

Return of Organization Exempt From Income Tax

2006

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning, 2006, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: HUNTINGTON AREA FOOD BANK, INC. D Employer Identification Number: 55-0625915 E Telephone number: (304) 523-6029 F Accounting method: Accrual

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

H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check if the organization is not required to attach Schedule B

G Web site: WWW.HAFB.ORG

J Organization type (check only one) 501(c) 3

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 3,296,207.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Total. Includes sections for Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit), Net assets, and Net assets at end of year.

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch) See L-25a Stmt	25a	38,569.	0.	32,784.	5,785.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	120,133.	63,863.	54,298.	1,972.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	15,803.	9,169.	6,611.	23.
29 Payroll taxes	29	14,289.	5,871.	7,778.	640.
30 Professional fundraising fees	30				
31 Accounting fees	31	2,050.	0.	2,050.	0.
32 Legal fees	32				
33 Supplies	33	2,929,180.	2,915,882.	13,298.	0.
34 Telephone	34	7,724.	2,207.	5,517.	0.
35 Postage and shipping	35	41,936.	38,925.	2,461.	550.
36 Occupancy	36	27,537.	25,616.	1,921.	0.
37 Equipment rental and maintenance	37	2,770.	2,770.	0.	0.
38 Printing and publications	38				
39 Travel	39	1,588.	0.	1,588.	0.
40 Conferences, conventions, and meetings	40				
41 Interest	41	6,341.	5,899.	442.	0.
42 Depreciation, depletion, etc (attach schedule)	42	19,609.	16,678.	2,931.	0.
43 Other expenses not covered above (itemize):					
a <u>INSURANCE</u>	43a	12,852.	12,744.	108.	0.
b <u>ADVERTISING</u>	43b	2,387.	0.	1,942.	445.
c <u>ASSOCIATION FEES & DUES</u>	43c	8,613.	0.	8,613.	0.
d <u>VEHICLE</u>	43d	17,418.	17,418.	0.	0.
e <u>CONTRACT SERVICES</u>	43e	17,170.	17,170.	0.	0.
f <u>OTHER</u>	43f	1,087.	600.	487.	0.
g <u>SPECIAL EVENTS</u>	43g	17,294.	0.	0.	17,294.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	3,304,350.	3,134,812.	142,829.	26,709.

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

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

Part III Statement of Program Service Accomplishments

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

What is the organization's primary exempt purpose? PROVIDE FOOD TO NEEDY INDIVIDUALS All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a COLLECTION, WAREHOUSING & DISTRIBUTION OF FOOD TO OTHER AGENCIES THAT PROVIDE THE FOOD TO NEEDY INDIVIDUALS. 1,258,524 POUNDS OF FOOD DISTRIBUTED. _____ _____ _____ (Grants and allocations \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	3,134,812.
b _____ _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
c _____ _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d _____ _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) _____	3,134,812.

BAA

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year	(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			
ASSETS	45 Cash — non-interest-bearing		45 80,187.
	46 Savings and temporary cash investments	206,558.	46 100,544.
	47a Accounts receivable	47a 4,084.	
	b Less: allowance for doubtful accounts	47b	47c 4,084.
	48a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49 14,558.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b
	51a Other notes and loans receivable (attach schedule)	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use	42,670.	52 36,282.
	53 Prepaid expenses and deferred charges	1,455.	53 7,866.
	54a Investments — publicly-traded securities .. L-54a Stmt ▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	8,893.	54a 9,154.
	b Investments — other securities (attach sch) .. ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55a Investments — land, buildings, & equipment: basis .. 55a		
	b Less: accumulated depreciation (attach schedule) .. 55b		55c
	56 Investments — other (attach schedule)		56
	57a Land, buildings, and equipment: basis	57a 636,116.	
b Less: accumulated depreciation (attach schedule) .. L-57 Stmt .. 57b 162,811.	448,892.	57c 473,305.	
58 Other assets, including program-related investments (describe ▶ _____) ..		58	
59 Total assets (must equal line 74). Add lines 45 through 58	708,468.	59 725,980.	
LIABILITIES	60 Accounts payable and accrued expenses	3,401.	60 26,512.
	61 Grants payable		61
	62 Deferred revenue		62 5,000.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63
	64a Tax-exempt bond liabilities (attach schedule)		64a
	b Mortgages and other notes payable (attach schedule)	96,574.	64b 82,611.
	65 Other liabilities (describe ▶ .. CAPITAL LEASE OBLIGATION ..) ..		65 4,750.
66 Total liabilities. Add lines 60 through 65	99,975.	66 118,873.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	608,493.	67 607,107.
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	608,493.	73 607,107.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	708,468.	74 725,980.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	3,296,207.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	3,296,207.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	3,296,207.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	3,304,350.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	3,304,350.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	3,304,350.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
JON H. RICKEY 7131 HICKORY HILL DRIVE ASHLAND, KY 41102	EXEC DIRECTOR 40	32,060.	6,509.	0.
SEE ATTACHED SCHEDULE	1	0.	0.	0.

