLLESBORO, KY 41189			0.	389,503.	FMV	FOOD	REDUCE HUNGER
LESLIE COUNTY FOOD PANTRY 22045 MAIN STREET #513 HYDEN, KY 41749			0.	24,677.	FMV	FOOD	REDUCE HUNGER
LETCHER COUNTY FOOD PANTRY PO BOX 416 WHITESBURG, KY 41858			0.	93,815.	FMV	FOOD	REDUCE HUNGER

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LEXINGTON UMC - SERVING ALL 1075 ASHGROVE ROAD NICHOLASVILLE, KY 40356			0.	25,227.	FMV	FOOD	REDUCE HUNGER
LICKING VALLEY COMMUNITY ACTN 203 HIGH STREET FLEMINGSBURG, KY 41041			0.	19,219.	FMV	FOOD	REDUCE HUNGER
LIFELINE FOUNDATION, INC. 309 PARK AVENUE SOMERSET, KY 42503			0.	5,305.	FMV	FOOD	REDUCE HUNGER
LIGHTHOUSE MISSION FOOD PANTRY PO BOX 511 PINEVILLE, KY 40977			0.	25,942.	FMV	FOOD	REDUCE HUNGER
LOTS CREEK COMMUNITY SCHOOL 5837 LOTS CREEK ROAD HAZARD, KY 41701			0.	64,962.	FMV	FOOD	REDUCE HUNGER
LOUISA/FT. GAY MINISTERIAL 275 BREEZE HEIGHTS LOUISA, KY 41230			0.	107,296.	FMV	FOOD	REDUCE HUNGER
MAGOFFIN COUNTY MOBILE PANTRY PO BOX 888 SALYERSVILLE, KY 41465			0.	29,114.	FMV	FOOD	REDUCE HUNGER
MAIN STREET BAPTIST MANOR 428 DARBY CREEK RD. LEXINGTON, KY 40509			0.	19,752.	FMV	FOOD	REDUCE HUNGER

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MARROWBONE SENIORS PO BOX 136 REGINIA, KY 41559			0.	13,567.	FMV	FOOD	REDUCE HUNGER
MARTIN AREA SENIORS PO BOX 398 MARTIN, KY 41649			0.	5,529.	FMV	FOOD	REDUCE HUNGER
MARTIN COUNTY MOBILE PANTRY 1685 JAGGIE FOX WAY LEXINGTON, KY 40511			0.	8,519.	FMV	FOOD	REDUCE HUNGER
MASH DROP INN 536 WEST THIRD STREET LEXINGTON, KY 40508			0.	8,539.	FMV	FOOD	REDUCE HUNGER
MCCC ADULT DAY TRAINING 40 GREENHOUSE LANE PRESTONSBURG, KY 41653			0.	26,328.	FMV	FOOD	REDUCE HUNGER
MCCC SHELBY VALLEY ADT 160 DOUGLAS PARK PIKEVILLE, KY 41501			0.	21,764.	FMV	FOOD	REDUCE HUNGER
MCCREARY CHRISTIAN CNTR NORTH PO BOX 363 WHITLEY CITY, KY 42653			0.	184,809.	FMV	FOOD	REDUCE HUNGER
METHODIST HOME OF KENTUCKY 2050 LEXINGTON PIKE VERSAILLES, KY 40383			0.	12,521.	FMV	FOOD	REDUCE HUNGER