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82 b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85 c	N/A	
d	Section 162(e) lobbying and political expenditures 85 d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85 e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85 f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86 a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities 86 b	N/A	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87 a	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87 b	N/A	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI ▶ 88 b		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? ...		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		N/A
90 a	List the states with which a copy of this return is filed ▶ WV		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 90 b		8
91 a	The books are in care of ▶ LINDA PENNINGTON Telephone number ▶ (304) 523-6029 Located at ▶ 1327 7TH AVENUE ZIP + 4 ▶ 25701-2903		
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
	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.		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c Yes No
 If 'Yes,' enter the name of the foreign country _____
 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a FOOD SERVICE FEES					169,813.
b UNITED WAY SERVICES					30,000.
c DEER PROCESSING					17,170.
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	3,737.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				3,737.	216,983.
105 Total (add line 104, columns (B), (D), and (E))					220,720.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	AGENCIES ARE CHARGED A FEE PER POUND FOR FOOD ITEMS THEY RECEIVE TO HELP COVER WAREHOUSING AND DISTRIBUTION COSTS.
93b	FEE FOR WAREHOUSING & DISTRIBUTION OF FOOD PRODUCTS.
	See Relationship of Activities to the Accomplishment of Exempt Purposes Statement

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

N/A

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

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

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

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

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

N/A

Yes	No

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

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

Yes	No

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

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

Yes	No

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

Please Sign Here

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

Signature of officer _____ Date _____

Type or print name and title. _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN (See General Instruction W) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 WARE & HALL, PLLC
PO BOX 819
HUNTINGTON WV 25712-0819 EIN
Phone no. (304) 525-7202

BAA

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

Supplementary Information — (See separate instructions.)

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

OMB No. 1545-0047

2006

Name of the organization HUNTINGTON AREA FOOD BANK, INC.	Employer identification number 55-0625915
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	NONE			

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

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

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

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

Part III Statements About Activities (See instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <i>See Part V, Form 990</i>	X	
e	Transfer of any part of its income or assets?		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
3b	Did the organization have a section 403(b) annuity plan for its employees?	X	
3c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		X
3d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g		X
4b	Did the organization make any taxable distributions under section 4966?		
4c	Did the organization make a distribution to a donor, donor advisor, or related person?		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . ▶ _____		0

Part IV Reason for Non-Private Foundation Status (See instructions.)

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ -----
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

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

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

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) ...	189,815.	78,536.	113,494.	181,042.	562,887.
16 Membership fees received ...					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose ...	209,216.	245,088.	261,313.	285,810.	1,001,427.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 ...	117.	117.	584.	862.	1,680.
19 Net income from unrelated business activities not included in line 18 ...					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf ...					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge ...					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets ...					
23 Total of lines 15 through 22 ...	399,148.	323,741.	375,391.	467,714.	1,565,994.
24 Line 23 minus line 17 ...	189,932.	78,653.	114,078.	181,904.	564,567.
25 Enter 1% of line 23 ...	3,991.	3,237.	3,754.	4,677.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24 ... ▶					26a 11,291.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ... ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) ... ▶					26c 564,567.
d Add: Amounts from column (e) for lines: 18 1,680. 19 _____ 22 _____ 26b _____ ... ▶					26d 1,680.
e Public support (line 26c minus line 26d total) ... ▶					26e 562,887.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ... ▶					26f 99.70 %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ... ▶					27c
d Add: Line 27a total _____ and line 27b total _____ ... ▶					27d
e Public support (line 27c total minus line 27d total) ... ▶					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ... ▶					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ... ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ... ▶					27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
	d Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
	a Students' rights or privileges?		
	b Admissions policies?		
	c Employment of faculty or administrative staff?		
	d Scholarships or other financial assistance?		
	e Educational policies?		
	f Use of facilities?		
	g Athletic programs?		
	h Other extracurricular activities?		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
	b Has the organization's right to such aid ever been revoked or suspended?		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table —		
	If the amount on line 40 is — The lobbying nontaxable amount is —		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41
	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	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4 -Year Averaging Period Under Section 501(h)

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

	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

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

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization HUNTINGTON AREA FOOD BANK, INC.	Employer identification number 55-0625915
--	---

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.)