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MIDDLE CREEK COMMUNITY PANTRY 8721 STATE ROAD FORK PRESTONSBURG , KY 41653			0.	9,269.	FMV	FOOD	REDUCE HUNGER
MKCAP LEE COUNTY FOOD PANTRY 1970 OLD HWY 11 NORTH BEATTYVILLE, KY 41311			0.	21,658.	FMV	FOOD	REDUCE HUNGER
MORE THAN ENOUGH MINISTRIES PO BOX 1583 STANTON, KY 41339			0.	49,696.	FMV	FOOD	REDUCE HUNGER
MOUNT CARMEL SCHOOL PO BOX 2 VANCLEVE, KY 41385			0.	22,127.	FMV	FOOD	REDUCE HUNGER
MOUNTAIN COMP CARE MARTIN TRP BOX 1056 MARTIN, KY 41649			0.	29,126.	FMV	FOOD	REDUCE HUNGER
MOUNTAIN COMPCARE LAYNE 1416 S LAKE DRIVE PRESTONSBURG, KY 41653			0.	11,328.	FMV	FOOD	REDUCE HUNGER
MOUNTAIN COMPCARE RESIDENTIAL 104 S FRONT PRESTONSBURG, KY 41653			0.	23,194.	FMV	FOOD	REDUCE HUNGER
MOVEABLE FEAST LEXINGTON, INC P.O. BOX 367 LEXINGTON, KY 40588			0.	18,414.	FMV	FOOD	REDUCE HUNGER

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MUD CREEK CLINIC P.O. BOX 129 GRETHEL, KY 41631			0.	19,570.	FMV	FOOD	REDUCE HUNGER
MUD CREEK SENIORS 5420 KY ROUTE 680 GRETHEL, KY 41631			0.	6,377.	FMV	FOOD	REDUCE HUNGER
NEW HOPE FOOD PANTRY PO BOX 1068 HAZARD, KY 41702			0.	28,715.	FMV	FOOD	REDUCE HUNGER
NEW SALEM BAPTIST FOOD PANTRY PO BOX 275 LONDON, KY 40743			0.	27,722.	FMV	FOOD	REDUCE HUNGER
NORTHEAST KENTUCKY CAA PANTRY PO BOX U OLIVE HILL, KY 41164			0.	8,595.	FMV	FOOD	REDUCE HUNGER
OAKDALE CHRISTIAN HIGH SCHOOL 5801 BEATTYVILLE ROAD JACKSON, KY 41339			0.	12,353.	FMV	FOOD	REDUCE HUNGER
OMAHA BIBLE CHURCH FOOD PANTRY 7340 HWY 582 PINE TOP, KY 41843			0.	94,401.	FMV	FOOD	REDUCE HUNGER
OPEN HANDS COMMUNITY PANTRY 1581 CLIFTON ROAD LAWRENCEBURG, KY 40342			0.	36,844.	FMV	FOOD	REDUCE HUNGER

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

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

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**GOD'S PANTRY FOOD BANK, INC.**

Employer identification number

**31-0979404**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION EAT JUBILEE CHRISTIA 1978 SOUTH MAYO TRAIL PIKEVILLE, KY 41501			0.	59,253.	FMV	FOOD	REDUCE HUNGER
OWSLEY COUNTY FOOD PLACE P.O. BOX 835 BOONEVILLE, KY 41314			0.	54,717.	FMV	FOOD	REDUCE HUNGER
OWSLEY COUNTY OUTREACH CORP 680 MORRIS FORK RD BOONEVILLE, KY 41314			0.	7,980.	FMV	FOOD	REDUCE HUNGER
PARIS CHURCH OF CHRIST 1923 SOUTH MAIN STREET PARIS, KY 40361			0.	60,489.	FMV	FOOD	REDUCE HUNGER
PATHWAYS INC. ROWAN COUNTY 321 E MAIN STREET MOREHEAD, KY 40351			0.	11,125.	FMV	FOOD	REDUCE HUNGER
PATHWAYS WALKER HOUSE 411 BISHOPS MOREHEAD, KY 40351			0.	9,327.	FMV	FOOD	REDUCE HUNGER
PHELPS SENIORS PO BOX 358 FREEBURN, KY 41528			0.	22,446.	FMV	FOOD	REDUCE HUNGER
PIONEER HOUSE ACCOUNT 325 PROFESSIONAL DRIVE WINCHESTER, KY 40391			0.	21,503.	FMV	FOOD	REDUCE HUNGER