General Rule –

- For 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 \$5,000 or 2% of the amount on line 1 of these forms. (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** check the box in the heading of their Form 990, 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).

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization HUNTINGTON AREA FOOD BANK, INC.	Employer identification number 55-0625915
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Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LAURA DARBY 655 WHITAKER BLVD WEST 502 HUNTINGTON WV 25701	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	KROGER COMPANY 1014 VINE STREET CINCINNATI OH 45202-1100	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	HUNTINGTON CLINICAL FOUNDATION 1949 5TH AVENUE HUNTINGTON WV 25703	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	AKRON CANTON REGIONAL FOODBANK 546 GRANT STREET AKRON OH 44311	\$ 7,630.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	AMERICAS SECOND HARVEST 35 EAST WACKER DR # 2000 CHICAGO IL 60601	\$ 36,082.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	ANDERSON BAKERY 101 SUTTON ROAD ABBOTTSTOWN PA 17301	\$ 10,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization HUNTINGTON AREA FOOD BANK, INC.	Employer identification number 55-0625915
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Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	BAYER, INC 3560 AIR CENTER COVE MEMPHIS TN 38118	\$ 20,885.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	BLACK DIAMOND FRUIT & PRODUCE 205 7TH AVENUE HUNTINGTON WV 25701	\$ 19,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	BUSH BROTHERS 18200 HIGHWAY 41 NORTH EVANSVILLE IN 47725	\$ 31,821.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	CADBURY SCHWEPPES AMERICAS 433 BLAIR ST. CARTERET NJ 07008	\$ 35,591.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	CENTRAL VIRGINIA FOOD BANK 1415 RHOADMILLER STREET RICHMOND VA 23220	\$ 12,269.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	CINCINNATI FREE STORE FOODBANK 1250 TENNESSEE AVE CINCINNATI OH 45229	\$ 69,082.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization HUNTINGTON AREA FOOD BANK, INC.	Employer identification number 55-0625915
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Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	COCA COLA CO CHATANOOGA 1100 WISDOM STREET CHATTANOOGA TN 37406	\$ 34,131.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	TABATCHNICK FINE FOODS INC 1230 HAMILTON STREET SOMERSET NJ 08873	\$ 37,288.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	CONAGRA 901 STRYKER STREET ARCHBOLD OH 43502	\$ 29,636.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	CONAGRA 90 DEER CROSSING ROAD VONORE TN 37885	\$ 43,529.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	CONAGRA 3333 HARDING HIGHWAY EAST MARION OH 43302	\$ 56,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	DIAL CORPORATION 21 WEST GATEWAY COMMERCE CIRCLE DR EDWARDSVILLE IL 62025	\$ 5,259.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization HUNTINGTON AREA FOOD BANK, INC.	Employer identification number 55-0625915
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Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	FORTHS FOODS 3090 WOODVILLE DRIVE HUNTINGTON WV 25701	\$ 27,089.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	FRITO LAY PO BOX 660634 DALLAS TX 75266	\$ 10,221.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	GENERAL MILLS INC 4136 MAIN STREET MARTEL OH 43335	\$ 23,728.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	GODS PANRTY FOOD BANK 1685 JAGGIE FOX WAY LEXINGTON KY 40511	\$ 6,437.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	GREIF BROTHERS CORPORATION 409 BUFFINGTON STREET HUNTINGTON WV 25701	\$ 11,492.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	RITE-AID ROCK BRANCH IND. PARK POCA WV 25159	\$ 49,757.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization HUNTINGTON AREA FOOD BANK, INC.	Employer identification number 55-0625915
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Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	J.M. SUCKER COMPANY 3417 NORTH BEN CIRCLE ALCOA TN 37701	\$ 99,424.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	JOHN MORRELL MEATS 11530 CENTURY BLVD CINCINNATI OH 45246	\$ 5,148.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	SUPER VALU PO BOX 386 MILTON WV 25541	\$ 9,506.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	KELLOGG #1415 400 NESTLE WAY BREINIGSVILLE PA 18031	\$ 21,231.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	KELLOGG #90 235 PORTER STREET BATTLE CREEK MI 49017	\$ 19,939.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	KELLOGG MINOOKA 6225 E. MINOOKA MINOOKA IL 60447	\$ 21,755.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization HUNTINGTON AREA FOOD BANK, INC.	Employer identification number 55-0625915