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

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

Department of the Treasury  
Internal Revenue Service

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POWELL COUNTY FOOD PANTRY 420 N MAIN STREET STANTON, KY 40380			0.	121,533.	FMV	FOOD	REDUCE HUNGER
PRIVETT CENTER 250 WEST LOUDON LEXINGTON, KY 40508			0.	52,039.	FMV	FOOD	REDUCE HUNGER
PROJECT WORTH & OUTREACH PO BOX 28 MEANS, KY 40346			0.	22,001.	FMV	FOOD	REDUCE HUNGER
RAINBOW HOUSE HARRODSBURG P.O. BOX 516 LAWRENCEBURG, KY 40342			0.	10,521.	FMV	FOOD	REDUCE HUNGER
RAINBOW HOUSE-LAWRENCEBURG 222 EAST LEXINGTON STREET HARRODSBURG, KY 40330			0.	7,696.	FMV	FOOD	REDUCE HUNGER
RED BIRD MISSION, INC. 70 QUESNSDALE CENTER BEVERLY, KY 40913			0.	20,623.	FMV	FOOD	REDUCE HUNGER
RIVER OF LIFE MINISTRIES 829 CLINTONVILLE ROAD PARIS, KY 40361			0.	38,492.	FMV	FOOD	REDUCE HUNGER
ROBERTSON COUNTY FOOD PANTRY PO BOX 273 MT. OLIVET, KY 41064			0.	6,419.	FMV	FOOD	REDUCE HUNGER

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

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

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
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OMB No. 1545-0047

**2008**

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Name of the organization

**GOD'S PANTRY FOOD BANK, INC.**

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**31-0979404**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT LUKE CATHOLIC CHURCH 1221 PARKWAY DRIVE SALYERSVILLE, KY 41465			0.	10,277.	FMV	FOOD	REDUCE HUNGER
SAINT STEPHEN OUTREACH 306 CENTRAL STREET CUMBERLAND, KY 40823			0.	129,605.	FMV	FOOD	REDUCE HUNGER
SAINT VINCENT MISSION PO BOX 232 DAVID, KY 41616			0.	28,730.	FMV	FOOD	REDUCE HUNGER
SALTICK FOOD PANTRY 1499 HWY 2029 HUEYSVILLE, KY 41640			0.	65,011.	FMV	FOOD	REDUCE HUNGER
SALVATION ARMY MDLSBORO PANTRY PO BOX 148 MIDDLESBORO, KY 40965			0.	5,350.	FMV	FOOD	REDUCE HUNGER
SALVATION ARMY PAINTSVILLE 332 MAIN STREET PAINTSVILLE, KY 41240			0.	26,506.	FMV	FOOD	REDUCE HUNGER
SAND GAP FOOD PANTRY PO BOX 363 SAND GAP, KY 40481			0.	49,460.	FMV	FOOD	REDUCE HUNGER
SERVING THROUGH FAITH 1105 MAIN STREET JACKSON, KY 41339			0.	23,388.	FMV	FOOD	REDUCE HUNGER

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

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

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
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OMB No. 1545-0047

**2008**

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Name of the organization

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Employer identification number

**31-0979404**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEWELL CENTER 3826 HWY 15 SOUTH JACKSON, KY 41339			0.	19,001.	FMV	FOOD	REDUCE HUNGER
SHEPHERD'S PANTRY, INC. PO BOX 788 LYNCH, KY 40855			0.	154,858.	FMV	FOOD	REDUCE HUNGER
SOMERSET CHRISTIAN FELLOWSHIP 301 CHERRY LANE SOMERSET, KY 42501			0.	7,810.	FMV	FOOD	REDUCE HUNGER
SOUTHERN BLUEGRASS COMP CARE 100 TYLER LANE IRVINE, KY 40336			0.	6,175.	FMV	FOOD	REDUCE HUNGER
SOUTHWOOD TRP 650 HIGH STREET DANVILLE, KY 40422			0.	15,393.	FMV	FOOD	REDUCE HUNGER
SPECIAL DISBURSEMENT 1685 JAGGIE FOX WAY LEXINGTON, KY 40511			0.	5,115.	FMV	FOOD	REDUCE HUNGER
ST. VINCENT DE PAUL WINCHESTER 248 SOUTH MAIN STREET WINCHESTER, KY 40391			0.	31,663.	FMV	FOOD	REDUCE HUNGER
ST. VINCENT DE PAUL-FRANKFORT 310 WAPPING STREET FRANKFORT, KY 40601			0.	18,065.	FMV	FOOD	REDUCE HUNGER

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

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

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**GOD'S PANTRY FOOD BANK, INC.**

Employer identification number

**31-0979404**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THANKFUL HEARTS FOOD PANTRY PO BOX 118 RACCOON, KY 41557			0.	264,373.	FMV	FOOD	REDUCE HUNGER
THE LIGHTHOUSE MINISTRIES, INC 185 ELM TREE LANE LEXINGTON, KY 40507			0.	30,017.	FMV	FOOD	REDUCE HUNGER
THE ROCK LA ROCA 1015 NORTH LIMESTONE STREET LEXINGTON, KY 40505			0.	27,043.	FMV	FOOD	REDUCE HUNGER
TRI-COUNTY SALVATION ARMY 5420 KENTUCKY ROUTE 680 GRETHEL, KY 41631			0.	12,265.	FMV	FOOD	REDUCE HUNGER
TWIN ROCKS BIBLE CAMP 3924 MIDDLE FORK MACES VIPER, KY 41774			0.	12,640.	FMV	FOOD	REDUCE HUNGER
VICTORY TABERNACLE FOOD PANTRY 138 S BROADWAY GEORGETOWN, KY 40324			0.	18,703.	FMV	FOOD	REDUCE HUNGER
WE CARE FOOD PANTRY 37 SKYLARK ROAD CORBIN, KY 40701			0.	14,260.	FMV	FOOD	REDUCE HUNGER
WECEP OF LEXINGTON, INC. 498 GEORGETOWN STREET LEXINGTON, KY 40508			0.	8,133.	FMV	FOOD	REDUCE HUNGER

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

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

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

Name of the organization

**GOD'S PANTRY FOOD BANK, INC.**

Employer identification number

**31-0979404**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WECEP OF LEXINGTON, INC. 498 GEORGETOWN STREET LEXINGTON, KY 40508			0.	10,489.	FMV	FOOD	REDUCE HUNGER
WEST FRANKLIN FIRST CHURCH GOD 1520D HAWKEEGEN CENTER FRANKFORT, KY 40601			0.	10,632.	FMV	FOOD	REDUCE HUNGER
WESTCARE KENTUCKY ASHCAMP 10057 EKHORN CREEK ASHCAMP, KY 41512			0.	22,397.	FMV	FOOD	REDUCE HUNGER
WESTCARE/ESTILL COUNTY PANTRY 285 MOUNTAIN CREST IRVINE, KY 40336			0.	36,198.	FMV	FOOD	REDUCE HUNGER
WILMORE DAY CARE 190 SPRING STREET WILMORE, KY 40390			0.	9,513.	FMV	FOOD	REDUCE HUNGER
YOUTH INVESTMENT KRFDK 209 RIVER DRIVE IRVINE, KY 40336			0.	22,977.	FMV	FOOD	REDUCE HUNGER

**2** Enter total number of Section 501(c)(3) and government organizations .....

**3** Enter total number of other organizations .....

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization <b>GOD 'S PANTRY FOOD BANK, INC.</b>	Employer identification number <b>31-0979404</b>
--	---

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</b> If line 1a is 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 .....	<b>1b</b>									
<b>2</b> 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? .....	<b>2</b>	<b>X</b>								
<p><b>3</b> 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.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a:										
<b>a</b> Receive a severance payment or change of control payment? .....	<b>4a</b>	<b>X</b>								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.</b>										
<b>5</b> 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:										
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>								
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>								
If "Yes," to line 5a or 5b, describe in Part III.										
<b>6</b> 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:										
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>								
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>								
If "Yes" to line 6a or 6b, describe in Part III.										
<b>7</b> 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 .....	<b>7</b>	<b>X</b>								
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>								

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

Schedule J (Form 990) 2008



**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization

**GOD'S PANTRY FOOD BANK, INC.**

Employer identification number

**31-0979404**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....	X	1	84,457	FMV
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	1,541	15,449,911	FMV
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( ) .....				
26 Other ▶ ( ) .....				
27 Other ▶ ( ) .....				
28 Other ▶ ( ) .....				