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Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	KELLOGG COMPANY 1965 STRATHAM DRIVE STATHAM GA 30666	\$ 89,470.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	KELLOGG COMPANY #142 4720 WAVERLY ROAD HUNTINGTON WV 25704	\$ 27,728.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	KELLOGG COMPANY #94 2168 FRISCO AVE MEMPHIS TN 38114	\$ 13,872.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	KRAFT-NABISCO 2211 ROUTE 208 FAIR LAWN NJ 07410	\$ 41,214.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	KRAFT NABISCO #151 2400 1ST AVENUE HUNTINGTON WV 25703	\$ 10,297.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	KRAFT NABISCO #267 900 N. SCHMIDT ROAD ROMEDEVILLE IL 60446	\$ 18,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization HUNTINGTON AREA FOOD BANK, INC.	Employer identification number 55-0625915
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Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	KROGER 19 7TH AVENUE WEST HUNTINGTON WV 25701	\$ 42,309.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	KROGER PO BOX 973 PROCTORVILLE OH 45669	\$ 33,072.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	KROGER 6360 ROUTE 60 EAST BARBOURSVILLE WV 25504	\$ 81,164.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	MISSION WEST VIRGINIA 849 5TH STREET WEST HUNTINGTON WV 25704	\$ 23,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	NABISCO #151 2400 FIRST AVENUE HUNTINGTON WV 25703	\$ 16,493.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	NELSON'S 2573 YATES CROSSING MILTON WV 25541	\$ 15,041.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization HUNTINGTON AREA FOOD BANK, INC.	Employer identification number 55-0625915
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Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	NESTLE USA 800 NESTLE COURT DEKALB IL 60115	\$ 49,034.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	OLIVE GARDEN 12 MALL ROAD BARBOURSVILLE WV 25504	\$ 15,578.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	GILLETTE 1001 W CROSSROADS PARKWAY ROMEDEVILLE IL 60446	\$ 8,915.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	SHELLER-GLOBE 1200 EAST KIBBY STREET LIMA OH 45801	\$ 76,341.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	PROCTOR & GAMBLE HIGHWAY 177 N & ROUTE J CAPE GIRARDEAU MO 63702	\$ 15,896.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	PROCTOR & GAMBLE 300TH STREET & X-30 WEST BRANCH IA 52358	\$ 22,409.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization HUNTINGTON AREA FOOD BANK, INC.	Employer identification number 55-0625915
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Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	PROCTOR & GAMBLE 1100 BURLINGTON PIKE FLORENCE KY 41042	\$ 14,233.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	PROCTOR & GAMBLE 1145 HURON ROAD GREEN BAY WI 54311	\$ 22,849.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	PROCTOR & GAMBLE 7320 OAKLEY INDUS RD FAIRBURN GA 30213	\$ 34,652.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	PBM INC 204 N. MAIN STREET CHARLOTTESVILLE VA 22911	\$ 8,043.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	PEPPERIDGE FARM 1504 MADISON AVE HUNTINGTON WV 25704	\$ 129,936.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	PEPSICO BEVERAGES NORTH 11315 N 30TH STREET TAMPA FL 33612	\$ 43,771.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization HUNTINGTON AREA FOOD BANK, INC.	Employer identification number 55-0625915
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Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55	UNITED STATES POST OFFICE 1000 VIRGINIA AVE HUNTINGTON WV 25704	\$ 79,129.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	ROLFES MEATS RT. 2 BOX 148 ONA WV 25545	\$ 8,535.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	ROSS COLUMBUS HIGH RISE 350 NORTH FIFTH AVENUE GROVEPORT OH 43125	\$ 17,576.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	SC JOHNSON & SON 1525 HOWE STREET RACINE WI 53403	\$ 25,462.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	STANLEY BROTHERS PRODUCE 237 7TH AVE HUNTINGTON WV 25716	\$ 5,670.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	SUPER VALU PO BOX 386 MILTON WV 25541	\$ 257,906.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization HUNTINGTON AREA FOOD BANK, INC.	Employer identification number 55-0625915
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Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61	UNILEVER ----- 1901 RAGU DRIVE ----- OWENSBORO KY 42303 -----	\$ 36,758.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	WELCH'S ----- 139 SOUTH LAKE STREET ----- NORTH EAST PA 16428 -----	\$ 23,069.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	WELCH'S ----- 201 MILFORD PARKWAY ----- MILFORD OH 45150 -----	\$ 21,546.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization HUNTINGTON AREA FOOD BANK, INC.	Employer identification number 55-0625915
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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	4515 LBS FOOD PRODUCTS ----- ----- -----	\$ 7,630.	02/15/06
5	21350 LBS FOOD PRODUCTS ----- ----- -----	\$ 36,082.	Various
6	6050 LBS FOOD PRODUCTS ----- ----- -----	\$ 10,225.	06/16/06
7	12358 LBS FOOD PRODUCTS ----- ----- -----	\$ 20,885.	Various
8	11716 LBS FOOD PRODUCTS ----- ----- -----	\$ 19,800.	Various
9	18829 LBS FOOD PRODUCTS ----- ----- -----	\$ 31,821.	08/01/06