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

**29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....
- b If "Yes," describe in Part II.
- 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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Schedule M (Form 990) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

GOD'S PANTRY FOOD BANK, INC.

Employer identification number

31-0979404

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF GOD'S PANTRY FOOD BANK IS TO REDUCE HUNGER IN KENTUCKY THROUGH COMMUNITY COOPERATION MAKING THE BEST POSSIBLE USE OF ALL AVAILABLE RESOURCES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SHARING THANKSGIVING PROGRAM IS A BOX OF SUPPLIES TO PREPARE A THANKSGIVING DINNER, ALONG WITH A TURKEY, EGGS AND BUTTER. FISCAL YEAR 10 WE DISTRIBUTED THANKSGIVING BOXES TO APPROXIMATELY 4,100 HOUSEHOLDS IN LEXINGTON. ALL HOUSEHOLDS MUST BE REFERRED TO US BY A SOCIAL SERVICE AGENCY.

EXPENSES \$ 90000. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 10: A COPY WILL BE SENT TO ALL BOARD MEMBERS FOR THEIR REVIEW PRIOR TO OUR JANUARY BOARD MEETING. BLUE & CO., LLC WILL PRESENT 990 TO FULL BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL REVIEW

FORM 990, PART VI, SECTION B, LINE 15: BOARD OVERVIEW OF WRITTEN, ANNUAL, PERFORMANCE BASED REVIEW. MAXIMUM RAISE PREDETERMINED BY BOARD WHEN THEY APPROVE THE BUDGET.

FORM 990, PART VI, SECTION C, LINE 19: ON 990 WEBSITE AND UPON REQUEST

FORM 990 PART XI LINE 2C

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

GOD'S PANTRY FOOD BANK, INC.

Employer identification number

31-0979404

**PROCESS OF AUDIT FIRM SELECTION**

THE SELECTION OF THE FIRM CONDUCTING THE AUDIT IS HANDLED BY RFP AS WELL AS PRESENTATIONS TO THE FINANCE COMMITTEE. THE FINANCE DIRECTOR IS RESPONSIBLE FOR SCHEDULING AND OVERSEEING ALL ASPECTS OF THE AUDIT. THE FD COORDINATES WITH OTHER DEPARMENTS AS NECESSARY. A DRAFT OF THE AUDIT IS SENT TO THE CEO, BOARD PRESIDENT, BOARD VICE PRESIDENT, AND THE BOARD TREASURER FOR THEIR REVIEW.

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

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

Name(s) shown on return: **GOD'S PANTRY FOOD BANK, INC.**  
 Business or activity to which this form relates: **FORM 990 PAGE 10**  
 Identifying number: **31-0979404**

**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	250,000.
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	800,000.
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 2007 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 2009. 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 depreciation for qualified 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	134,633.

**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 2008	17	28,979.
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 2008 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						
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 2008 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	163,612.
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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed 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: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

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.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and availability questions.

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.

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy and use questions.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (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 2008 tax year: Table with 6 columns for amortization details.

43 Amortization of costs that began before your 2008 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

► **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).

A corporation 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 a corporation 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. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization <b>GOD'S PANTRY FOOD BANK, INC.</b>	Employer identification number <b>31-0979404</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1685 JAGGIE FOX WAY</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LEXINGTON, KY 40511</b>	

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

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**MARIAN F GUINN - GOD'S PANTRY FOOD BANK, INC.**

• The books are in the care of ► **1685 JAGGIE FOX WAY - LEXINGTON, KY 40511**

Telephone No. ► **859-255-6592** FAX No. ► \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year \_\_\_\_\_ or  
 ►  tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

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

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>N/A</b>

**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.