BAA

Name of organization HUNTINGTON AREA FOOD BANK, INC.	Employer identification number 55-0625915
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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
10	21060 LBS FOOD PRODUCTS ----- ----- -----	\$ 35,591.	02/02/06
11	7260 LBS FOOD PRODUCTS ----- ----- -----	\$ 12,269.	01/05/06
12	69082 LBS FOOD PRODUCTS ----- ----- -----	\$ 59,044.	Various
13	20196 LBS FOOD PRODUCTS ----- ----- -----	\$ 34,131.	02/10/06
14	22064 LBS FOOD PRODUCTS ----- ----- -----	\$ 37,288.	03/13/06
15	17536 LBS FOOD PRODUCTS ----- ----- -----	\$ 29,636.	09/20/06

BAA

Name of organization

Employer identification number

HUNTINGTON AREA FOOD BANK, INC.

55-0625915

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
16	25757 LBS FOOD PRODUCTS ----- ----- -----	\$ 43,529.	Various
17	33432 LBS FOOD PRODUCTS ----- ----- -----	\$ 56,500.	03/02/06
18	3112 LBS FOOD PRODUCTS ----- ----- -----	\$ 5,259.	06/07/06
19	16029 LBS FOOD PRODUCTS ----- ----- -----	\$ 27,089.	Various
20	6048 LBS FOOD PRODUCTS ----- ----- -----	\$ 10,221.	01/20/06
21	14040 LBS FOOD PRODUCTS ----- ----- -----	\$ 23,728.	02/22/06

BAA

Name of organization HUNTINGTON AREA FOOD BANK, INC.	Employer identification number 55-0625915
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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
22	3809 LBS FOOD PRODUCTS ----- ----- -----	\$ 6,437.	01/05/06
23	6800 LBS FOOD PRODUCTS ----- ----- -----	\$ 11,492.	04/17/06
24	29442 LBS FOOD PRODUCTS ----- ----- -----	\$ 49,757.	Various
25	58831 LBS FOOD PRODUCTS ----- ----- -----	\$ 99,424.	Various
26	3046 LBS FOOD PRODUCTS ----- ----- -----	\$ 5,148.	Various
27	5625 LBS FOOD PRODUCTS ----- ----- -----	\$ 9,506.	Various

BAA

Name of organization HUNTINGTON AREA FOOD BANK, INC.	Employer identification number 55-0625915
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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
28	12563 LBS FOOD PRODUCTS ----- ----- -----	\$ 21,231.	12/01/06
29	11798 LBS FOOD PRODUCTS ----- ----- -----	\$ 19,939.	Various
30	12873 LBS FOOD PRODUCTS ----- ----- -----	\$ 21,755.	02/01/06
31	52941 LBS FOOD PRODUCTS ----- ----- -----	\$ 89,470.	Various
32	16407 LBS FOOD PRODUCTS ----- ----- -----	\$ 27,728.	Various
33	8208 LBS FOOD PRODUCTS ----- ----- -----	\$ 13,872.	09/08/06

Name of organization HUNTINGTON AREA FOOD BANK, INC.	Employer identification number 55-0625915
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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
34	24387 LBS FOOD PRODUCTS ----- ----- -----	\$ 41,214.	02/08/06
35	6093 LBS FOOD PRODUCTS ----- ----- -----	\$ 10,297.	Various
36	11124 LBS FOOD PRODUCTS ----- ----- -----	\$ 18,800.	Various
37	25035 LBS FOOD PRODUCTS ----- ----- -----	\$ 42,309.	Various
38	19569 LBS FOOD PRODUCTS ----- ----- -----	\$ 33,072.	Various
39	48026 LBS FOOD PRODUCTS ----- ----- -----	\$ 81,164.	Various

Name of organization HUNTINGTON AREA FOOD BANK, INC.	Employer identification number 55-0625915
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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
40	14071 LBS FOOD PRODUCTS ----- ----- -----	\$ 23,780.	Various
41	9759 LBS FOOD PRODUCTS ----- ----- -----	\$ 16,493.	Various
42	8900 LBS FOOD PRODUCTS ----- ----- -----	\$ 15,041.	Various
43	29014 LBS FOOD PRODUCTS ----- ----- -----	\$ 49,034.	06/06/06
44	9218 LBS FOOD PRODUCTS ----- ----- -----	\$ 15,578.	Various
45	5275 LBS FOOD PRODUCTS ----- ----- -----	\$ 8,915.	08/17/06

BAA

Name of organization

Employer identification number

HUNTINGTON AREA FOOD BANK, INC.

55-0625915

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
46	45172 LBS FOOD PRODUCTS ----- ----- -----	\$ 76,341.	Various
47	9406 LBS FOOD PRODUCTS ----- ----- -----	\$ 15,896.	01/18/06
48	13260 LBS FOOD PRODUCTS ----- ----- -----	\$ 22,409.	06/01/06
49	8422 LBS FOOD PRODUCTS ----- ----- -----	\$ 14,233.	07/03/06
50	13520 LBS FOOD PRODUCTS ----- ----- -----	\$ 22,849.	Various
51	20504 LBS FOOD PRODUCTS ----- ----- -----	\$ 34,652.	02/01/06

BAA

Name of organization HUNTINGTON AREA FOOD BANK, INC.	Employer identification number 55-0625915
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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
52	4759 LBS FOOD PRODUCTS ----- ----- -----	\$ 8,043.	12/06/06
53	76885 LBS FOOD PRODUCTS ----- ----- -----	\$ 129,936.	Various
54	25900 LBS FOOD PRODUCTS ----- ----- -----	\$ 43,771.	Various
55	46822 LBS FOOD PRODUCTS ----- ----- -----	\$ 79,129.	05/23/06
56	5050 LBS FOOD PRODUCTS ----- ----- -----	\$ 8,535.	Various
57	10400 LBS FOOD PRODUCTS ----- ----- -----	\$ 17,576.	02/08/06

BAA

Name of organization HUNTINGTON AREA FOOD BANK, INC.	Employer identification number 55-0625915
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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
58	15066 LBS FOOD PRODUCTS ----- ----- -----	\$ 25,462.	05/02/06
59	3355 LBS FOOD PRODUCTS ----- ----- -----	\$ 5,670.	Various
60	152607 LBS FOOD PRODUCTS ----- ----- -----	\$ 257,906.	Various
61	21750 LBS FOOD PRODUCTS ----- ----- -----	\$ 36,758.	10/06/06
62	13650 LBS FOOD PRODUCTS ----- ----- -----	\$ 23,069.	07/19/06
63	12749 LBS FOOD PRODUCTS ----- ----- -----	\$ 21,546.	05/17/06

BAA

Name as Shown on Return
HUNTINGTON AREA FOOD BANK, INC.

Employer Identification No.
55-0625915

Compensation

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
JON H. RICKEY	32,060.	0.	27,251.	4,809.
Total Compensation Received	32,060.	0.	27,251.	4,809.

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
JON H. RICKEY	6,509.	0.	5,533.	976.
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans	6,509.	0.	5,533.	976.

Expense Account and Other Allowances

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total Expense Account and Other Allowances				
Total to Part II, Line 25a ... ▶	38,569.	0.	32,784.	5,785.

Miscellaneous Statement

FORM 990, PAGE 4, PART IV, LINE 64b	BEGINNING OF YEAR	END OF YEAR
NOTE PAYABLE TO CHASE BANK, ORIGINAL FACE \$115,000, PAYABLE IN 60 MONTHLY INSTALLMENTS OF \$2,261, INCLUDING INTEREST AT 6.5%, SECURED BY REAL ESTATE, DUE MAY 2010	96,574.	82,611.
Total	<u>96,574.</u>	<u>82,611.</u>

Miscellaneous Statement

FORM 990, PAGE 2, PART II, LINE 42		
DEPRECIATION EXPENSE:		
BUILDINGS	7,850.	
EQUIPMENT	8,655.	
VEHICLES	3,104.	
DEPRECIATION IS CALCULATED USING THE STRAIGHT LINE METHOD OVER THE ESTIMATED USEFUL LIFE OF EACH ASSET.		
Total	<u>19,609.</u>	

Credit for Federal Telephone Excise Tax Paid

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **63**

Name(s) shown on your income tax return

Identifying number

HUNTINGTON AREA FOOD BANK, INC.

55-0625915

Enter the federal telephone excise tax billed during each period as listed in column (a) of lines 1-14 below.

By filing this form, you are certifying that you (1) have not received from your service provider a credit or refund of the tax paid on long distance service or bundled service billed after February 28, 2003, and before August 1, 2006, and (2) will not ask your provider for a credit or refund or have withdrawn any request submitted to the provider for a credit or refund.

Caution. See the instructions for explanations of the services that qualify for a credit or refund of the federal telephone excise tax.

Amount of federal excise tax on long distance or bundled service only

(a) Bills dated during:	(b) Long distance service	(c) Bundled service	(d) Tax credit or refund (add columns (b) and (c))	(e) Interest (see instructions)
1 March, April, and May 2003	\$	\$	\$ 37.	\$ 8.
2 June, July, and August 2003			34.	7.
3 September, October, and November 2003			27.	5.
4 December 2003; January and February 2004			28.	5.
5 March, April, and May 2004			32.	5.
6 June, July, and August 2004			29.	5.
7 September, October, and November 2004			32.	5.
8 December 2004; January and February 2005			33.	4.
9 March, April, and May 2005			36.	4.
10 June, July, and August 2005			48.	5.
11 September, October, and November 2005			45.	4.
12 December 2005; January and February 2006			53.	4.
13 March, April, and May 2006			21.	1.
14 June and July 2006			22.	1.
15 Add lines 1 - 14 in columns (d) and (e)			\$ 477.	\$ 63.
16 Total credit or refund requested. Add columns (d) and (e) on line 15. Enter here and on Form 1040, line 71; Form 1040A, line 42; Form 1040EZ, line 9; Form 1040EZ-T, line 1a; Form 1040NR, line 69; Form 1040NR-EZ, line 21; Form 1120, line 32g; Form 1120-A, line 28g; Form 1120S, line 23d; Form 1041, line 24f; Form 1041-N, line 17; Form 1065, line 23; Form 990-T, line 44f; or the proper line of other returns ▶				\$ 540.

BAA For Paperwork Reduction Act Notice, see the instructions.

Form **8913** (2006)

Form 990, Page 8, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes Statement

Line Number ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93c	FEES RECEIVED TO COVER COSTS OF PROCESSING RAW DEER MEAT FOR DISTRIBUTION.

Form 990, Page 4, Part IV, Line 54a

Investments - Publicly-Traded Securities Statement

Line 54a – Investments - Publicly-Traded Securities:	Beginning of Year	End of Year
MUTUAL FUNDS	7,451.	6,897.
EQUITY SECURITIES	1,442.	2,257.
Total	<u>8,893.</u>	<u>9,154.</u>

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
LAND	100,000.	0.	100,000.
BUILDINGS	314,000.	13,083.	300,917.
EQUIPMENT	140,901.	77,565.	63,336.
VEHICLES	81,215.	72,163.	9,052.
Total	<u>636,116.</u>	<u>162,811.</u>	<u>473,305.</u>

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
BEGINNING NET ASSETS RESTATED FOR VARIOUS ACCRUALS AND RECEIVABLES NOT RECORDED	<u>6,757.</u>
Total	<u><u>6,757.</u></u>